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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Norton Healthcare Inc

Doing Business As

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

City or town, state or country, and ZIP + 4
Louisville, KY 40202

D Employer identification number
61-1028725

E Telephone number
(502) 629-8249

G Gross receipts $ 368,875,971

F Name and address of principal officer
Stephen A Williams
234 E Gary St Ste 225
Louisville, KY 40202

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www nortonhealthcare com

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

L Year of formation 1983

M State of legal domicile KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Assist its tax exempt affiliated entities in carrying out their healthcare and charitable purposes

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	1,206
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	555,287	616,143
9	Program service revenue (Part VIII, line 2g)	138,505,585	146,384,537
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,640,810	541,108
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	742,477	-60,880
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,444,159	147,480,908
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,154,695	3,195,692
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)	71,460,666	80,374,950
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–24f)	73,904,898	85,524,112
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	147,520,259	169,094,754
19	Revenue less expenses Subtract line 18 from line 12	13,923,900	-21,613,846

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	817,568,979	761,341,822
21	Total liabilities (Part X, line 26)	1,124,834,099	938,893,131
22	Net assets or fund balances Subtract line 21 from line 20	-307,265,120	-177,551,309

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

****** | 2010-11-11
Signature of officer | Date

Michael W Gough Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Crowe Horwath llp 9600 Brownsboro Road Suite 400 Louisville, KY 40241			EIN ▶ Phone no ▶ (502) 326-3996

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

See Schedule O

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 135,637,350 including grants of $ 3,195,692) (Revenue $ 145,891,635)

See Schedule O

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** ▶ $ 135,637,350

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?	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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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*	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	244		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,206		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ SZ , SP , HK , MY , SN , UK See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 21		
b	Enter the number of voting members that are independent . .	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Richard F Carrico
224 E Broadway - 5th Floor
Louisville, KY 402022025
(502) 629-8249

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	10,129,694	168,433	1,749,161

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 102

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

(A) Name and business address	(B) Description of services	(C) Compensation
Lockton Companies LLC P O Box 802702 Kansas City, MO 64180	insurance consult & broker	5,929,929
Medassist 6455 Reliable Pkwy Chicago, IL 60686	Professional services	3,720,704
Doe-Anderson Inc 620 W Main ST Louisville, KY 40202	Advertising & Media agency	3,547,514
amL Inc 2916 Campion Rd Floyd Knobs, IN 47119	construction	3,060,398
Belfor USA Group INC 185 Oakland Ave Birmingham, AL 48009	construction and repairs	2,990,772
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 99		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	616,143			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		616,143			
Program Service Revenue			Business Code				
	2a	Management fee allocat	900,099	142,505,602	142,505,602		
	b	Central Service Alloca	900,099	2,558,355	2,558,355		
	c	Clinical research tria	900,099	835,002	835,002		
	d	Insurance allocation	900,099	354,395	354,395		
	e	Education programs	900,099	131,183	131,183		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		146,384,537			
	3	Investment income (including dividends, interest and other similar amounts)		10,797,686			10,797,686
	4	Income from investment of tax-exempt bond proceeds		3,927,326			3,927,326
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	245,392				
	b	Less rental expenses					
	c	Rental income or (loss)	245,392				
	d	Net rental income or (loss)		245,392			245,392
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	207,211,159				
	b	Less cost or other basis and sales expenses	221,389,910	5,153			
	c	Gain or (loss)	-14,178,751	-5,153			
	d	Net gain or (loss)		-14,183,904	-5,153		-14,178,751
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Miscellaneous Income	900,099	232,072	232,072		
	b	Fitness Center Income	900,099	181,477			181,477
	c	Debt Refinancing	900,099	-719,821	-719,821		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		-306,272			
	12	**Total revenue.** See Instructions		147,480,908	145,891,635	0	973,130

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	3,100,692	3,100,692		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	95,000	95,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,864,420	5,154,730	3,709,690	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,699,221	45,927,793	7,771,428	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,310,603	2,178,768	131,835	
9 Other employee benefits	9,733,419	9,192,904	540,515	
10 Payroll taxes	5,767,287	4,986,500	780,787	
11 Fees for services (non-employees)				
a Management				
b Legal	2,640,307	2,387,996	252,311	
c Accounting	532,200	212,880	319,320	
d Lobbying	235,933	94,373	141,560	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	981,200		981,200	
g Other	32,512,424	23,296,723	9,215,701	
12 Advertising and promotion				
13 Office expenses	2,316,150	1,815,965	500,185	
14 Information technology				
15 Royalties				
16 Occupancy	4,821,626	3,912,286	909,340	
17 Travel	1,057,932	821,652	236,280	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	28,200,181		28,200,181	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,780,418	5,618	15,774,800	
23 Insurance	101,613	91,452	10,161	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Equipment rental & repa	21,807,180	20,362,547	1,444,633	
b Sponsorships	1,435,816	574,326	861,490	
c Recruitment	839,082	756,226	82,856	
d Dues & Subscriptions	413,586	309,615	103,971	
e Interest Allocation	-39,661,874		-39,661,874	
f All other expenses	11,510,338	10,359,304	1,151,034	
25 **Total functional expenses.** Add lines 1 through 24f	169,094,754	135,637,350	33,457,404	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,413,089	1	-10,516,767
	2	Savings and temporary cash investments		211,288,179	2	175,414,287
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,528,819	4	2,370,811
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		20,144	6	20,144
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,024,630	8	1,141,963
	9	Prepaid expenses and deferred charges		16,710,669	9	21,221,795
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 290,132,225			
	b	Less accumulated depreciation	10b 222,893,803	65,341,060	10c	67,238,422
	11	Investments—publicly traded securities		239,187,259	11	289,042,728
	12	Investments—other securities See Part IV, line 11		242,293,508	12	142,239,323
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		36,761,622	15	73,169,116
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		817,568,979	16	761,341,822
Liabilities	17	Accounts payable and accrued expenses		108,086,495	17	129,985,303
	18	Grants payable		5,493,149	18	5,499,704
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		721,512,802	20	687,037,966
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		18,782,381	21	12,470,370
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	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 Complete Part X of Schedule D		270,959,272	25	103,899,788
	26	**Total liabilities.** Add lines 17 through 25		1,124,834,099	26	938,893,131
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-307,439,196	27	-177,748,713
	28	Temporarily restricted net assets		174,076	28	197,404
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-307,265,120	33	-177,551,309
	34	Total liabilities and net assets/fund balances		817,568,979	34	761,341,822

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

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

11 ☑ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									1,326,600,937

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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? If "Yes," describe in Part IV	Yes		235,933
j	Total lines 1c through 1i			235,933
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Payments made to the following entities for government affairs representation to focus on goals and priorities to advocate, educate and promote the interest of Norton Healthcare, Inc and registered as appropriate with the legislative and/or Executive Branch Ethics Commission as agents/lobbyists Government Strategies totaling $135,833 and to Rotunda Group, LLC totaling $100,100

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,732,353		1,732,353
b Buildings		33,101,118	27,942,215	5,158,903
c Leasehold improvements				
d Equipment		216,716,504	194,343,238	22,373,266
e Other		38,582,250	608,350	37,973,900
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				67,238,422

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other alternative Investment master trust units	66,856,434	F
Real estate Master Trust Units	25,556,115	F
Forward Delivery Agreement	37,356,404	F
Securities Lending Collateral	12,470,370	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	142,239,323	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Investments in Healthcare & other related organizations	13,916,107
Deposit - PFG Equipment Lease	68,557
other LT assets	2,047,178
2006 bond issue cost	2,638,738
1997 bond issue costs	339,840
2000 Bond Issue Cost	12,683,121
refundable advance	4,610,072
Deposit - rent	5,097
Receivable from affiliates	36,860,406
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	73,169,116

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Pension	14,821,491
Self Insurance Trust	61,662,315
Other Insurance	3,306,340
Market Value of Swap - Unfavorable	4,963,230
Capital Lease	1,650,000
Other Liabilities	17,496,412
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	103,899,788

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	147,480,908
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	169,094,754
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-21,613,846
4	Net unrealized gains (losses) on investments	4	37,416,360
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	113,911,297
9	Total adjustments (net) Add lines 4 - 8	9	151,327,657
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	129,713,811

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part IV, Line 2b		Norton Healthcare, Inc participates in a securities lending program, whereby securities owned by the corporation are loaned to other institutions The corporation requires that collateral from the borrower in an amount equal to 102% in the case of securities of United States issuers, and 105% in the case of securities of non-United States issuers of the market value of the loaned securities be placed with a third party trustee The market value of cash collateral held for loaned marketable securities is reported as collateral held for securities lending agreement, Part X line 12, and a corresponding payable, Part X Line 21, is reported for repayment of such collateral upon settlement of the securities lending arrangements
		Schedule D Part IX Other Assets, Form 990, Part X, line 15 Refundable advances of $4,610,072 represent assets transferrred from the Norton Healthcare James R Petersdorf Fund (Community Trust Fund) to the Children's Hospital Foundation and Norton Healthcare foundation of 2,416,072 and 2,194,000 respectively the principal of these funds is restricted and if the restricted purpose cannot be fulfilled or no longer accords with the strategic plan of Norton Healthcare, the funds assets shall revert back to the trust Schedule D Part Part XI, Line 8 components Asset Transfer between affiliate - 4,341,680 Affiliate transfers - 28,080 Swap Market to market adjustment 46,447,544 Change in minimum pension liability 71,833,513

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		
Totals . . . . . ▶	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U of L Research Foundation 223 Service Complex Louisville, KY 40292	611029696	501(c)(3)	363,139				Pediatric surgery research and salary supplemental for FT pediatric surgeon
Fox 41 WDRBP O Box 951929 Cleveland, OH 44193	211026902		62,322				Real time close caption of local programming to benefit deaf and hearing impaired viewers
The Center for Women & FamiliesP O Box 2048 Louisville, KY 40201	610444846	501(c)(3)	25,000				Sexual assault nurse examiner, clinic supplies and education materials
Spinal Research Foundation 210 E Gray Street Suite 900 Louisville, KY 40202	611286988	501(c)(3)	183,333				Orthopaedic and spine related research
Louisville Metro Public Health & Wellness400 East Gray Street Louisville, KY 40202	320049006	Gov't organization	154,114				Perinatal health for women living in underserved areas of the community
Jefferson Community & Technical College Foundation109 East Broadway Louisville, KY 40202	237035648	501(c)(3)	542,950				Development of an associate degree program in diagnostic medical sonography
Bellarmine University2001 Newburg Road Louisville, KY 40205	611029626	501(c)(3)	100,000				Assist in funding an endowed chair for the nursing program for the university
Jefferson County Public SchoolsP O Box 34020 Louisville, KY 40232	616001316	Gov't organization	60,000				Support to ensure sports medicine experts are available at high-schools throughout the county
Kentucky Higher Education Student Loan Corp10180 Linn Station Rd Louisville, KY 40223	521294450	Gov't organization	368,550				Loan forgiveness program for full-time NHI RNs holding a student loan

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 8

3 Enter total number of other organizations . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Undergraduate scholarships for students pursuing education for a career in the healthcare field	62	74,462			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Other Information	Part IV	Part I, Line 2 - Grants will be awarded from the Board-Designed fund to advance initiatives that are aligned with or a direct part of Norton Healthcare strategic plan Awards are granted for education, research, workforce development, community health and/or technology or equipment of special nature When applications are approved by the Board of Trustees, the amount awarded is recorded as a non-operating expense and a grant liability is established for all future cash funding Depending on the nature of the awarded grant, actual cash funding may cross tax years For 990 Schedule I reporting purposes, grants will be reported in the year which the organization and/or individual receives the cash Monitoring of grant funds is accomplished through semi-annual reporting by the grantee to Norton Healthcare, Inc The grantee must report on the progress and modifications of the original grantee's plan for the goals for the original project The report will also give an alignment of expenditure of funds in relation to the original budget that was submitted with the original grant proposal

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Tax indemnification and gross-up payments are treated as taxable compensation to the interested persons listed below at time of payment Payments are in accordance with existing compensation policy Gross-up payments shall be made only when specified in an employee's employment contract, or as approved in writing by the President and CEO of Norton Healthcare, Executive Vice President or CFO During 2009, gross-up payments were processed as outlined in the employment contract for the CEO See narrative provided in Schedule O, referencing Part VI, Line 15, which describes the process for determining compensation for the CEO, officers and key employees of the organization Stephen A Williams The total tax gross-up benefits included in taxable compensation for Mr Williams are $280,161 the tax gross-ups are related to the benefit outlined below Annuity - the tax gross-up associated with the annuity benefit is $280,161 This purchased annuity represents accumulated benefits earned in prior years related to a non-qualified defined benefit pension restoration plan in effect since 1990 Contributions to this plan were made in 2005, 2006, 2007, 2008 and 2009 Included in Mr Williams compensation in 2009 is $358,018 which is the cost of the purchased annuity The total cost of the purchased annuity and the associated tax gross-up is $638,179, which was included in taxable compensation Discretionary spending accounts are treated as taxable compensation The organization provides a perquisite allowance for eligible Norton Healthcare executives, effective October 1, 2007 Norton Healthcare provides benefits to its identified executive staff to provide a total compensation package that is competitive with the market and which conforms to the philosophy and guidelines set out by the Board of Trustees, through the executive compensation philosophy and programs Through the perquisite allowance policy,executives are free to choose whatever benefits they find most useful or important to them and Norton Healthcare does not reimburse for the cost of those benefits, as they are part of the perquisite allowance The interested persons listed below received the benefit of a discretionary spending account in 2009 Stephen A Williams $57,229 Russell F Cox 59,434 Michael W Gough 52,208 Robert B Azar 10,000 Steven Hester 17,500 Richard Carrico 10,000 Tracy Williams 17,500 Joseph DeVenuto 10,000 Scott Watkins 10,000 Michael Esposito 10,000 Gregg Davis 10,000 James Parobek 10,000 Jon Cooper 6,539 Karen Bolin 10,000 Charles Bohn 7,885 Kimberly Tharp-Barrie 10,000 Mary Jo Bean 10,000
	Part I, Line 4a	The following interested persons participated in or received payment from supplemental nonqualified retirement plans as described in IRC Section 457(f) the interested persons below may have participated in one or more of the following plans the Execu-flex Benefit Plan, the Execu-Plus Benefit Plan, Defined Benefit and Defined Contribution Restoration Plans, and the physician deferred plan The "pay credit" column 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 The "payment received" column represents cash payments that the employee received during 2009 and can be comprised of prior years employee and employer contribtuions Participants Name Pay Credit Payment Received Stephen A Williams $ 224,333 $ 0 Russell F Cox 132,296 0 Michael W Gough 109,058 0 Robert B Azar 59,344 0 Dan Varga 0 382,022 Steven Hester 76,828 93,422 Richard Carrico 56,648 0 Tracy Williams 45,438 117,996 Joseph Devenuto 47,140 22,556 Scott Watkins 41,861 124,494 Michael Esposito 41,807 71,929 Gregg Davis 25,484 17,274 Kimberly Tharp-Barrie 28,067 70,813 Mary Jo Bean 31,693 120,589 James Parobek 28,918 52,955 Karen Bolin 23,482 0 Charles Bohn 29,167 0 Alfonso Cornish 25,608 43,165 George Hersch 33,235 143,316 J Bryan Hildreth 25,673 38,267 Jon Cooper 20,864 0
Supplemental Information	Part III	The interested persons listed below are officers for Norton Healthcare, Inc and affiliates, which includes Norton Healthcare, Inc (NHI), Norton Hospitals, Inc (Hospitals), Community Medical Associates, Inc, (CMA), Norton Properties, Inc (Properties), Norton Healthcare Foundation, Inc (NHF), and The Children's Hospital Foundation, Inc (CHF) Estimated below are the average hours per week devoted to each organization during 2009 NHI Hospitals CMA Properties NHF CHF Total Stephen A Williams 30 10 6 2 1 1 50 Russell F Cox 30 10 6 2 1 1 50 Michael W Gough 30 10 6 2 1 1 50 Robert B Azar 30 10 6 2 1 1 50

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	LouisvilleJefferson County Metro Government	32-0049006	54659LAC8	10-12-2006	315,474,736	See Schedule O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	330,778,888				
2	Gross proceeds in reserve funds	56,457				
3	Proceeds in refunding or defeasance escrows	137,595,833				
4	Other unspent proceeds					
5	Issuance costs from proceeds	2,878,903				
6	Working capital expenditures from proceeds	5,900,000				
7	Capital expenditures from proceeds	184,347,695				
8	Year of substantial completion	2009				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 350 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 480 %								
6	Total of lines 4 and 5		1 830 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider	Morgan Stanley									
c	Term of GIC	3 200000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Kaycee Tharp daughter of Kimber Norton Healthcare Scholars Program (see Schedule O continued disclosure)		X	20,144	20,144		No	Yes		Yes	
Total . . . . . ▶ $				20,144						

Part III Grants or Assistance Benefitting 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 grant or type 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
Galt House	Mary Moseley Trustee is an officer of parent company of Galt House	140,414	Services including but not limited to service banquet, conferences and other business functions		No

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SCHEDULE O (Form 8865)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership

(under section 6038B)

▶ **Attach to Form 8865. See Instructions for Form 8865.**

OMB No 1545-1668

2009

Name of transferor
Norton Healthcare Inc

Filer's identifying number
61-1028725

Name of foreign partnership
lazard ltd

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	2009-08-07		627,727				1 806 %
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . . ▶ ☐ **Yes** ☑ **No**

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Mr Stephen A Williams, President and CEO of Norton Healthcare, Inc is also an officer for Norton Healthcare, Inc , Norton Hospitals, Inc , Community Medical Associates and Norton Properties Maria L Bouvette, President and CEO of Porter Bancorp, Inc is a trustee for Norton Healthcare, Inc , Norton Hospitals, Inc , Community Medical Associates and Norton Properties Mr Williams is a board member of Porter Bancorp, Inc
Form 990, Part VI, Section B, line 11		All Form 990s were reviewed in advance of filing with the Norton Healthcare, Inc (Norton) Finance Committee on October 28, 2010 and the full Norton Board of Trustees on November 4, 2010 Norton is the parent of Norton Hospitals, Inc , Community Medical Associates, Inc and Norton Properties, Inc Also, electronic copies of all Form 990s were made available to all members of the Finance Committee and Board of Trustees
Form 990, Part VI, Section B, line 12c		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
Form 990, Part VI, Section B, line 15		The organization takes all necessary steps to ensure that all officers, directors and key employees are compensated within appropriate levels for the services provided to the organization The organization provides 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 Norton Healthcare Inc (NHI) engages an outside independent compensation consultant, Integrated Healthcare Strategies (IHS), to prepare compensation analysis utilizing data from similar-sized health systems and hospital organizations In addition, the organization participates in third party surveys which provide aggregate, comparative compensation data for officers and key employees in similar-type positions IHS consultants met in 2008 with the Committee of Board Leadership (now Executive Committee) of the Board of Trustees (Board) concerning Executive Compensation and Benefits program for NHI executives and total compensation for the CEO The consultants reviewed sources of comparability data and market movement comparisons NHI's variable compensation program was reviewed along with benchmark comparisons Based on the recommendations of IHS, Employment Contracts for the CEO, COO and CFO were subsequently completed and approved by the Board The Executive Committee also reviewed and approved all key employee compensation based on the third-party report furnished and discussed with committee members, and subsequently approved by the Board
Form 990, Part VI, Section C, line 19		Financial statements, governing documents, and conflict of interest policies are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104 These documents are not available to the public at this time
Form 990 Part XI, line 2c		The organization did not change either its oversight process or selection process during the tax year
		Schedule L, Part II, Loans to and from interested persons regarding Norton Healthcare Scholars Program Norton Healthcare Scholars Program is a student loan program that provides educational funding to students interested in pursuing designated healthcare careers It is a partnership with Kentucky and Southern Indiana colleges and universities This program was started by Norton Healthcare as a result of the healthcare worker shortage and was begun as a workforce development initiative to ensure the community has enough healthcare workers Upon graduation, Norton Healthcare Scholars begin careers with Norton Healthcare and are eligible to have their loan forgiven Currently Norton Healthcare has 510 scholars in school This program has 1,480 graduates and 875 of these graduates have continued their careers with Norton Healthcare Applicants are reviewed each year for this program For 2009, 229 applicants were granted enrollment into the Norton Healthcare Scholars Program Scholars who fail to graduate or fulfill their commitment with Norton Healthcare are required to repay the loan at the time of withdrawal from the program
		Form 990 Part III, Line 1, Organization's Mission Norton Healthcare, Inc 's (NHI) exempt 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 This includes, but not limited to, conducting educational and research activities relating to the rendering of care to the sick and injured and to provide patient care through its affiliated hospitals Norton Hospital, Kosair Children's Hospital, Norton Audubon Hospital, Norton Suburban Hospital and Norton Brownsboro Hospital Each hospital, in its delivery of services to patients and in its dealings with employees, physicians, family members and the community as a whole, reflects the values and standards of the organization's faith history NHI and its affiliated hospitals will A) Respect every person, B) Set the standard for quality and care, C) Continually improve care and service, D) Demonstrate stewardship of resources and accept accountability for results, E) Succeed with integrity, and F) collaborate internally with one another, with physicians, and with other providers to deliver comprehensive, integrated and high quality healthcare

Identifier	Return Reference	Explanation
		Form 990, Part III, Program Service Accomplishments Norton Healthcare, Inc (NHI) is a not-for-profit corporation based in Louisville, Kentucky In 2009, NHI, through its affiliate, Norton Hospitals, Inc , Norton has a total of 1,837 licensed beds, Norton Hospital - 642 beds, Kosair Children's Hospital (KCH) - 263 beds, Norton Audubon Hospital - 432 beds, Norton Suburban Hospital - 373 beds, and Norton Brownsboro Hospital - 127 beds (In August 2009, the new 127-bed, state-of-the-art Norton Brownsboro Hospital opened adjacent to Norton Medical Plaza The first hospital to open in Louisville in more than 20 years, Norton Brownsboro provides inpatient, outpatient, diagnostic, orthopaedic, cardiovascular and intensive care services, and a 24-hour emergency department) These hospitals operate twenty-four (24) hours a day, seven days (7) days a week NHI, through its affiliate, Community Medical Associates, Inc had a total of 73 physician practices and 11 Immediate Care Centers operating in six counties in Kentucky and Southern Indiana In 2009, Norton's hospitals served 56,880 inpatients, 320,712 outpatients, and 161,263 emergency room visits In addition, Norton's operating rooms cared for 18,502 inpatient surgical patients and 28,617 outpatient surgical patients Additionally, 8,157 babies were delivered at Norton birthing centers In 2009, as in years past, Norton's hospitals provided charitable care for indigent patients and discounted services for thousands of people in the local community and throughout the state In addition, donations were given toward community and professional education, support for the University of Louisville School of Medicine and other community programs and services Specifically, some of NHI's charitable and donated services and community-minded efforts in 2009 include the following Volunteer board activities * Some 164 NHC employees (120 management staff) donated their time as members of 220 non-profit boards in the community Community Education and Workforce Development * Norton Healthcare provides programmatic support to the University of Louisville School of Medicine through funds and facilities During the July 2009- June 2010 academic year, 155 residents completed clinical rotations in 13 specialties at Norton Healthcare facilities Residency programs are part of $16 3 million in support provided to the school * Provided 1,473 different educational opportunities/classes to help employees attain their career goals In 2009, 10,500 employees participated in these courses * Entered into a partnership with Jefferson Community and Technical College to help alleviate the shortage of certified medical sonography technologists in the Louisville area The partnership established the area's only associate degree program in diagnostic medical sonography Office of Church and Health Ministries * The Office of Church and Health Ministries provides free education, resources and services to faith community nurses and others working in congregational health ministries In 2009, they served more than 126 faith communities with active health and wellness programs Donations to the community * Norton employees and physicians gave $1,018,779 through the 2009 Combined Giving Campaign Through the annual Combined Giving Campaign, employees help support the WHAS Crusade for Children, Metro United Way, Fund for the Arts, Children's Hospital Foundation, Norton Healthcare Foundation and Kosair Charities * Norton Healthcare employees built a Habitat for Humanity house in a low-income Downtown Louisville neighborhood for Joseph Day This is the third Habitat home built by Norton Healthcare employees * Norton Healthcare employees donated more than three and one half tons of food (7,336 pounds) to Dare to Care, exceeding the goal of 6,000 pounds of food that was set at the beginning of the food drive That is more than a 61 percent increase in donations from the 4,540 pounds donated in 2008 * Norton Healthcare provided a $300,000 start-up grant to provide nine Jefferson County high schools access to athletic trainers to act as liaisons between athletes, coaches and physicians, ensuring that athletes receive the necessary and proper care during training, practices and games * Norton Healthcare partnered with the Louisville Metro Department of Public Health and Wellness again in 2009 to provide H1N1 immunizations in all Jefferson County public and parochial schools and in some private schools Norton contributed to the school immunization campaign by providing 333 nurses and 131 clerical staff for a total of 2,175 hours to vaccinate nearly 50,000 children during the initiative * Norton Healthcare donated $308,227 00 to the Healthy Start initiative of the Louisville Metro Department of Public Health and Wellness to expand and serve 200 additional families or an estimated 425 infants, toddlers and women The grant provides access to Healthy Start services to more high-risk infants and their families in west Louisville Norton Heart Care * Norton Heart Care provides the region's most comprehensive screening, education and prevention program and is committed to educating our community about heart health and risk factor management In 2009 this included providing information about smoking cessation, diet and exercise, as well as performing more than 9,000 free cholesterol and blood pressure screenings and body fat and body mass analyses at more than 220 locations and events through Metro Louisville * Screenings and education also were provided through the Norton Women's Heart Center, the region's only center dedicated solely to education, prevention and treatment of heart disease * The center's Circle of Hearts program is a free monthly support and wellness group that focuses on heart disease and other related health issues for women * In 2009 Norton Heart Care continued its partnership with the American Heart Association through the Campaign to Lower Blood Pressure in the African-American Community By providing free screenings and educational information through events at Louisville-area churches, businesses and civic organizations, the three-year partnership has reached its goal of screening more than 1,000 African Americans in Jefferson County Norton Cancer Institute * In 2009, the Norton Cancer Institute Prevention Outreach Team screened 2,597 people for cancer on the Norton Cancer Institute Mobile Prevention Unit Nearly one-third of those participants had rarely, or never before, been screened Majority of the people served by the unit were individuals in low-income areas of the community Since screenings began on the Mobile Prevention Unit, 25 individuals were diagnosed with invasive cancer and 10 individuals with pre-invasive cancer In addition, the team distributed 557 colon cancer screening kits and participated in 42 health fairs * Assisted 517 individuals in kicking the smoking habit through smoking cessation classes in 2009 A medical component was added so that prescription smoking cessation medications also are available to those who need it * Provided the Norton Cancer Institute Genetic Counseling Services, the only dedicated service center of its kind in the region, staffed by an oncologist and two genetic counselors specializing in cancer genetics and hereditary cancer syndromes Women's Services * Delivered 8,157 babies at Norton Women's Pavilion birthing centers * Completed a $7 3 million renovation of the Norton Women's Pavilion at Norton Hospital to enhance space for mothers and babies by creating a neonatal intensive care unit family room, private antepartum and postpartum patient rooms, clinical support space and a family room for parents and loved ones of babies in the neonatal intensive care unit * Provided free educational classes to over 1,000 women in the community through the Marshall Women's Health & Education Center at Norton Suburban Hospital The center offers free prevention classes, educational materials and clinical navigation services Pediatric Services * Broke ground on Kosair Children's Medical Center - Brownsboro The new outpatient center opened in June 2010 as the only facility of its type in Kentucky, providing pediatric services for residents of growing northeastern Jefferson and surrounding counties It offers outpatient diagnostics, emergency services and outpatient surgery * Kosair Children's is home to the Kentucky Regional Poison Center where in 2009, nearly 76,000 concerned families from all 120 counties in Kentucky call the center to learn how to correctly handle exposures to poison and for treatment advice This service is provided via a toll-free telephone line, 24 hours a day, 365 days a year

Identifier	Return Reference	Explanation
		In 2009, the Kentucky Regional Poison Control Center was awarded a contract from the Kentucky Department for public health to staff and administer the state's H1N1 and seasonal flu hotline, and during the state's ice storm, managed more than 300 carbon monoxide cases in 10 days, serving as one of Kentucky's primary resources on carbon monoxide control during the emergency * Child passenger safety technicians from Kosair Children's checked more than 600 car seats and booster seats at free checkup clinics statewide * Physicians from Kosair Children's and the University of Louisville School of Medicine Department of Pediatrics held a variety of traveling clinics throughout Kentucky and Southern Indiana, including cardiology, neonatology follow-up, pulmonology, genetics and developmental clinics * Kosair Children's was first in the country to establish a telemedicine program for pediatric cardiology that uses high-speed Internet lines, the telemedicine program allows pediatric cardiologists at Kosair Children's to link to outlying communities in Kentucky and Southern Indiana to read and interpret echocardiographic studies * Kosair Children's "Just for Kids" Transport Team assisted in the transport of more than 1,000 sick babies and injured children from across the region to Kosair Children's each year by way of two mobile intensive care units,and their services on helicopters and airplanes * Kosair Children's Hospital leads Safe Kids Louisville and Jefferson County, a program that conducts safety events at schools and in the community In 2009, approximately 15,000 third- through fifth-graders throughout Kentucky participated in bike safety "rodeos " * Expanded the Kosair Children's Hospital pediatric neurosurgery suite Ortho/Neuro/Spine Services * Created Norton Neuroscience Institute with a $100 million investment commitment over the next 10 years The institute is poised to be the future regional and national leader in treatment, research and academic training for all adult and pediatric neuroscience disciplines The institute allows these patients to be treated for their neurological disorders without having to leave the state for care,as was sometimes necessary in the past Since the announcement, NNI has added five new neurosurgeons and four neurologists to its staff These physicians will provide expertise in stroke care, epilepsy, movement disorders, Parkinson's disease, multiple sclerosis and ALS (Lou Gehrig's Disease) Also as a result of Norton's $100 million commitment, the following services began in 2009 and now are available to our community 1 The first multidisciplinary Brain Tumor Center in Kentucky 2 The first Inpatient Neurology Program, with Norton Community Medical Associates, to provide inpatient neurology coverage at Norton Audubon Hospital, Norton Brownsboro Hospital and Norton Suburban Hospital 3 The NeuroEndovascular Program at Norton Hospital, making advanced stroke, aneurysm and arteriovenous malformation (random brain hemorrhage or rupture) treatment possible -- when it was not previously available in the region 4 A revolutionary treatment of movement disorders, with the help of NNI's functional neurosurgeons, through a new procedure called deep brain stimulation for treatment of epilepsy and Parkinson's Disease 5 The Neurological Headache and Concussion Clinic * Welcomed the world-renowned orthopaedic spine surgeons of the Norton Leatherman Spine Center to the Norton Healthcare employed physicians Their employment by Norton Healthcare allows for growth and enhancement in the spine center's efforts for advanced and innovative patient care, acclaimed clinical research, and superb medical education and training * Created Norton Joint Care at Norton Audubon Hospital, combining pre- and post-surgery education and rehabilitation in a team environment and helping participants experience shorter hospital stays, more manageable pain levels and a quicker recovery Community Medical Associates * Treated in excess of 778,000 patients in 2009 - an increase of nearly 11 percent over 2008 * Provided 331 primary, specialty and urgent care providers to the community * Provided 84 access sites to the community * Opened four new Norton Community Medical Associates offices in the east end, Pewee Valley and LaGrange Research * Added new Norton employed research groups Norton Neuroscience Institute (NNI) Leatherman Spine Center-Research Louisville Orthopaedic & Sports(Ryan Krupp, MD) * Norton Healthcare Office of Research Administration partnered with Norton University to offer research education to all researchers in the Louisville metro area and beyond In 2009, eight programs were offered Attendees included Norton Healthcare, Jewish Hospital & St Mary's Healthcare, University of Louisville Hospital, Floyd Memorial Hospital, Owensboro Hospital Medical System (OHMS), Central Baptist, University of Kentucky, University of Louisville, and various community-based practices Children's Hospital Foundation * The Children's Hospital Foundation is the philanthropic arm of Kosair Children's Hospital and works to raise awareness and funds in support of the hospital Each year, more than 116,000 children in our region depend on Kosair Children's for specialized medical care * Enhanced Kosair Children's Hospital's ability to provide medical services to all children in the community regardless of their family's ability to pay * Helped fund development of the new, Kosair Children's Medical Center - Brownsboro to expand pediatric services to an area of the community with the fastest growing pediatric population * Led a $24 million, five-phase renovation of the Kosair Children's Hospital neonatal intensive care unit, scheduled for completion in 2012 * Thanks to a grant from the Children's Hospital Foundation, Safety City, which for 16 years has taught Louisville second graders important safety lessons about how to avoid preventable injuries, continued in 2009 Safety City was scheduled to close because of Louisville Metro Government budget cuts * Continued support of The Children's Hospital Foundation Office of Child Advocacy of Kosair Children's Hospital, which helps provide safety and outreach information aimed at keeping kids out of the hospital * Supported pediatric bereavement and pastoral care programs, which provide emotional and spiritual support to families of children in the hospital and assists bereaved parents throughout the region * Supported expressive therapy and music therapy programs Norton Healthcare Foundation * The Norton Healthcare Foundation is a fund-raising and grant-making organization It provides funding for programs, education and research at Norton Hospital, Norton Audubon Hospital, Norton Brownsboro Hospital,and Norton Suburban Hospital - Norton Healthcare's adult facilities * Provided continuing education for caregivers * Supported Pastoral Care and music therapy programs * Supported Norton Cancer Institute initiatives that provide early detection screenings,education and clinical research * Supported education and resource initiatives for patients with diabetes * Provided educational opportunities for the community and caregivers, such as the Gail Klein Garlove Lectureship and Nixon Lectureship, which focus on topics related to cancer care, prevention and research * Provided funding for nurses to obtain oncology-certified nurse designation, enabling them to provide the most comprehensive care to patients battling cancer * Provided social worker support for the geriatric population through Norton House Calls Norton House Calls is a specialized program providing in-home medical care for adult residents of Jefferson County, Ky , age 60 and older who are too ill or frail to travel to their physician's office The program continued to bring clinical and/or pastoral caregivers to patients' homes to provide care in a comfortable, convenient setting in 2009

Identifier	Return Reference	Explanation
		General Information Form 990, Part I, Line 5 and Part V Line 2 Norton Healthcare, Inc EIN 61-1028725 is the common paying agent for Norton Hosptials, Inc , Norton Properties, Inc , Community Medical Associates, Inc , Norton Healthcare Foundation, Inc , and The Children's Hospital Foundation Therefore, all applicable IRS tax compliance filings are reported by Norton Healthcare, Inc on behalf of these named entities Norton Healthcare, Inc has approximately 1,206 employees Norton Healthcare, Inc , the common paying agent, reported 11,681 employees on Form W-3 for 2009 Form 990 Part V Line 1b Norton Healthcare Inc , as the common paying agent, filed a form W-2G on behalf of The Children's Hospital Foundation Form 990, Part V Line 1c Norton Healthcare, Inc , EIN 61-1028725 is the common paying agent for Norton Healthcare Inc, and all affilities Norton Healthcare, Inc requires that all vendors provide an accruate taxpayer identificaion number on a form W-9, as requried by law , prior to issurance of any payment FORM 990, PART VII, SECTION A, LINE 1A, COLUMN D Norton Healthcare, Inc (NHI) and Affiliates (Norton Hospitals, Inc , Community Medical Associates, Inc and Norton Properties, Inc and The Children's Hospital Foundation) encourages and facilitates board member attendance at educational programs and conferences on subjects relevant to NHI NHI's travel policy for board of trustees provides that for each trustee that attends at least one out of tow n educational conference, a lump sum stipend w ill be paid to cover unreimbursed travel expense and other miscellaneous expenses associated w ith conference preparation, attendance or follow up In compliance w ith IRS regulations, NHI provides a Form 1099 to any trustee that receives a stipend These amounts have been reported in Part VII of the Form 990 as reportable compensation to the trustee receiving stipends in 2009 Form 990, Part VII, Section B, Line 1 and 2, Part V line 1a Norton Healthcare, Inc EIN 61-1028725 is the common paying agent for Norton Hospitals, Inc , Norton Properties, Inc , Community Medical Associates, Inc , Norton Healthcare Foundation, Inc , and The Children's Hospital Foundation Therefore, all vendors, including independent contracts, are paid and reported by Norton Healthcare, Inc on behalf of these named entities For purposes of Part V, line 1, the number of 1099s reported and filed for 2009 by Norton Healthcare, Inc w as approximately 244 Norton Healthcare, Inc has approximately 99 independent contractors exceeding $100,000 for 2009 Norton Healthcare, Inc , the common paying agent, reported 746 vendors on Form 1096 for 2009 Form 990 Part VIII, Line 7c - Gain/(Loss) on sale of securities Loss on sale of publicly traded securities, including equity securities, corporate bonds, government obligations and mutual fund shares Form 990 Part IX Line 20, interest expense and Line 24e, interest expense allocation Norton Healthcare, Inc 's (NHI) methodology for interest expense allocation is to determine a budget interest expesne amount based on anticipated interest expense to be accrued on NHI's outstanding debt the budgeted bond interest expesne is allocated to its affiliates monthly throughout the fiscal year For purposes of the Form 990 the amount of interest expense allocated to NHI's affiliates is reported on Part IX, line 24e Any increase or decrease to the actual bond interest expense during the fiscal year is not allocated to its affiliates but is reflected in NHI's financial statements and the Form 990, Part IX, Line 20 accordingly In 2009, the amounts budgeted for the interest expense allocations w ere in excess of the actual amounts accrued Factors contributing to the favorable interest expense w ere the purchase of NHI's 2003 bond issue in early 2009 (and ultimately extinguished later in 2009), the interest income earned on the SWAP agreements exceeded expectations and greater than anticipated capitalized interest, w hich low ered the amount recorded as interest expense Form 990, Part X, Line 20 Tax exempt bond liabilities All bonds are secured by a mortage lien on the pricipal hospital facilities of Norton Hospitals Inc and a security interest in certain pledged collateral, including the operating revenues of the obligated group (Norton Healthcare Inc and Norton Hospitals Inc as of December 31, 2006) Principle and interest rates related to the bonds are payable solely by the obligated group Norton Healthcare, Inc has agreed to certain covenants, w hich among other things, limit additional indebtedness and guarantees and requires Norton Healthcare, Inc to maintain specific financial ratios Form 990, Schedule K, Part I, description of purpose To refinance, in an advance refunding transaction, a portion of the outstanding Kentucky Economic Development Finance Authority Health system Revenue Bonds, Series 2000C, to finance or reimburse the Corporation for the costs of constructing and equipping a new hospital facility to be ow ned and operated by Norton Hospitals, to finance or reimburse the Corporation for the costs of renovation and expansion of various patient care areas and the acquisitions of equipment and to pay certain costs of issuance Form 990, Schedule K, Part III, Line 4c The GIC w as entered into October 26, 2006 As of October 31, 2009 w e had officially spent all of the GIC The official termination date of this GIC w as January 1, 2010 The instructions are not clear on w hich date to use but w e believe that the best interpretation is to the terminiation date and not the date that the proceeds, w ere fully expended Therefore, w e conclude that the term of the GIC is from October 26, 2006 to January 1, 2010 or 3 2 years FORM 990, SCHEDULE R, PART V, LINE 2 Norton Healthcare, Inc (NHI) ow ns 100% of the outstanding stock of Norton Enterprises, Inc (NEI), a for-profit corporation NHI processes all payroll, accounts payable transactions, and purchase orders on behalf of NEI These operating expenses are transferred to NEI through an intercompany transfer and are reported w ith transaction type q All operating receipts of NEI are transferred to NHI through an intercompany transfer and are reported w ith transaction type r Norton Healthcare, Inc (NHI) processes all payroll, accounts payable transactions, and purchase orders on behalf of its affiliates (Norton Hospitals, Inc , Community Medical Associates, Norton Properties, Inc , Norton Healthcare Foundation, Inc and The Children's Hospital Foundation, Inc) These operating expenses are transferred to the affiliates through an intercompany transfer and are reported w ith transaction type q All operating receipts of the affiliates are transferred to NHI through an intercompany transfer and are reported w ith transaction type r

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

(a) Name, address, and EIN 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
Norton Hospitals Inc 224 E Broadway 5th floor Louisville, KY 40202 61-0703799	Provide hospital services	KY	501(c)3	3	N/A
Community Medical Associates Inc 224 E Broadway 5th floor louisville, KY 40202 61-1276316	Operates a network of physician practices	KY	501(c)3	9	N/A
Norton Properties Inc 224 E Broadway 5th floor louisville, KY 40202 61-1028724	Maintains office and parking facilities	KY	501(c)3	11a-typeI	N/A
The Children's Hospital Foundation 224 E Broadway 5th floor louisville, KY 40202 61-6027530	Generate funds to support programs and services	KY	501(c)3	7	N/A
Norton Healthcare Foundation Inc 224 E Broadway 5th floor louisville, KY 40202 31-0914919	generate funds to support programs and services	KY	501(c)3	7	N/A

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

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

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
Norton Enterprises Inc 224 E Broadway 5th floor Louisville, KY40202 61-1054301	Provide nursing and pathology services	KY		C	30,690,611	24,875,530	100 000 %

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**			**No**
b Gift, grant, or capital contribution to other organization(s)	**1b**			**No**
c Gift, grant, or capital contribution from other organization(s)	**1c**			**No**
d Loans or loan guarantees to or for other organization(s)	**1d**			**No**
e Loans or loan guarantees by other organization(s)	**1e**			**No**
f Sale of assets to other organization(s)	**1f**			**No**
g Purchase of assets from other organization(s)	**1g**			**No**
h Exchange of assets	**1h**			**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**			**No**
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**			**No**
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**			**No**
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**			**No**
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**			**No**
n Sharing of paid employees	**1n**			**No**
o Reimbursement paid to other organization for expenses	**1o**			**No**
p Reimbursement paid by other organization for expenses	**1p**			**No**
q Other transfer of cash or property to other organization(s)	**1q**		**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**		**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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) 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	(C) Position (check all that apply)						(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			
Tracy Williams senior V P, CNO	50 00				X			393,514	0	76,166
Richard Carrico V P & Associate CFO	50 00				X			425,712	0	93,509
Joseph DeVenuto Vice President/CIO	50 00				X			386,794	0	81,800
Scott Watkins VP Oper & Exec Dir OP Se	50 00				X			401,877	0	78,186
Michael Esposito VP Business Dev & Exec D	50 00				X			402,288	0	77,270
Gregg Davis VP Ortho, Neuro, Spine	46 00				X			242,115	37,308	60,494
James Parobek VP Ancillary Services	50 00				X			303,807	0	62,064
Jon Cooper VP Surgical Services	34 00				X			141,856	131,125	55,052
Karen Bolin VP Women's Services	50 00				X			270,629	0	38,429
Charles Bohn VP Human Resources	50 00				X			208,008	0	54,851
Kimberly Tharp-Barrie VP Institue of Nursing/W	50 00					X		312,238	0	47,777
Mary Jo Bean VP Business Dev & Exec D	50 00					X		337,300	0	56,959
Alfonso cornish VP Education & Developme	50 00					X		275,366	0	50,406
George Hersch VP Material Management	50 00					X		389,793	0	66,780
j Bryan Hildreth VP Service Excellence	50 00					X		280,563	0	58,643
Dan Varga former Senior VP, CMO							X	363,277	0	0

Additional Data

Software ID:
Software Version:
EIN: 61-1028725
Name: Norton Healthcare Inc

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Norton Hosp Inc	610703799	3	Yes		Yes		Yes		1175164643
Community Med Assoc Inc	611276316	9	Yes		Yes		Yes		136734049
Norton Prop Inc	611028724	11a-type I	Yes		Yes		Yes		8385045
NOrton Hlth Foundation	310914919	7	Yes		Yes		Yes		2846767
Children's Hosp Fnd	616027530	7	Yes		Yes		Yes		3470433

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Management fee allocat	900,099	142,505,602	142,505,602		
Central Service Alloca	900,099	2,558,355	2,558,355		
Clinical research tria	900,099	835,002	835,002		
Insurance allocation	900,099	354,395	354,395		
Education programs	900,099	131,183	131,183		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment rental & repa	21,807,180	20,362,547	1,444,633	
Sponsorships	1,435,816	574,326	861,490	
Recruitment	839,082	756,226	82,856	
Dues & Subscriptions	413,586	309,615	103,971	
Interest Allocation	-39,661,874		-39,661,874	

Additional Data

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Name: Norton Healthcare Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Investments in Healthcare & other related organizations	13,916,107
Deposit - PFG Equipment Lease	68,557
other LT assets	2,047,178
2006 bond issue cost	2,638,738
1997 bond issue costs	339,840
2000 Bond Issue Cost	12,683,121
refundable advance	4,610,072
Deposit - rent	5,097
Receivable from affiliates	36,860,406

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 61-1028725
Name: Norton Healthcare Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Stephen A Williams	(I)	882,004	496,254	712,178	248,833	23,178	2,362,447	0
	(II)	0	0	0	0	0	0	0
Russell F Cox	(I)	517,664	222,453	247,909	146,996	26,314	1,161,336	0
	(II)	0	0	0	0	0	0	0
Michael W Gough	(I)	422,429	182,906	221,802	123,758	24,399	975,294	0
	(II)	0	0	0	0	0	0	0
Robert B Azar	(I)	127,440	126,400	233,808	71,594	9,285	568,527	0
	(II)	0	0	0	0	0	0	0
Steven Hester	(I)	330,676	112,350	143,284	91,528	24,890	702,728	54,590
	(II)	0	0	0	0	0	0	0
Tracy Williams	(I)	265,558	77,896	50,060	57,688	18,478	469,680	30,457
	(II)	0	0	0	0	0	0	0
Richard Carrico	(I)	297,560	92,045	36,107	71,348	22,161	519,221	0
	(II)	0	0	0	0	0	0	0
Joseph DeVenuto	(I)	262,900	81,443	42,451	61,840	19,960	468,594	22,556
	(II)	0	0	0	0	0	0	0
Scott Watkins	(I)	211,561	61,992	128,324	59,011	19,175	480,063	69,061
	(II)	0	0	0	0	0	0	0
Michael Esposito	(I)	246,978	60,312	94,998	58,957	18,313	479,558	71,929
	(II)	0	0	0	0	0	0	0
Gregg Davis	(I)	130,476	63,000	48,639	40,184	20,310	302,609	14,733
	(II)	37,308	0	0	0	0	37,308	0
James Parobek	(I)	172,997	55,570	75,240	43,618	18,446	365,871	31,403
	(II)	0	0	0	0	0	0	0
Jon Cooper	(I)	131,731	0	10,125	35,564	18,603	196,023	0
	(II)	58,445	39,629	33,051	0	885	132,010	0
Karen Bolin	(I)	175,151	45,783	49,695	35,732	2,697	309,058	0
	(II)	0	0	0	0	0	0	0
Charles Bohn	(I)	199,213	0	8,795	39,663	15,188	262,859	0
	(II)	0	0	0	0	0	0	0
Kimberly Tharp-Barrie	(I)	202,196	49,728	60,314	42,767	5,010	360,015	49,326
	(II)	0	0	0	0	0	0	0
Mary Jo Bean	(I)	187,681	44,940	104,679	48,843	8,116	394,259	70,394
	(II)	0	0	0	0	0	0	0
Alfonso cornish	(I)	184,008	42,918	48,440	37,858	12,548	325,772	26,552
	(II)	0	0	0	0	0	0	0
George Hersch	(I)	193,812	43,592	152,389	47,935	18,845	456,573	143,316
	(II)	0	0	0	0	0	0	0
J Bryan Hildreth	(I)	199,301	42,019	39,243	40,373	18,270	339,206	38,367
	(II)	0	0	0	0	0	0	0
Dan Varga	(I)	0	0	363,277	0	0	363,277	363,277
	(II)	0	0	0	0	0	0	0

Additional Data

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Software ID:
Software Version:
EIN: 61-1028725
Name: Norton Healthcare Inc

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Norton Enterprises Inc	Q	20,456,332
(2)	Norton Enterprises Inc	R	18,775,943
(3)	Norton hospitals Inc	Q	1,175,164,643
(4)	Norton Hospitals Inc	R	1,111,865,414
(5)	community Medical Associates	Q	136,734,049
(6)	community Medical Associates	R	113,278,617
(7)	Norton Properties Inc	Q	8,385,045
(8)	Norton Properties Inc	R	7,383,032
(9)	The Children's Hospital Foundation Inc	Q	3,470,433
(10)	The Children's Hospital Foundation Inc	R	3,495,290
(11)	Norton Healthcare Foundation Inc	Q	2,846,767
(12)	Norton healthcare Foundation Inc	R	2,664,613

Additional Data

Software ID:
Software Version:
EIN: 61-1028725
Name: Norton Healthcare Inc

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	(C) Position (check all that apply)						(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			
Donald H Robinson Trustee (Chairman)	10 00	X						0	0	0
Joseph a ParadisIII Trustee (Vice Chairman)	4 00	X						0	0	0
Cheryl Balkenhol trustee	1 00	X						1,500	0	0
Maria L Bouvette trustee	1 00	X						0	0	0
T Kevin Flanery trustee	2 00	X						0	0	0
Carolyn J Gatz trustee	1 00	X						1,500	0	0
Robert R Goodin MD trustee	4 00	X						1,500	0	0
Craig D Grant trustee	1 00	X						0	0	0
R K Guillaume trustee	3 00	X						1,500	0	0
Kevin J Hable trustee	1 00	X						0	0	0
Maria Gerwing Hampton trustee	2 00	X						0	0	0
Ronald Lehocky MD trustee	1 00	X						1,500	0	0
Gregory E Mayes trustee	5 00	X						1,500	0	0
Mary Moseley trustee	3 00	X						0	0	0
Mitch Nichols trustee	1 00	X						0	0	0
Gail Lyttle trustee	1 00	X						0	0	0
G Hunt Rounsavall trustee	3 00	X						1,500	0	0
Rev William J Schultz trustee	3 00	X						1,500	0	0
Richard S Wolf MD trustee	1 00	X						1,500	0	0
Wendell P Wright Trustee	1 00	X						1,500	0	0
Stephen A Williams President/trustee	30 00	X		X				2,090,436	0	272,011
Russell F Cox Vice President	30 00			X				988,026	0	173,310
Michael W Gough Treasurer	30 00			X				827,137	0	148,157
Robert B Azar Secretary	30 00			X				487,648	0	80,879
Steven Hester Senior V P, CMO	50 00				X			586,310	0	116,418

Additional Data

Software ID:
Software Version:
EIN: 61-1028725
Name: Norton Healthcare Inc

Form 8865, Schedule A - Constructive Ownership of Partnership Interest

Form 8865, Schedule A-2 - Affiliation Schedule

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
lazard group llc				
lazard asset mgmt llc				
lazard freres capital mark				
edgewater holdco LLC				
LAM emerging income GP LLC				
LAM japan vela gp llc				
LAM European Explorer LLC				
lazard italy limited				
lazard & Co Srl				
lazard india holdings ltd				
lazard freres gestion sas				
compagnie financiere lazar				
lazard india private ltd				
lazard Sociedad De Asesora				
lazard freres sas				
	30 rockefeller plaza new york, NY 10020	[redacted]		
	30 rockefeller plaza new york, NY 10020	[redacted]		
	30 rockefeller plaza new york, NY 10020	[redacted]		
	900N michigan ave ste 1800 chicago, IL 60611	[redacted]		
	30 rockefeller plaza new york, NY 10020	[redacted]		
	30 rockefeller plaza new york, NY 10020	[redacted]		
	30 rockefeller plaza new york, NY 10020	[redacted]		
	50 stratton street london w1j8ll UK	[redacted]		X
	2 via dellorso milano 20121 IT	[redacted]		X
	50 stratton street london w1j8ll UK	[redacted]		X
	121 boulevard haussman 753 paris cedex08 FR	[redacted]		X
	121 boulevard haussman 753 Paris cedex08 FR	[redacted]		X
	50 stratton street london w1j8ll UK	[redacted]		X
	Serrano 28-01 Planta madrid 28001 SP	[redacted]		X
	121 boulevard haussman 753 paris cedex08 FR	[redacted]		X

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Norton Healthcare Inc	Form 990 Page 10	61-1028725

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	15,780,418
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	