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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
NORTON HEALTHCARE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
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 $ 369,451,529

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NORTONHEALTHCARE COM

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

L Year of formation 1983

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,582
6	Total number of volunteers (estimate if necessary)	**6**	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	858,007	774,068
	9 Program service revenue (Part VIII, line 2g)	154,251,572	161,532,098
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,486,421	15,292,702
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,898,067	-1,499,080
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,494,067	176,099,788
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,419,994	3,527,307
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	82,510,670	98,020,887
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	85,191,163	92,569,466
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	170,121,827	194,117,660
	19 Revenue less expenses Subtract line 18 from line 12	14,372,240	-18,017,872

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	792,733,695	935,991,735
	21 Total liabilities (Part X, line 26)	947,079,983	1,107,645,355
	22 Net assets or fund balances Subtract line 21 from line 20	-154,346,288	-171,653,620

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

****** 2012-11-12
Signature of officer — Date

MICHAEL W GOUGH TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: GERALYN R HURD | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00933422

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP, 9600 BROWNSBORO ROAD SUITE 400, LOUISVILLE, KY 40241 | EIN ▶ 35-0921680 | Phone no ▶ (502) 326-3996

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 153,276,870 including grants of $ 3,527,307) (Revenue $ 159,645,206)

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** ▶ $ 153,276,870

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	475		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	2		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,582			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ SZ , SP , HK , MY , SN , UK , BE , BR , CA , FR , JA See instructions for 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?			**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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

HELENA SCHULZ
224 E BROADWAY - 5TH FLOOR
LOUISVILLE,KY 402022025
(502)629-8263

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								11,720,148	640,443	2,275,673

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 132

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIRSTSOURCE SOLUTIONS 6455 RELIABLE PKWY CHICAGO, IL 60686	PROFESSIONAL SERVICES	5,045,720
VISION CONSULTING 3325 ASPEN GROVE DR STE 204 FRANKLIN, TN 37067	PROFESSIONAL SERVICES	2,177,328
RIGHT PLACE MEDIA LLC 437 LEWIS HARGETT CIR STE 130 LEXINGTON, KY 40503	MARKETING SERVICES	1,831,899
CUMBERLAND CONSULTING GROUP 720 COOL SPRINGS BLVD STE 550 FRANKLIN, TN 37067	PROFESSIONAL SERVICES	1,490,599
KURT SALMON ASSOCIATES P O BOX 930916 ATLANTA, GA 31193	PROFESSIONAL SERVICES	1,361,226

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 113

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 774,068				
	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 . . . . . ▶	774,068			
Program Service Revenue		Business Code				
	2a	MANAGEMENT FEE ALLOCAT 900099	157,040,862	157,040,862		
	b	CENTRAL SERVICE ALLOCA 900099	2,695,572	2,695,572		
	c	CLINICAL RESEARCH TRIA 900099	1,723,539	1,723,539		
	d	EDUCATION PROGRAMS 900099	72,125	72,125		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	161,532,098			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	10,021,676			10,021,676
	4	Income from investment of tax-exempt bond proceeds . . ▶	37,078			37,078
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 239,280				
	b	Less rental expenses 0				
	c	Rental income or (loss) 239,280				
	d	Net rental income or (loss) . . . . . ▶	239,280			239,280
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 198,584,782 / 907				
	b	Less cost or other basis and sales expenses 193,247,392 / 104,349				
	c	Gain or (loss) 5,337,390 / -103,442				
	d	Net gain or (loss) . . . . . ▶	5,233,948			5,233,948
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	CREDIT CARD REBATE 900099	717,878	717,878		
	b	MISCELLANEOUS INCOME 900099	362,872	362,872		
	c	DEBT REFINANCING 900099	-2,967,642	-2,967,642		
	d	All other revenue	148,532			148,532
	e	**Total.** Add lines 11a–11d . . . . . ▶	-1,738,360			
	12	**Total revenue.** See Instructions . . . ▶	176,099,788	159,645,206	0	15,680,514

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,432,307	3,432,307		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	95,000	95,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	9,767,198	5,638,950	4,128,248	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	99,703	89,733	9,970	
7	Other salaries and wages	69,309,160	59,539,526	9,769,634	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,813,522	2,641,654	171,868	
9	Other employee benefits	8,765,595	8,278,210	487,385	
10	Payroll taxes	7,265,709	6,325,869	939,840	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,053,164	1,725,965	327,199	
c	Accounting	511,500	204,600	306,900	
d	Lobbying	219,570	87,828	131,742	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	1,552,396		1,552,396	
g	Other	35,863,765	25,705,179	10,158,586	
12	Advertising and promotion				
13	Office expenses	1,429,547	1,171,575	257,972	
14	Information technology				
15	Royalties . .				
16	Occupancy	5,768,295	4,732,283	1,036,012	
17	Travel	1,081,471	893,046	188,425	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	30,938,534		30,938,534	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,789,813	8,238	14,781,575	
23	Insurance	625,204	563,893	61,311	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT RENTAL & REPA	32,459,428	29,972,302	2,487,126	
b	RECRUITMENT	1,263,037	1,124,576	138,461	
c	DUES & SUBSCRIPTIONS	737,871	509,203	228,668	
d	INTEREST ALLOCATION	-37,310,835		-37,310,835	
e					
f	All other expenses	586,706	536,933	49,773	
25	**Total functional expenses.** Add lines 1 through 24f	194,117,660	153,276,870	40,840,790	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		-5,078,403	1	-11,944,428
	2	Savings and temporary cash investments		180,461,800	2	178,215,907
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,229,626	4	5,756,630
	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		15,528	6	9,646
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,160,395	8	1,710,128
	9	Prepaid expenses and deferred charges		22,004,900	9	14,808,111
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 321,444,924			
	b	Less accumulated depreciation	10b 249,760,591	61,355,636	10c	71,684,333
	11	Investments—publicly traded securities		375,993,164	11	495,775,669
	12	Investments—other securities See Part IV, line 11		114,397,943	12	118,024,677
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		40,193,106	15	61,951,062
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		792,733,695	16	935,991,735
Liabilities	17	Accounts payable and accrued expenses		135,858,091	17	162,537,941
	18	Grants payable		3,922,896	18	4,217,690
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		678,082,926	20	746,081,500
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		9,670,318	21	9,608,924
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		119,545,752	25	185,199,300
	26	**Total liabilities.** Add lines 17 through 25		947,079,983	26	1,107,645,355
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		-154,583,380	27	-172,100,406
	28	Temporarily restricted net assets		237,092	28	446,786
	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		-154,346,288	33	-171,653,620
	34	Total liabilities and net assets/fund balances		792,733,695	34	935,991,735

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	176,099,788
2	Total expenses (must equal Part IX, column (A), line 25)	2	194,117,660
3	Revenue less expenses Subtract line 2 from line 1	3	-18,017,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-154,346,288
5	Other changes in net assets or fund balances (explain in Schedule O)	5	710,540
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-171,653,620

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated 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	Yes	
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	Yes	

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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

2011

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?
(A) NORTON HOSP INC	610703799	3	Yes		Yes		Yes		1,152,186,049
(B) COMMUNITY MED ASSOC INC	611276316	9	Yes		Yes		Yes		229,676,580
(C) NORTON PROP INC	611028724	11A-TYPE I	Yes		Yes		Yes		8,598,658
(D) NORTON HLTH FOUNDATION	310914919	7	Yes		Yes		Yes		1,262,943
(E) CHILDREN'S HOSP FND	616027530	7	Yes		Yes		Yes		3,615,599
Total									1,395,339,829

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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	
(A) NORTON HOSP INC	610703799	3	Yes		Yes		Yes		1152186049
(B) COMMUNITY MED ASSOC INC	611276316	9	Yes		Yes		Yes		229676580
(C) NORTON PROP INC	611028724	11A-TYPE I	Yes		Yes		Yes		8598658
(D) NORTON HLTH FOUNDATION	310914919	7	Yes		Yes		Yes		1262943
(E) CHILDREN'S HOSP FND	616027530	7	Yes		Yes		Yes		3615599

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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

2011

Open to Public Inspection

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

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

If the organization answered "Yes," 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 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,450
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,180
i	Other activities? If "Yes," describe in Part IV	Yes		219,570
j	Total lines 1c through 1i			225,200
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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	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 $121,667, ROTUNDA GROUP, LLC TOTALING $96,250 AND GREATER LOUISVILLE, INC TOTALING $1,653 PART II-B, LINE 1(G) AND (H) EMPLOYEES OF NORTON HEALTHCARE, INC ARE ENGAGED IN LOBBYING HEALTH POLICY ISSUES AT THE STATE LEVEL TO LOBBY THE EXECUTIVE AND LEGISLATIVE BRANCHES OF KENTUCKY'S GOVERNMENT NORTON HEATLHCARE, INC IS NOT REGISTERED TO LOBBY AT THE FEDERAL LEVEL LOBBYING COMPENSATION PAID AS REPORTED TO THE KENTUCKY LEGISLATIVE ETHICS COMMITTEE IS $4,450 00 AND OTHER EXPENSES FOR EVENTS OF GLI'S LOUISVILLE NIGHT IN FRANKFORT, KY AT THE SOUTHERN LEGISLATIVE CONFERENCE AND NATIONAL CONFERENCE OF STATE LEGISLATURES IS $1,180 00

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,125,807		2,125,807
b Buildings		45,966,965	30,784,728	15,182,237
c Leasehold improvements				
d Equipment		240,875,554	218,336,638	22,538,916
e Other		32,476,598	639,225	31,837,373
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				71,684,333

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENT MASTER TRUST UNITS	73,451,814	F
(B) REAL ESTATE MASTER TRUST UNITS	34,963,939	F
(C) SECURITIES LENDING COLLATERAL	9,608,924	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	118,024,677	

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
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	61,951,062

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SELF INSURANCE TRUST	101,274,242
OTHER INSURANCE	3,068,603
MARKET VALUE OF SWAP - UNFAVORABLE	8,253,028
CAPITAL LEASE	1,050,000
OTHER LIABILITIES	23,613,446
PAYABLE TO AFFILIATES	47,939,981
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	185,199,300

2. Fin 48 (ASC 740) 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 (ASC740)

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	176,099,788
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	194,117,660
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-18,017,872
4	Net unrealized gains (losses) on investments	4	-21,126,952
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	21,837,492
9	Total adjustments (net) Add lines 4 - 8	9	710,540
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-17,307,332

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION COMPLETED AN ANALYSIS OF ITS TAX POSITION AT DECEMBER 2011 AND 2010 AND DETERMINED THAT NO MATERIAL AMOUNTS WERE REQUIRED TO BE RECOGNIZED UNDER ASC 740, INCOME TAXES IN THE COMBINED FINANCIAL STATEMENTS AT DECEMBER 31, 2011 AND 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		ASSET IMPAIRMENT -1,348,581 SWAP MARK TO MARKET ADJUSTMENTS 6,495,347 AFFILIATE TRANSFER 102,314 CHANGE IN MINIMUM PENSION LIABILITY 16,588,412 TOTAL TO SCHEDULE D, PART XI, LINE 8 21,837,492
		SCHEDULE D PART IX OTHER ASSETS, FORM 990, PART X, LINE 15 REFUNDABLE ADVANCES OF $4,388,102 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 2,194,102 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

Additional Data

Software ID:
Software Version:
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

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

(a) Description	**(b)** Book value
INVESTMENTS IN HEALTHCARE & OTHER RELATED ORGANIZATIONS	867,706
DEPOSIT - PFG EQUIPMENT LEASE	68,557
OTHER LT ASSETS	13,287,767
2006 BOND ISSUE COST	2,400,287
1997 BOND ISSUE COSTS	137,007
2000 BOND ISSUE COST	9,277,104
REFUNDABLE ADVANCE	4,388,102
PENSION	30,186,451
INTANGIBLES NET AMORTIZATION	78,334
2011 BOND ISSUE COST	1,259,747

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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

2011

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	INVESTMENTS		90,437,000
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		7,753,000
EUROPE	0	0	INVESTMENTS		5,274,000
NORTH AMERICA	0	0	INVESTMENTS		5,183,000
SOUTH AMERICA	0	0	INVESTMENTS		451,000
3a Sub-total	0	0			109,098,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			109,098,000

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 Part V 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 Part V 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 Foreign Forms

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

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317015152

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

2011

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 65

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

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
(1) UNDERGRADUATE SCHOLARSHIPS FOR STUDENTS PURSUING EDUCATION FOR A CAREER IN THE HEALTHCARE FIELD	80	95,000			

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL GRANT APPLICANTS ARE REQUIRED TO SUBMIT A GRANT APPLICATION TO THE MANAGER OF STEWARDSHIP THE GRANT IS REVIEWED AND APPROVED BY NORTON HEALTHCARE MANAGEMENT ALL GRANT REQUESTS GREATER THAN $250,000 REQUIRE THE APPROVAL OF THE NORTON HEALTHCARE BOARD OF DIRECTORS SELECTION CRITERIA INCLUDES APPROPRIATENESS OF THE REQUEST, LEVEL OF NEED AND WHETHER THE REQUEST IS IN ALIGNMENT WITH THE ORGANIZATION'S GOALS AND OBJECTIVES UPON APPROVAL, THE GRANT IS ENTERED INTO THE GRANT DATABASE AND THE FINANCIAL SYSTEM THE ORGANIZATION REQUIRES THAT A PROGRESS REPORT BE SUBMITTED MIDWAY THROUGH THE PROJECT, AND A FINAL REPORT IS REQUIRED AT THE END OF THE PROJECT FOR WHICH FUNDING IS RECEIVED GRANT REPORT DEADLINES AND GUIDELINES THAT EXPLAIN WHAT TO INCLUDE IN REPORTS WILL BE SENT TO THE PROJECT DIRECTOR/GRANTEE UPON GRANT AWARD NOTIFICATION GRANT REPORTS MUST INCLUDE AN ACCOUNTING OF FUNDS EXPENDED AND ENCUMBERED, INCLUDING SUPPORTING DOCUMENTATION GRANT RECIPIENTS WHO FAIL TO SUBMIT REPORTS OR ACCOUNT FOR THE EXPENSE OF GRANT FUNDS WILL NOT BE ALLOWED TO APPLY FOR FUTURE FUNDING UNTIL THE REPORTING REQUIREMENTS ARE MET
		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 CASH ASSISTANCE IS AWARDED THROUGH THE COMMUNITY INITIATIVE COMMITTEE AND EXPENSED IN THE YEAR THAT THE CASH ASSISTANCE IS AWARDED A REQUEST PROCESS IS IN PLACE TO ENSURE THAT THE REQUEST IS IN ALIGNMENT WITH THE NORTON HEALTHCARE STRATEGIC PLAN

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JCTC FOUNDATION INC109 EAST BROADWAY LOUISVILLE,KY 40202	23-7035648	GOV'T ORGANIZATION	548,000				TO PROVIDE START-UP FUNDING OF A NEW ASSOCIATES DEGREE IN CLINICAL LABORATORY
LOUISVILLE COMPREHENSIVE CARE MS CENTER 3991 DUTCHMANS LANE LOUISVILLE,KY 40207	20-1512570	501(C)(3)	100,000				MS COMPREHENSIVE CENTER OF EXCELLENCE TO OPTIMIZE CARE FOR GREATEST NUMBER OF PEOPLE WITH MS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SCOLIOSIS RESEARCH SOCIETY555 E WELLS SUITE 1100 MILWAUKEE, WI 53202	23-7181863	501(C)(3)	125,000				MULTICENTER OBSERVATIONAL STUDY OF NEUROLOGIC RISKS ASSOCIATED WITH ADULT SPINAL DEFORMITY SURGERY
U OF L PEDIATRIC SURGERY RESEARCH DEPARTMENT OF SURGERY LOUISVILLE, KY 40202	61-1014882	501(C)(3)	350,000				FOR PEDIATRIC SURGERY RESEARCH SUPPORT TO THE U OF L RESEARCH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BELLARMINE UNIVERSITY2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)(3)	400,000				TO PROVIDE JOINT APPOINTMENTS OF BELLARMINE NURSING FACULTY AND NORTON STAFF
LOUISVILLE METRO HEALTH DEPARTMENT611 W JEFFERSON ST LOUISVILLE, KY 40202	32-0049006	GOV'T ORGANIZATION	571,987				TO PARTNER WITH METRO HEALTH DEPT TO PROVIDE HEALTHCARE SERVICES IN HEALTH START PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JEFFERSON COUNTY BOARD OF EDUCATIONP O BOX 34020 LOUISVILLE, KY 40232	61-6001316	GOV'T ORGANIZATION	300,000				SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE IN THE COUNTY
U OF L RESEARCH FOUNDATION550 S JACKSON ST LOUISVILLE, KY 40202	61-1029626	501(C)(3)	60,446				TO FUND EXTENSION OF STUDY OF THE USE OF THE CHILDREN'S HEALTH AND ILLNESS RECOVERY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 FOUNDATION550 S JACKSON ST LOUISVILLE, KY 40202	61-1029626	501(C)(3)	90,000				PEDIATRIC RESEARCH
AMERICAN DIABETES ASSOCIATION161 ST MATTHEWS AVE 3 LOUISVILLE, KY 40207	13-1623888	501(C)(3)	10,000				SUPPORT FOR AFRICAN AMERICAN DIABETES OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN CANCER SOCIETY 701 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	13-1788491	501(C)(3)	17,000				GENERAL SUPPORT
MARCH OF DIMES 4802 SHERBURNE LN LOUISVILLE, KY 40207	13-1846366	501(C)(3)	11,000				GENERAL SUPPORT OF PRE AND POSTNATAL EDUCATION FOR FAMILIES WITH PREMATURE BABIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CARROLL COUNTY MEDICAL HOSPITAL309 11TH ST CARROLLTON,KY 41008	13-3248515	501(C)(3)	27,000				GENERAL SUPPORT OF CARDIAC SERVICES
AMERICAN HEART ASSOCIATION240 WHITTINGTON PKWY LOUISVILLE,KY 40222	13-5613797	501(C)(3)	86,000				SUPPORT CARDIOVASCULAR HEALTH SCREENINGS AND WOMEN'S CARDIOVASCULAR HEALTH & PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LEUKEMIA AND LYMPHOMA SOCIETY301 E MAIN SUITE 100 LOUISVILLE,KY 40202	13-5655916	501(C)(3)	6,900				GENERAL SUPPORT OF SCREENING, OUTREACH AND PREVENTION FOR LEUKEMIA PATIENTS
COLON CANCER PREVENTION PROJECTPO BOX 4039 LOUISVILLE,KY 40204	20-1510713	501(C)(3)	7,500				GENERAL SUPPORT OF COLON CANCER PREVENTION AND OUTREACH EFFORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE, KY 42164	20-1789905	501(C)(3)	60,000				GENERAL SUPPORT OF CAMP FOR PEDIATRIC PATIENTS
CORE COMMITTEE INCPO BOX 1621 ELIZABETHTOWN, KY 42702	20-8105293	501(C)(3)	7,500				GENERAL SUPPORT OF EFFORTS AT FORT KNOX, BASE REALIGNMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LIFEHOUSE INC2710 RIEDLING DR LOUISVILLE,KY 40206	20-8514733	501(C)(3)	50,000				GENERAL SUPPORT OF MATERNITY HOME AND PRENATAL CARE
PENTECOSTAL FIRE CONF AMERICA1710 CAMPBELLSVILLE RD HODGENVILLE,KY 42748	26-1301145	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SUPPLIES OVER SEAS1500 ARLINGTON AVE LOUISVILLE, KY 40206	27-2624272	501(C)(3)	25,000				GENERAL SUPPORT OF MEDICAL SURPLUS SERVICES SENT OVERSEAS
LEADERSHIP LOUISVILLE CENTER732 W MAIN ST LOUISVILLE, KY 40202	31-0958491	501(C)(3)	30,000				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENTARENA SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LEADERSHIP KENTUCKY FOUNDATION464 CHENAULT RD FRANKFORT, KY 40601	31-1096215	501(C)(3)	5,500				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT
LEADERSHIP SOUTHERN INDIANA8204 HWY 311 SELLERSBURG, IN 47172	31-1644080	501(C)(3)	6,700				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOUISVILLE METRO PARKSPO BOX 37280 LOUISVILLE, KY 40233	32-0049006	501(C)(3)	27,500				GENERAL SUPPORT AND SUPPORT OF MAYOR'S HEATLH INITIATIVES - HIKE, BIKE AND PADDLE
PRP ALUMNI ASSOCIATIONPO BOX 58051 LOUISVILLE, KY 40268	32-0087730	501(C)(3)	5,000				GENERAL SUPPORT FOR SCHOLARSHIPS AT PLEASURE RIDGE PARK HIGH SCHOOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KENTUCKIANA WORKS FOUNDATION410 W CHESTNUT STE 200 LOUISVILLE, KY 40202	37-1508088	501(C)(3)	10,000				GENERAL SUPPORT OF SUMMER JOB PROGRAMS
YOUNG PROFESSIONALS550 S 4TH ST STE 200 LOUISVILLE, KY 40202	45-0483455	501(C)(3)	5,000				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT AND NETWORKING FOR YOUNG PROFESSIONALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NATIVITY ACADEMY AT SAINT BONIFACE 529 E LIBERTY ST LOUISVILLE, KY 40202	51-0450314	501(C)(3)	7,500				GENERAL SUPPORT OF SCHOLASTICS FOR UNDERSERVED CHILDREN
HABITAT FOR HUMANITY2777 S FLOYD ST LOUISVILLE, KY 40209	58-1735528	501(C)(3)	38,750				GENERAL SUPPORT FOR THE COST OF BUILDING A HABITAT FOR HUMANITY HOME

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KOSAIR SHRINE CLUB812 S SECOND LOUISVILLE,KY 40203	61-0119287	501(C)(3)	5,000				GENERAL SUPPORT FOR KOSAIR CHARITIES
GIRL SCOUTS OF KENTUCKIANAPO BOX 32335 LOUISVILLE,KY 40232	61-0444698	501(C)(3)	5,000				GENERAL SUPPORT OF GIRL SCOUTS AND LEADERSHIP FOR GIRLS AND YOUNG WOMEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JEWISH FAMILY & VOCATIONAL SERVICES2821 KLEMPNER WAY LOUISVILLE,KY 40205	61-0444704	501(C)(3)	5,000				GENERAL SUPPORT OF FAMILY AND JOB SERVICES
AMERICAN LUNG ASSOCIATION OF KENTUCKYPO BOX 9067 LOUISVILLE,KY 40209	61-0444714	501(C)(3)	12,000				GENERAL SUPPORT FOR LUNG HEALTH OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LOUISVILLE URBAN LEAGUE 1535 W BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	5,000				GENERAL SUPPORT OF WORKFORCE DEVELOPMENT THROUGH LOUISVILLE URBAN LEAGUE
YMCA OF GREATER LOUISVILLE545 S 2ND ST LOUISVILLE, KY 40202	61-0444843	501(C)(3)	10,500				SUPPORT SAFE PLACE & OTHER YOUTH PROGRAMS, FITNESS TRAINING CANCER PATIENTS & SURVIVORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTER FOR WOMEN AND FAMILIESPO BOX 2048 LOUISVILLE,KY 40201	61-0444846	501(C)(3)	35,000				GENERAL SUPPORT OF SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE
JUNIOR ACHIEVEMENT1401 W MUHAMMAD ALI BLVD LOUISVILLE,KY 40203	61-0476694	501(C)(3)	20,450				GENERAL SUPPORT OF YOUTH LEADERSHIP DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ARTHRITIS FOUNDATION KY CHAPTER2908 BROWNSBORO RD STE 117 LOUISVILLE, KY 40206	61-0492349	501(C)(3)	5,000				GENERAL SUPPORT OF ARTHRITIS FOUNDATION SPEAKER SERIES
CEREBRAL PALSY KIDS CENTER982 EASTERN PKWY LOUISVILLE, KY 40217	61-0492378	501(C)(3)	5,000				GENERAL SUPPORT OF SERVICES FOR CHILDREN WITH CEREBRAL PALSY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KOSAIR CHARITIES982 EASTERN PKWY POBOX 37370 LOUISVILLE,KY 40233	61-0514703	501(C)(3)	12,000				GENERAL SUPPORT KOSAIR CHARITIES
ACTORS THEATRE 316 W MAIN LOUISVILLE,KY 40202	61-0645030	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NATIONAL MULTIPLE SCLEROSIS11700 COMMONWEALTH DR STE 500 LOUISVILLE,KY 40299	61-0702202	501(C)(3)	7,000				GENERAL SUPPORT OF MULTIPLE SCLEROSIS RESEARCH
KENTUCKY COUNTRY DAY4100 SPRINGDALE RD LOUISVILLE,KY 40241	61-0731998	501(C)(3)	12,400				GENERAL SUPPORT OF SCHOLASTICS AT KENTUCKY COUNTRY DAY SCHOOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHRISTIAN ACADEMY700 S ENGLISH STATION LOUISVILLE,KY 40245	61-0907309	501(C)(3)	11,400				GENERAL SUPPORT OF SCHOLASTICS AT CHRISTIAN ACADEMY SCHOOL
HOSPARUS3532 EPHRAIM MCDOWELL DR LOUISVILLE,KY 40205	61-0921718	501(C)(3)	10,000				GENERAL SUPPORT OF THE PEDIATRIC BEREAVEMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KENTUCKY YOUTH ADVOCATES2034 FRANKFORT AVE LOUISVILLE,KY 40206	61-0929390	501(C)(3)	5,000				GENERAL SUPPORT OF RESEARCH AND DATA COLLECTION FOR KIDS COUNT DATA BOOK
PREGNANCY RESOURCE CENTER1143 S 6TH ST LOUISVILLE,KY 40203	61-1055060	501(C)(3)	25,000				GENERAL SUPPORT OF SERVICES FOR EXPECTANT MOTHERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KENTUCKY PEDIATRIC SOCIETY420 CAPITAL AVE FRANKFORT, KY 40601	61-1125554	501(C)(3)	5,000				GENERAL SUPPORT OF PROFESSIONAL DEVELOPMENT FOR PEDIATRICIANS
BRAIN INJURY ASSOCIATION OF KY7410 NEW LAGRANGE RD LOUISVILLE, KY 40222	61-1128496	501(C)(3)	16,500				GENERAL SUPPORT OF BIAK FAMILY SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SHIVELY AREA MINISTRIES4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3)	7,500				GENERAL SUPPORT OF EMERGENCY ASSISTANCE FOR RESIDENTS OF THE SHIVELY KY AREA
A WOMEN'S CHOICE RESOURCE CENTER101 WEST MARKET LOUISVILLE, KY 40202	61-1142823	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTER FOR INTERFAITH RELATION415 W MUHAMMAD ALI STE 101 LOUISVILLE, KY 40202	61-1149619	501(C)(3)	5,000				GENERAL SUPPORT OF INTERFAITH RELATIONS
THE HEALING PLACE1020 W MARKET ST LOUISVILLE, KY 40202	61-1164775	501(C)(3)	8,500				GENERAL SUPPORT OF INDIVIDUALS IN THERAPY FOR ADDITION RECOVERY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CLOUT1112 S 4TH ST LOUISVILLE,KY 40203	61-1202173	501(C)(3)	7,500				GENERAL SUPPORT OF INTERFAITH RELATIONS AND SOCIAL JUSTICE
KENTUCKY PHYSICIANS HEALTH FOUNDATION9000 WESSEX PL STE 305 LOUISVILLE,KY 40222	61-1242062	501(C)(3)	21,500				GENERAL SUPPORT OF INTERVENTION, THERAPY AND RELATED SUPPORT FOR IMPAIRED PHYSICIANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOSPITAL HOSPITALITY HOUSE120 W BROADWAY LOUISVILLE,KY 40202	61-1256969	501(C)(3)	6,000				GENERAL SUPPORT TO HELP HOUSE FAMILIES AND PATIENTS WITH LONG-TERM TREATMENT/HOSPITAL STAYS
KY CHAMBER FOUNDATION464 CHENAULT RD FRANKFORT,KY 40601	61-1284992	501(C)(3)	7,500				GENERAL SUPPORT OF KENTUCKY CHAMBER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FAMILY SCHOLAR HOUSE403 REG SMITH CIRCLE LOUISVILLE,KY 40208	61-1285124	501(C)(3)	10,000				GENERAL SUPPORT OF SINGLE PARENTS SEEKING A COLLEGE EDUCATION
KENTUCKY & SOUTHERN INDIANA STROKE ASSOCIATION3425 STONY SPRINGS CIR 102 LOUISVILLE,KY 40220	61-1335267	501(C)(3)	6,000				GENERAL SUPPORT OF STROKE PREVENTION AND OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
YOUTH ALIVEINC 661 S HURSTBOURNE PKWY LOUISVILLE,KY 40222	61-1345500	501(C)(3)	16,274				GENERAL SUPPORT OF YOUTH ALIVE PROGRAMS
PARKINSON'S SUPPORT CENTER OF KENTUCKIANA 315 TOWNEPARK CIR STE 100 LOUISVILLE,KY 40243	61-1367576	501(C)(3)	10,000				GENERAL SUPPORT OF PARKINSON'S DISEASE EDUCATION AND SUPPORT EFFORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LOUISVILLE YOUTH TRAINING CENTER2040 METAL LN LOUISVILLE,KY 40206	61-1380344	501(C)(3)	15,000				GENERAL SUPPORT OF YOUTH FITNESS INITIATIVES
THE BRIDGES COALITION6200 DUTCHMANS LANE LOUISVILLE,KY 40205	71-1026569	501(C)(3)	25,000				GENERAL SUPPORT OF ORGANIZATION'S PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COLOR YOUR CITY INC207 SOUTH BARDSTOWN RD MT WASHINGTON, KY 40047	80-0726782	501(C)(3)	40,000				GENERAL SUPPORT OF DRUG ABUSE EDUCATION IN BULLITT COUNTY

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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

2011

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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 2011, 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 $334,602 THE TAX GROSS-UPS ARE RELATED TO THE BENEFIT OUTLINED BELOW ANNUITY - THE TAX GROSS-UP ASSOCIATED WITH THE ANNUITY BENEFIT IS $317,315 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, 2009, 2010 AND 2011 INCLUDED IN MR WILLIAMS COMPENSATION IN 2011 IS $405,562 WHICH IS THE COST OF THE PURCHASED ANNUITY THE TOTAL COST OF THE PURCHASED ANNUITY AND THE ASSOCIATED TAX GROSS-UP IS $722,877, WHICH WAS INCLUDED IN TAXABLE COMPENSATION TEMPORARY TOTAL DISABLITY COVERAGE - THE TAX GROSS-UP ASSOCIATED WITH THE PURCHASE OF THIS COVERAGE IS $17,287 INCLUDED IN MR WILLIAMS COMPENSATION IN 2011 IS $33,707 WHICH IS THE COST OF THE PURCHASED COVERAGE THE TOTAL COST OF THE POLICY AND THE ASSOCIATED TAX GROSS-UP IS $50,994, WHICH WAS INCLUDED IN TAXABLE COMPENSATION DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE EXECUTIVES, EFFECTIVE OCTOBER 1, 2007 NORTON HEALTHCARE PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NORTON HEALTHCARE DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2011 STEPHEN A WILLIAMS $57,229 RUSSELL F COX 59,434 MICHAEL W GOUGH 52,208 ROBERT B AZAR 17,500 STEVEN HESTER 17,500 RICHARD CARRICO 8,414 TRACY WILLIAMS 17,500 SCOTT WATKINS 10,000 MICHAEL ESPOSITO 10,000 JON COOPER 10,000 KAREN BOLIN 10,000 CHARLES BOHN 17,500 KIMBERLY THARP-BARRIE 10,000 MARY JO BEAN 10,000 MARY CORBETT 15,000 STEVE READY 10,385 STEVE HEILMAN 10,000 KENNETH WILSON 10,000 JAMES FRAZIER 4,231 WILLIAM RICHIE 10,000 CHARTER TRAVEL WAS PROVIDED IN 2011 FOR THREE EXECUTIVES FOR A COST OF $1,680 00 THIS WAS DEEMED TO BE BUSINESS RELATED AND THUS NOT CONSIDERED TAXABLE TO THE INDIVIDUAL EXECUTIVES
	PART I, LINES 4A-B	SEVERANCE PAYMENT WAS RECEIVED DURING 2011 BY FORMER KEY EMPLOYEE, JOSEPH DEVENUTO IN THE AMOUNT OF $189,712, OTHER COMPENSATION,INCLUDED IN SCHEDULE J COLUMN B(III) MR DEVENUTO WILL CONTINUE TO RECEIVE SEVERANCE PAYMENTS THROUGH MARCH 3, 2012, THEREFORE INCLUDED IN SCHEDULE J, COLUMN C, $2,530 00 IS INCLUDED AS THE ESTIMATED PAYMENT TO BE PAID IN 2012 PART I, LINE 4B 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 2011 AND CAN BE COMPRISED OF PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS PARTICIPANTS NAME PAY CREDIT PAYMENT RECEIVED STEPHEN A WILLIAMS $ 258,507 $ 0 RUSSELL F COX 157,977 0 MICHAEL W GOUGH 129,734 0 ROBERT B AZAR 64,122 0 STEVEN HESTER 93,709 123,065 RICHARD CARRICO 19,483 0 TRACY WILLIAMS 49,815 37,892 JOSEPH DEVENUTO 0 27,975 SCOTT WATKINS 44,833 69,575 MICHAEL ESPOSITO 46,001 33,034 KIMBERLY THARP-BARRIE 28,820 23,916 MARY JO BEAN 32,523 71,342 KAREN BOLIN 25,691 40,137 CHARLES BOHN 53,758 29,178 MARY CORBETT 30,309 28,200 JON COOPER 27,906 19,102 STEVE READY 34,893 12,668 STEVE HEILMAN 43,157 23,334 KENNETH WILSON 44,202 74,869 SANDRA BROOKS 54,431 64,031 JAMES FRAZIER 22,432 0 WILLIAM P ALLEN 3,161 17,435 ALFONSO CORNISH 28,608 72,048 WILLIAM RITCHIE 34,469 32,939

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) (II)	937,187 0	558,916 0	854,866 0	292,890 0	25,217 0	2,669,076 0	0 0
RUSSELL F COX	(I) (II)	716,158 0	282,021 0	131,086 0	178,100 0	23,982 0	1,331,347 0	0 0
MICHAEL W GOUGH	(I) (II)	587,065 0	237,623 0	115,459 0	149,599 0	25,033 0	1,114,779 0	0 0
ROBERT B AZAR	(I) (II)	345,672 0	116,063 0	35,802 0	79,486 0	8,125 0	585,148 0	0 0
STEVEN HESTER	(I) (II)	395,516 0	147,788 0	142,126 0	122,599 0	28,300 0	836,329 0	123,065 0
TRACY WILLIAMS	(I) (II)	256,261 0	93,207 0	74,056 0	65,081 0	18,098 0	506,703 0	37,892 0
SCOTT WATKINS	(I) (II)	265,962 0	75,910 0	64,496 0	63,468 0	22,015 0	491,851 0	37,058 0
MICHAEL ESPOSITO	(I) (II)	262,428 0	101,948 0	61,690 0	64,610 0	20,222 0	510,898 0	33,034 0
SANDRA BROOKS	(I) (II)	253,304 0	84,931 0	81,337 0	129,274 0	27,313 0	576,159 0	0 0
JAMES FRAZIER	(I) (II)	79,909 346,048	37,500 0	4,401 17,240	34,782 0	20,994 9,136	177,586 372,424	0 0
CHARLES BOHN	(I) (II)	293,028 0	114,262 0	65,541 0	66,093 0	21,042 0	559,966 0	29,178 0
MARY JO BEAN	(I) (II)	204,965 0	54,640 0	98,960 0	50,969 0	6,880 0	416,414 0	71,342 0
MARY CORBETT	(I) (II)	221,694 0	54,060 0	45,801 0	42,646 0	15,600 0	379,801 0	28,200 0
STEVE READY	(I) (II)	247,911 0	65,817 0	29,528 0	51,594 0	20,204 0	415,054 0	11,214 0
STEVE HEILMAN MD	(I) (II)	302,187 0	29,175 0	34,191 0	62,589 0	22,854 0	450,996 0	23,333 0
KENNETH WILSON MD	(I) (II)	273,449 0	21,540 0	104,006 0	59,533 0	16,192 0	474,720 0	74,869 0
RICHARD CARRICO	(I) (II)	170,250 0	105,980 0	20,695 0	21,924 0	11,860 0	330,709 0	0 0
JON COOPER	(I) (II)	198,420 0	40,177 0	46,616 0	43,159 0	20,147 0	348,519 0	19,102 0

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				
WILLIAM P ALLEN	(I)	210,727	40,888	32,837	24,103	20,093	328,648	0
	(II)	0	0	0	0	0	0	0
ALFONSO CORNISH	(I)	187,780	41,897	68,137	54,149	6,973	358,936	50,934
	(II)	0	0	0	0	0	0	0
WILLIAM RITCHIE	(I)	202,626	53,552	87,802	88,528	15,487	447,995	32,939
	(II)	0	0	0	0	0	0	0
JOSEPH DEVENUTO	(I)	17,439	0	231,188	2,530	13,078	264,235	217,688
	(II)	0	0	0	0	0	0	0
KAREN BOLIN	(I)	0	0	0	0	0	0	0
	(II)	180,422	36,359	60,374	40,391	2,807	320,353	30,981
KIMBERLY THARP-BARRIE	(I)	195,285	48,308	35,601	61,961	3,963	345,118	23,916
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTON HEALTHCARE INC

Employer identification number
61-1028725

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LOUISVILLEJEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAC8	10-12-2006	315,474,736	SEE SCH K PART V		X		X		X
B	LOUISVILLEJEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAL8	08-10-2011	75,000,000	SEE SCH K PART V		X		X		X
C	LOUISVILLEJEFFERSON COUNTY METRO GOVERNMENT	32-0049006		08-24-2011	23,775,000	SEE SCH K PART V		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	760,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	330,185,271	75,000,300	23,775,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	958,005			
6	Proceeds in refunding escrow	68,014,385			
7	Issuance costs from proceeds	2,885,257	953,000	150,000	
8	Credit enhancement from proceeds		2,000		
9	Working capital expenditures from proceeds	5,900,000			
10	Capital expenditures from proceeds	183,389,691	74,045,259		
11	Other spent proceeds	97,081,674		23,625,000	
12	Other unspent proceeds		41		
13	Year of substantial completion	2009	2011		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2 270 %		2 270 %					
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 ▶	0 670 %		0 670 %					
6	Total of lines 4 and 5	2 940 %		2 940 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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			X		X		
2	Is the bond issue a variable rate issue?		X	X		X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X			X		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		X		X		
6	Did the bond issue qualify for an exception to rebate?		X	X		X			

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART I, COLUMN F	DESCRIPTION OF PURPOSE OF BOND(S) ISSUE	BOND ISSUED OCTOBER 26, 2006 - TO REFINANCE, IN AN ADVANCE REFUNDING TRANSACTION, A PORTION OF THE OUTSTANDING KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY HEALTH SYSTEM REVENUE BONDS, SERIES 2000A, AND SERIES 2000C, TO FINANCE OR REIMBURSE THE CORPORATION FOR THE COSTS OF CONSTRUCTING AND EQUIPPING A NEW HOSPITAL FACILITY TO BE OWNED 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 BOND ISSUED AUGUST 10, 2011 - TO REIMBURSE THE CORPORATION FOR THE COSTS OF CONSTRUCTING AND EQUIPPING THE NORTON CANCER INSTITUTE DOWNTOWN RADIATION CENTER, CONSTRUCTING AND EQUIPPING A PEDIATRIC AMBULATORY CARE CENTER (KOSAIR CHILDREN'S MEDICAL CENTER - BROWNSBORO) AND RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AND ITS AFFILIATES AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS BOND ISSUED AUGUST 24, 2011 - TO REFUND A PORTION OF THE COUNTY OF JEFFERSON, KENTUCKY HEALTH SYSTEM REVENUE BONDS, SERIES 1997 (ALLIANT HEALTH SYSTEM, INC) AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS
DIFFERENCE BTW SERIES 2006 ISSUE PRICE AND PART II, LINE 3 TOTAL PROCEED IS		PART I, COLUMN E AND PART II, LINE 3 DATE OF ISSUE 10/12/2006 AND 8/10/2011 THE DIFFERENCE BETWEEN TOTAL PROCEEDS OF ISSUE IN PART II LINE 3 AND ISSUE PRICE IN PART I, COLUMN E IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD ADDITIONALLY THE BONDS ISSUED 10/12/2006 PROCEEDS ARE IMPACTED BY AN ARBITRAGE REBATE PAYMENT MADE IN 2011 OTHER INFORMATION REGARDING BONDS ISSUED 10/12/2006 PART II LINE 1 AMOUNTS INCLUDED HERE ARE THE SUM OF SCHEDULED PRINCIPAL PAYMENTS MADE THROUGH 12/31/11 PART II, LINE 6 IN THIS LINE WE ARE GIVING THE BALANCE IN THE TRUSTEE HELD REFUNDING ESCROW AS OF 12/31/2011 THIS BALANCE INCLUDES INVESTMENT EARNINGS ON ESCROW FUNDS AND HAVE ALSO BEEN REDUCED BY SCHEDULED PAYMENTS TO BONDHOLDERS (WHICH ARE REFLECTED IN PART II LINE 11) THESE INVESTMENT EARNINGS ARE NOT INCLUDED IN PART II, LINE 3 BECAUSE WE HAVE INTREPRETED THE INSTRUCTIONS OF LINE 3 TO INCLUDE ONLY THOSE INVESTMENT EARNINGS ON THE PROJECT FUND WHILE WE HAVE INTREPRETED THE INSTRUCTIONS OF LINE 6 TO INCLUDE THE INVESTMENT EARNINGS ON THE PROCEEDS OF THE FUNDS HELD IN THE REFUNDING ESCROW PART II, LINE 9 AS THE PROJECT FUND EXISTED LONGER THAN ANTICIPATED THERE WERE UNEXPECTED EXCESS PROCEEDS AND THESE PROCEEDS WERE USED TO PAY DEBT SERVICE ON THE 2006 BONDS PART II, LINE 11 IN THIS LINE WE ARE GIVING THE BALANCE OF PAYMENTS MADE BY THE TRUSTEE ON ADVANCED REFUNDED BONDS THE AMOUNTS PAID BY THE TRUSTEE ARE AVAILABLE FROM DEPOSITS MADE AT ISSUANCE AS WELL AS EARNINGS ON THOSE FUNDS

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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

2011

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	(c) Corrected? 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	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
(1) KAYCEE THARP DAUGHTER OF KIMBER NORTON HEALTHCARE SCHOLARS PROGRAM (DISCLOSURE CONTINUED BELOW)		X	20,144	9,528		No	Yes		Yes	
(2) CHERYL RITCHIE DAUGHTER OF WILLIAM RITCHIE HIGHLY COMPENSATED EMPLOYEE NORTON HEALTHCARE SCHOLARS PROGRAM (DISCLOSURE CONTINUED BELOW)		X	16,272	118		No	Yes			No
Total . . . . . ▶ $				9,646						

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
(1) AL J SCHNEIDER COMPANY	MARY MOSELEY TRUSTEE IS AN OFFICER OF THE COMPANY	198,244	SERVICES INCLUDING BUT NOT LIMITED TO SERVICE BANQUET, CONFERENCES AND OTHER BUSINESS FUNCTIONS		No
(2) PATRICIA TRASATTI	FAMILY MEMBER OF CHARLES BOHN, KEY EMPLOYEE	99,703	COMPENSATION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
PART II, (A) PURPOSE OF LOAN	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 AN AFFILIATION BETWEEN NORTON HEALTHCARE AND APPROXIMATELY 100 COLLEGES AND UNIVERSITIES NATIONALLY THIS PROGRAM WAS STARTED BY NORTON HEALTHCARE AS A RESULT OF THE HEALTHCARE WORKER SHORTAGE AND WAS BEGUN AS A WORKFORCE DEVELOPMENT INITIATIVE TO ENSURE THE COMMUNITY HAS ENOUGH HEALTHCARE WORKERS UPON GRADUATION, NORTON HEALTHCARE SCHOLARS BEGIN CAREERS WITH NORTON HEALTHCARE AND ARE ELIGIBLE TO HAVE THEIR LOAN FORGIVEN CURRENTLY NORTON HEALTHCARE HAS 257 SCHOLARS IN SCHOOL THIS PROGRAM HAS 1,759 GRADUATES AND 1,317 OF THESE GRADUATES HAVE CONTINUED THEIR CAREERS WITH NORTON HEALTHCARE APPLICANTS ARE REVIEWED EACH YEAR FOR THIS PROGRAM FOR 2011, 61 APPLICANTS WERE GRANTED ENROLLMENT INTO THE NORTON HEALTHCARE SCHOLARS PROGRAM SCHOLARS WHO FAIL TO GRADUATE OR FULFILL THEIR COMMITMENT WITH NORTON HEALTHCARE ARE REQUIRED TO REPAY THE LOAN AT THE TIME OF WITHDRAWAL FROM THE PROGRAM

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
NORTON HEALTHCARE INC	61-1028725

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 2011, NHI, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC, HAD 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 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 113 PHYSICIAN PRACTICES AND 12 IMMEDIATE CARE CENTERS OPERATING IN SEVEN COUNTIES IN KENTUCKY AND SOUTHERN INDIANA IN 2011, NORTON'S HOSPITALS AND DIAGNOSTIC CENTERS SERVED 61,828 INPATIENTS, 406,124 OUTPATIENTS AND 191, 901 EMERGENCY ROOM VISITS IN ADDITION, NORTON'S HOSPITALS OPERATING ROOMS CARED FOR 19,518 INPATIENT SURGICAL PATIENTS AND 33,425 OUTPATIENT SURGICAL PATIENTS ADDITIONALLY, 8,126 DELIVERIES WERE PERFORMED AT NORTON HOSPITALS BIRTHING CENTERS IN 2011, AS IN YEARS PAST, NORTON HOSPITALS PROVIDED FREE CARE AND FINANCIAL ASSISTANCE 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 PROGRAM AND SERVICES SPECIFICALLY, IN 2011 NORTON HEALTHCARE'S TOTAL COMMUNITY BENEFIT WAS $122 0 MILLION, INCLUDING $81 MILLION IN MEDICAL CARE FOR PATIENTS THROUGH FREE CARE, DISCOUNT FROM BILLED CHARGES TO INDIVIDUALS THAT HAVE NO ACCESS TO PRIVATE HEALTH INSURANCE OR DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE AND UNPAID COST OF MEDICAID RECIPIENTS AND KENTUCKY DISPROPORTIONATE SHARE PROGRAM SERVICES ALSO INCLUDED IN COMMUNITY BENEFIT OF MORE THAN $10 2 MILLION A MONTH, INCLUDED COMMUNITY INITIATIVES AND PROGRAMS SUCH AS EDUCATIONAL SUPPORT, SPONSORSHIPS, PASTORAL CARE AND COUNSELING PROGRAMS, KENTUCKY POISON CONTROL CENTER AND CHILD GUIDANCE AND ADVOCACY PROGRAMS NORTON HEALTHCARE'S EMPLOYEES PROVIDED MORE THAN 7,500 HOURS, EQUALING $1 1 MILLION IN SALARIES, OF SERVICE AS BOARD AND COMMITTEE MEMBERS AND ACTIVE PARTICIPANTS TO OVER 200 COMMUNITY, STATE AND NATIONAL NON-PROFIT ORGANIZATIONS THAT ENDEAVOR TO IMPROVE THE HEALTH STATUS OF INDIVIDUALS ADDITIONALLY, EMPLOYEES ALSO PERSONALLY REPORTED NEARLY 6,000 COMMUNITY SERVICE HOURS IN SUPPORT OF THEIR FAITH COMMUNITIES, CIVIC ORGANIZATIONS AND OTHER IMPORTANT COMMUNITY GROUPS 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 2010 - JUNE 2011 ACADEMIC YEAR, 155 RESIDENTS COMPLETED CLINICAL ROTATIONS IN 14 SPECIALTIES AT NORTON HEALTHCARE FACILITIES RESIDENCY PROGRAMS ARE PART OF $23 4 MILLION SUPPORT PROVIDED TO THE SCHOOL * IN 2011, 101,568 LEARNING EVENTS WERE COMPLETED THROUGH NORTON UNIVERSITY, WHICH IS AN AVERAGE OF 9 23 CLASSES PER EMPLOYEE AN ADDITIONAL 849 NURSING STUDENTS RECEIVED EDUCATIONAL TRAINING THROUGH NORTON UNIVERSITY 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 20 11, THE MINISTRIES SERVED MORE THAN 160 FAITH COMMUNITIES WITH ACTIVE HEALTH AND WELLNESS PROGRAMS DONATIONS TO THE COMMUNITY * NORTON EMPLOYEES AND PHYSICIANS GAVE OVER $1 MILLION TO THE 2011 COMBINED GIVING CAMPAIGN TO 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 RAISED THE ROOF ON A HABITAT FOR HUMANITY HOUSE IN THE LOW-INCOME SHELBY PARK NEIGHBORHOOD IN LOUISVILLE, KENTUCKY THIS IS THE FIFTH HABITAT HOME NORTON HEALTHCARE EMPLOYEES HAVE BUILT * NORTON HEALTHCARE EMPLOYEES DONATED 7,037 POUNDS OF FOOD TO DARE TO CARE IN 2011, EXCEEDING THE GOAL OF 6,000 POUNDS OF FOOD THAT WAS SET AT THE BEGINNING OF THE FOOD DRIVE * NORTON HEALTHCARE PARTNERED WITH THE LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS IN 2011 TO PROVIDE FREE SEASONAL FLU IMMUNIZATIONS IN 97 JEFFERSON COUNTY PUBLIC SCHOOLS NORTON HEALTHCARE CONTRIBUTED TO THE SCHOOL IMMUNIZATION CAMPAIGN BY PROVIDING APPROXIMATELY 900 HOURS AND A DONATED LABOR COST OF $27,192 THIS IS THE THIRD YEAR NORTON HEALTHCARE HAS PROVIDED STAFFING, AT NO COST, FOR IMMUNIZATIONS IN JEFFERSON COUNTY PUBLIC SCHOOLS ACCORDING TO THE LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS, 20,448 VACCINATIONS WERE ADMINISTERED 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 2011 THE CEN

Identifier	Return Reference	Explanation
		TERS FOR PREVENTION AND WELLNESS SCREENED 6,720 PEOPLE FOR HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OSTEOPOROSIS AND PROVIDED INFORMATION ABOUT SMOKING CESSATION, DIET A ND EXERCISE. THIS WORK WAS ACCOMPLISHED IN PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION AND NORTON HEART CARE THROUGH LOCAL BUSINESS AND COMMUNITY GROUPS * SCREENINGS AND EDUCA TION 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 C IRCLE OF HEARTS PROGRAM IS A FREE MONTHLY SUPPORT AND WELLNESS GROUP THAT FOCUSES ON HEART DISEASE AND OTHER RELATED HEALTH ISSUES FOR WOMEN. NORTON CANCER INSTITUTE * IN 2011, SCR EENING STAFF TRAVELED TO MORE THAN 200 LOCATIONS, 60 PERCENT OF WHICH WERE IN UNDERSERVED COMMUNITIES. THIS OUTREACH RESULTED IN 3,117 PEOPLE BEING SCREENED FOR CANCER. OF THESE, A PPROXIMATELY 25 PERCENT EITHER HAD NEVER BEEN SCREENED FOR CANCER OR HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS. SINCE THE INCEPTION OF THE PROGRAM, 69 INDIVIDUALS HAVE BEEN DIAG NOSED AND TREATED FOR PRE-INVASIVE AND INVASIVE CANCER. * ASSISTED INDIVIDUALS IN KICKING THE SMOKING HABIT THROUGH SMOKING CESSATION CLASSES IN 2011. A MEDICAL COMPONENT WAS ADDED SO THAT PRESCRIPTION SMOKING CESSATION MEDICATIONS ALSO ARE AVAILABLE TO THOSE WHO NEED I T * 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 COUNSEL ORS SPECIALIZING IN CANCER GENETICS AND HEREDITARY CANCER SYNDROMES. IN 2011, THE PROGRAM PROVIDED SERVICES TO MORE THAN 300 NEW PATIENTS. WOMEN'S SERVICES * NORTON WOMEN'S PAVILIO N BIRTHING CENTERS PERFORMED 8,126 DELIVERIES * PROVIDED FREE EDUCATIONAL CLASSES TO NEAR LY 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 * SPECIALISTS AT KOSAIR CHILDREN'S H OSPITAL AND KOSAIR CHILDREN'S MEDICAL CENTER - BROWNSBORO CARED FOR MORE THAN 140,000 CHIL DREN THROUGHOUT KENTUCKY AND SOUTHERN INDIANA. * KOSAIR CHILDREN'S HOSPITAL IS HOME TO THE KENTUCKY REGIONAL POISON CONTROL CENTER, IN 2011 68,684 CALLS WERE RECEIVED AND MORE THAN 70,000 FOLLOW UP CALLS WERE MADE TO CONCERNED FAMILIES FROM ALL 120 COUNTIES IN KENTUCKY TO LEARN HOW TO CORRECTLY HANDLE EXPOSURES TO POISON AND FOR TREATMENT ADVICE. * CHILD PAS SENGER SAFETY TECHNICIANS FROM KOSAIR CHILDREN'S CHECKED MORE THAN 500 CAR SEATS AND BOOST ER SEATS AND PROVIDED APPROXIMATELY 65 CAR SEATS AT FREE CHECKUP CLINICS STATEWIDE. * KOSA IR CHILDREN'S HOSPITAL LEADS SAFE KIDS LOUISVILLE AND JEFFERSON COUNTY, A PROGRAM THAT CON DUCTS SAFETY EVENTS AT SCHOOLS AND IN THE COMMUNITY. IN 2011, APPROXIMATELY 18,000 THIRD- THROUGH FIFTH-GRADERS THROUGHOUT KENTUCKY PARTICIPATED IN BIKE SAFETY "RODEOS." * APPROXIM ATELY 500 AREA ELEMENTARY STUDENTS PARTICIPATED IN "SAFE KIDS WALK THIS WAY," ANOTHER PROG RAM LED BY KOSAIR CHILDREN'S HOSPITAL AND DESIGNED TO POINT OUT DANGEROUS AREAS AND TEACH CHILDREN SAFE PEDESTRIAN HABITS * KOSAIR CHILDREN'S "JUST FOR KIDS" TRANSPORT TEAM ASSIST ED IN THE TRANSPORT OF 1,548 BABIES AND CHILDREN FROM ACROSS THE REGION TO KOSAIR CHILDREN 'S HOSPITAL IN 2011 BY WAY OF MOBILE INTENSIVE CARE UNITS, AND THEIR AIR TRAVEL SERVICES * KOSAIR CHILDREN'S HOSPITAL RECEIVED DESIGNATION FROM THE U S DEPARTMENT OF HEALTH AND H UMAN SERVICES AS A MEDAL OF HONOR HOSPITAL. KOSAIR CHILDREN'S RECEIVED THIS RECOGNITION FO R ACHIEVEING AND SUSTAINING NATIONAL GOALS FOR ORGAN DONAITON, INCLUDING A DONATION RATE O F 75 PERCENT OR MORE OF ELIGIBLE DONORS. THE HOSPITAL'S PEDIATRIC KIDNEY TRANSPLANT PROGRA M RECEIVED A BRONZE MEDAL

Identifier	Return Reference	Explanation
		FOR ITS SUCCESSFUL OUTCOMES OF KIDNEY TRANSPLANTS, INCLUDING ONE-YEAR POST-TRANSPLANT SURV IVAL RATES, DECREASED DONOR TRANSPLANTATION RATES AND LOW RATES FOR WAITLIST MORTALITY * MORE THAN 5,000 KINDERGARTEN STUDENTS AND 1,200 PARENTS AND TEACHERS ATTENDED CHILDREN AND HOSPITALS WEEK AT KOSAIR CHILDREN'S HOSPITAL THE WEEKLONG EVENT IS HELD EVERY MARCH AND IS DESIGNED TO HELP LESSEN THE FEAR AND ANXIETY CHILDREN MAY HAVE ABOUT HOSPITALS * THOMA S D KMETZ, PRESIDENT OF KOSAIR CHILDREN'S HOSPITAL AND PEDIATRIC SERVICES, WAS NAMED ONE OF 12 BOARD MEMBERS FOR A NEW ORGANIZATION, TITLED THE CHILDREN'S HOSPITAL ASSOCIATION, CR EATED BY THE MERGER OF THREE NATIONAL CHILDREN'S HOSPITAL ORGANIZATIONS THE CHILD HEALTH CORPORATION OF AMERICA, NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTI ONS AND THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS ORTHO/NEURO/SPINE SERVICES * NOR TON NEUROSCIENCE INSTITUTE CONTINUED ITS $100 MILLION, 10-YEAR INVESTMENT IN THE COMMUNITY IT SERVES THE INSTITUTE IS POISED TO BE THE FUTURE REGIONAL AND NATIONAL LEADER IN TREAT MENT, RESEARCH AND ACADEMIC TRAINING FOR ALL ADULT AND PEDIATRIC NEUROSCIENCE DISCIPLINES THE INSTITUTE ALLOWS THESE PATIENTS TO BE TREATED FOR THEIR NEUROLOGICAL DISORDERS WITHOU T HAVING TO LEAVE THE STATE FOR CARE - AS WAS SOMETIMES NECESSARY IN THE PAST NEARLY TWO DOZEN SUBSPECIALTY FELLOWSHIP-TRAINED NEUROSURGEONS, NEUROLOGISTS AND OTHER NEUROLOGICAL R ELATED SPECIALISTS HAVE JOINED THE GROWING PRACTICE THESE PHY SICIANS PROVIDE EXPERTISE IN STROKE CARE, EPILEPSY, PARKINSON'S DISEASE, MULTIPLE SCLEROSIS, BRAIN TUMORS AND CONCUSSI ONS ALSO AS A RESULT OF NORTON'S $100 MILLION COMMITMENT, THE FOLLOWING SERVICES ARE AVAI LABLE TO OUR COMMUNITY * THE NEUROENDOVASCULAR PROGRAM BECAME AVAILABLE AT TWO NORTON HEA LTHCARE ADULT FACILITIES MAKING ADVANCED STROKE, ANEURYSM AND ARTERIOVENOUS MALFORMATION (RANDOM BRAIN HEMORRHAGE OR RUPTURE) TREATMENT POSSIBLE - WHEN IT WAS NOT PREVIOUSLY AVAILA BLE IN THE REGION * A STATE-OF-THE ART EPILEPSY CENTER OPENED AT NORTON BROWNSBORO HOSPIT AL, PROVIDING THE REGION'S MOST ADVANCED EPILEPSY MONITORING UNIT, DEDICATED TO PROVIDING ACCURATE DIAGNOSES AND QUALITY CARE FOR INDIVIDUALS LIVING WITH SEIZURES AND EPILEPSY AS PART OF NORTON NEUROSCIENCE INSTITUTE'S MULTIDISCIPLINARY APPROACH TO EPILEPSY CARE, THE N ORTON BROWNSBORO HOSPITAL EPILEPSY MONITORING UNIT IS A SPECIALIZED INPATIENT UNIT DESIGNE D TO EVALUATE AND DIAGNOSE SEIZURE DISORDERS * A CENTRALIZED MULTIPLE SCLEROSIS CENTER IS AVAILABLE AT NORTON SUBURBAN HOSPITAL, PROVIDING MS PATIENTS DEDICATED PROVIDERS THAT OFF ER COMPREHENSIVE CARE, ENHANCED PATIENT RESOURCES, AND SUPPORT SERVICES ALL IN ONE CENTRAL IZED LOCATION IN ADDITION, MS PATIENTS HAVE ACCESS TO NATIONAL INSTITUTES OF HEALTH CLINI CAL TRIALS THROUGH THE CENTER * THE REGION'S FIRST REHABILITATION PROGRAM FOCUSED SOLELY ON TREATING PATIENTS WITH NEUROLOGICAL AND SPINE DISORDERS AND THE ONLY "LOKOMAT" SYSTEM S ERVES LOUISVILLE SERVES AREA PATIENTS THE SYSTEM HELPS PARALYZED PATIENTS OR THOSE WITH M OVEMENT DISORDERS STAND AND WALK COMMUNITY MEDICAL ASSOCIATES * TREATED IN EXCESS OF 1 1 MILLION PATIENTS IN 2011 - AN INCREASE OF MORE THAN 27 PERCENT OVER 2010 * PROVIDED 498 P RIMARY, SPECIALTY AND URGENT CARE PROVIDERS TO THE COMMUNITY, INCLUDING PHY SICIANS, PHYSIC IAN ASSISTANTS AND NURSE PRACTITIONERS * PROVIDE PHY SICIANS AND A CHAPLAIN WHO MAKE HOUSE CALLS FOR ELDERLY PATIENTS WHO HAVE DIFFICULTY LEAVING THEIR HOME FOR MEDICAL CARE * PHY SICIANS ARE INVOLVED IN MEDICAL SCREENING, COMMUNITY OUTREACH, AND COMMUNITY EDUCATION ACT IVITIES TO PROMOTE WELLNESS AND EARLY INTERVENTIONS RESEARCH * IN 2011, NORTON HEALTHCARE PARTICIPATED IN MORE THAN 600 COMMUNITY BENEFIT RESEARCH PROJECTS OUR RESEARCH GIVES NOR TON HEALTHCARE PATIENTS ACCESS TO NEW INNOVATIVE TREATMENTS AND HELPS EXPAND THE MEDICAL C OMMUNITY'S KNOWLEDGE THESE EFFORTS IMPROVE THE QUALITY OF MEDICAL CARE AND WILL CONTINUE TO DO SO FOR FUTURE GENERATIONS * NORTON HEALTHCARE OFFICE OF RESEARCH ADMINISTRATION PAR TNERED WITH NORTON UNIVERSITY TO OFFER RESEARCH EDUCATION TO ALL RESEARCHERS IN THE LOUISV ILLE METRO AREA AND BEYOND IN 2011, EIGHT PROGRAMS WERE OFFERED ATTENDEES INCLUDED NORT ON HEALTHCARE, JEWISH HOSPITAL & ST MARYS HEALTHCARE, UNIVERSITY OF LOUISVILLE HOSPITAL, FLOYD MEMORIAL HOSPITAL, OWENSBORO HOSPITAL MEDICAL SYSTEM, CENTRAL BAPTIST, UNIVERSITY OF KENTUCKY, UNIVERSITY OF LOUISVILLE AND VARIOUS COMMUNITY-BASED PRACTICES CHILDREN'S HOSP ITAL FOUNDATION AS THE PHILANTHROPIC ARM OF KOSAIR CHILDREN'S HOSPITAL, THE CHILDREN'S HOS PITAL FOUNDATION IS PLEASED TO BE ABLE TO PLAY SUCH A LARGE ROLE IN ENSURING THAT CHILDREN IN THE LOUISVILLE AREA HAVE THE MEDICAL CARE THEY NEED WHEN THEY NEED IT, WHILE KEEPING K IDS AS CLOSE TO HOME AS POSSIBLE. THANKS TO SUPPORT FROM THE COMMUNITY, KOSAIR CHILDREN'S HOSPITAL HAS SOME OF THE MOST TALENTED AND DEDICATED PEDIATRIC SPECIALISTS AND CLINICAL AN D CAREGIVING TEAMS IN THE COUNTRY READY TO CARE FO

Identifier	Return Reference	Explanation
		R CHILDREN THIS SUPPORT ENABLED THEM TO PROVIDE CARE TO MORE THAN 140,000 CHILDREN IN 201 1 IN 2011 THE HOSPITAL WAS RANKED AMONG AMERICA'S BEST CHILDREN'S HOSPITALS BY U S NEWS & WORLD REPORT FOR THE FOURTH CONSECUTIVE YEAR THIS 263-BED HOSPITAL IS THE ONLY FULL-SER VICE, FREE-STANDING PEDIATRIC HOSPITAL IN KENTUCKY AND THE PRIMARY TEACHING FACILITY FOR T HE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS THE CHILDREN'S HO SPITAL FOUNDATION HAS COMPLETED ITS $208 MILLION "JUST FOR KIDS" CAMPAIGN, AN INITIATIVE T HAT SUPPORTED THE GROWTH AND DEVELOPMENT OF PEDIATRIC SERVICES ACROSS THE REGION IN THE AR EAS OF WORKFORCE, NEW/RENOVATED FACILITIES, STATE-OF-THE-ART TECHNOLOGY AND PEDIATRIC RESE ARCH OF THE $208 MILLION GOAL, $100 7 MILLION HAS BEEN GIVEN BY NOT-FOR-PROFIT NORTON HEA LTHCARE, PARENT COMPANY OF KOSAIR CHILDREN'S HOSPITAL, AND $93 8 MILLION CAME FROM PRIVATE DONATIONS TO THE FOUNDATION THE CAMPAIGN TOTAL ALSO INCLUDED A 2007 COMMITMENT BY KOSAIR CHARITIES TO PROVIDE $13 5 MILLION TO MEET GROWTH NEEDS AT KOSAIR CHILDREN'S HOSPITAL TH E FOUNDATION CONTINUES TO EXPAND PARTNERSHIPS WITHIN THE COMMUNITY AND ENHANCE THE HOSPITA L'S ABILITY TO SERVE ALL CHILDREN REGARDLESS OF THEIR FAMILIES' ABILITY TO PAY THE STRENG TH AND VALUE OF THE COMMUNITY'S SUPPORT FOR THE HOSPITAL ARE VISIBLE THROUGH FUNDING AND S UPPORT OF PROJECTS IN 2011, INCLUDING * CONSTRUCTION OF THE BELITA AND NORMAN NOLTEMEYER EXCELLENCE IN EDUCATION CENTER AS WELL AS INSTALLATION OF THE GETWELL NETWORK INTERACTIVE TELEVISION NETWORK WITHIN ALL HOSPITAL ROOMS, BOTH OF WHICH PROVIDE RESOURCES AND EDUCATIO N FOR FAMILIES IN THE HOSPITAL * RENOVATION OF THE AIDAN BRODY O'ROURKE FAMILY WAITING RO OM OUTSIDE OF THE "JUST FOR KIDS" CRITICAL CARE CENTER, GIVING FAMILIES WITH CRITICALLY IL L AND INJURED CHILDREN A PLACE TO STAY WHILE THEIR CHILDREN ARE HOSPITALIZED * EQUIPMENT AND FUNDING FOR THE FIRST PHASE OF RENOVATION OF THE ADDISON JO BLAIR CANCER CARE CENTER T O GIVE PATIENTS AND THEIR FAMILIES A MORE HOME-LIKE ATMOSPHERE WHEN THEY ARE HOSPITALIZED FOR LONG PERIODS OF TIME * NEW OPERATING ROOM EQUIPMENT TO ASSIST IN SURGICAL REMOVAL OF BRAIN TUMORS * THE CHILDREN'S HOSPITAL FOUNDATION OFFICE OF CHILD ADVOCACY OF KOSAIR CHIL DREN'S HOSPITAL, WHICH HELPS PROVIDE SAFETY AND OUTREACH INFORMATION AIMED AT KEEPING KIDS OUT OF THE HOSPITAL * PEDIATRIC BEREAVEMENT AND PASTORAL CARE PROGRAMS, WHICH PROVIDE EM OTIONAL AND SPIRITUAL SUPPORT TO FAMILIES OF CHILDREN IN THE HOSPITAL AND FOR BEREAVED PAR ENTS AND FAMILIES ACROSS THE REGION * CHILD LIFE, EXPRESSIVE THERAPY AND MUSIC THERAPY PR OGRAMS * ENDOWED RESEARCH CHAIRS IN PEDIATRIC HEMATOLOGY/ONCOLOGY, SLEEP MEDICINE AND END OCRINOLOGY * STAFF EDUCATIONAL OPPORTUNITIES AND ADVANCED CERTIFICATIONS THAT CAN LEAD TO IMPROVED PATIENT TREATMENT

Identifier	Return Reference	Explanation
		* CONTINUATION OF SAFETY CITY, A PARTNERSHIP WITH JEFFERSON COUNTY PUBLIC SCHOOL SYSTEM AND THE OFFICE OF CHILD ADVOCACY, IS LOCATED BEHIND BATES ELEMENTARY SCHOOL IN TWO CLASSROOMS DURING THE SCHOOL YEAR, NEARLY 7000 SECOND GRADE STUDENTS PARTICIPATE IN INJURY PREVENTION LESSONS FOR BICYCLE, PEDESTRIAN AND SCHOOL BUS SAFETY, STRANGER-DANGER AND TRAFFIC SAFETY SUPPORT FROM THE CHILDREN'S HOSPITAL FOUNDATION ALLOWS THE PEDIATRIC SPECIALISTS AT KOSAIR CHILDREN'S HOSPITAL TO CONTINUE TO RESPOND TO THE UNIQUE MEDICAL NEEDS OF CHILDREN FROM BIRTH TO AGE 18 IT ALSO HELPS THE HOSPITAL WORK TO KEEP CHILDREN OUT OF THE HOSPITAL NORTON HEALTHCARE FOUNDATION THE NORTON HEALTHCARE FOUNDATION IS THE PHILANTHROPIC ARM OF THE NOT-FOR-PROFIT NORTON HEALTHCARE ADULT-SERVICE HOSPITALS - NORTON HOSPITAL, NORTON AUDUBON HOSPITAL, NORTON BROWNSBORO HOSPITAL AND NORTON SUBURBAN HOSPITAL THE FOUNDATION RAISES FUNDS EACH YEAR TO MAKE A DIFFERENCE FOR PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH AND EDUCATION, ENABLING THE HOSPITALS TO STAY UP-TO-DATE WITH MEDICAL ADVANCES AND TECHNOLOGY, AND MAINTAINING THE COMMUNITY'S ACCESS TO HEALTH CARE COMMUNITY SUPPORT THROUGH THE NORTON HEALTHCARE FOUNDATION ALLOWS CAREGIVERS TO CONTINUE MAKING A DIFFERENCE FOR PATIENTS SERVED BY NORTON HEALTHCARE, INC IN 2011 THAT SUPPORT HELPED THE FOUNDATION PROVIDE FUNDING TO * SUPPORT NORTON CANCER INSTITUTE INITIATIVES THAT PROVIDE EARLY DETECTION SCREENINGS, EDUCATION AND CLINICAL RESEARCH * PROVIDE ENHANCEMENTS FOR NORTON WOMEN'S CARE AT NORTON SUBURBAN HOSPITAL AND NORTON HOSPITAL, HELPING FAMILIES WELCOME BABIES TO THEIR FAMILIES AS WELL AS SUPPORT OUTREACH CARE FOR HIGH-RISK PREGNANT WOMEN * SUPPORT PASTORAL CARE SERVICES FOR PATIENTS, THEIR FAMILIES AND STAFF MEMBERS AT ALL NORTON HEALTHCARE ADULT-SERVICE FACILITIES * CONTINUE OFFERING COMMUNITY HEALTH INFORMATION CLASSES AND SUPPORT THROUGH THE MARSHALL WOMEN'S HEALTH & EDUCATION CENTER AT NORTON SUBURBAN HOSPITAL * PROVIDE 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 * ALLOW NURSES TO OBTAIN ONCOLOGY-CERTIFIED NURSE DESIGNATION, ENABLING THEM TO PROVIDE THE MOST ADVANCED AND COMPREHENSIVE CARE TO CANCER PATIENTS * ESTABLISH A NEUROPHYSIOLOGICAL MOTOR CONTROL LABORATORY FOR CLINICAL RESEARCH PROGRAMS WITHIN NORTON NEUROSCIENCE INSTITUTE * ENHANCE UNITS AND REPLACE AGING EQUIPMENT AT NORTON HOSPITAL * PROVIDE SUPPORT FOR YOUNG BREAST CANCER SURVIVORS * ASSIST IN TRAINING NEW PATIENT CARE ASSOCIATES, ENABLING THEM TO PROVIDE THE CARE AND CARING OUR COMMUNITY HAS COME TO KNOW AND EXPECT FROM NORTON HEALTHCARE * CONTINUE OFFERING MUSIC THERAPY PROGRAMS TO PATIENTS * ENHANCE INTERVENTIONAL PULMONARY AND CARDIAC REHABILITATION PROGRAMS THAT ENABLE PATIENTS TO RETURN TO THEIR LIVES MORE QUICKLY THE NORTON HEALTHCARE FOUNDATION WILL CONTINUE TO SUPPORT * SCREENINGS AND EDUCATIONAL PROGRAMS FOR PREVENTION AND EARLY DETECTION OF CANCER IN HIGH-RISK AND MEDICALLY UNDERSERVED AREAS OF KENTUCKY AND SOUTHERN INDIANA * IMPROVING CARDIOVASCULAR CARE * WOMEN'S CARE FOR THOSE WELCOMING A NEW CHILD TO THE FAMILY, AS WELL AS FOR OTHER WOMEN'S ISSUES * ADVANCED CARE THROUGH NORTON NEUROSCIENCE INSTITUTE FOR PATIENTS REQUIRING TREATMENT OF NEUROLOGICAL DISORDERS * PREVENTION, SCREENING, CLINICAL RESEARCH AND PROGRAMS FOR NORTON CANCER INSTITUTE, PROVIDING ACCESS TO CARE AT EVERY STAGE OF CANCER PHILANTHROPY PLAYS AN INCREASINGLY IMPORTANT ROLE AT NORTON HEALTHCARE AS CAREGIVERS STRIVE TO CONTINUOUSLY IMPROVE THE HEALTH OF THE COMMUNITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT AND DIRECTION OF THE BUSINESS AND AFFAIRS OF THE CORPORATION HOWEVER, THE EXECUTIVE COMMITTEE DOES NOT POSSESS THE AUTHORITY TO DO THE FOLLOWING A)FILL VACANCIES ON THE BOARD, B)CHANGE THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE, C)MAKE DECISIONS TO MERGE, LIQUIDATE, OR OTHERWISE MAKE DECISIONS OUTSIDE OF THE NORMAL COURSE OF BUSINESS, D)MAKE FINAL DETERMINATIONS OF LONG-TERM POLICY, E)HIRE OR FIRE THE CHIEF EXECUTIVE OFFICER, AND F)AMEND THE ARTICLES OF INCORPORATION OR BYLAWS

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ALL FORMS 990 WERE REVIEWED IN ADVANCE OF FILING WITH THE NORTON HEALTHCARE, INC (NORTON) FINANCE COMMITTEE ON OCTOBER 25, 2012 AND THE FULL NORTON BOARD OF TRUSTEES ON NOVEMBER 1, 2012 NORTON IS THE PARENT OF COMMUNITY MEDICAL ASSOCIATES, INC , NORTON HEALTHCARE FOUNDATION, INC , NORTON HOSPITALS, INC , NORTON PROPERTIES, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION ALSO, ELECTRONIC COPIES OF ALL FORMS 990 WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION TAKES ALL NECESSARY STEPS TO ENSURE THAT COMPENSATION FOR ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES IS REASONABLE AND APPROPRIATE FOR THE SERVICES PROVIDED TO THE ORGANIZATION THE ORGANIZATION PROVIDES A TOTAL COMPENSATION PACKAGE THAT IS ON PAR WITH COMPENSATION PROVIDED BY SIMILAR ORGANIZATIONS AND WHICH CONFORMS TO THE POLICIES AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES NORTON HEALTHCARE, INC (NHI) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES (IHS), TO PROVIDE COMPARABILITY DATA FOR NHIS OFFICERS AND KEY EMPLOYEES ON TOTAL COMPENSATION FOR SIMILAR POSITIONS AT HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS SIMILAR IN SIZE, SCOPE OF SERVICES, AND CIRCUMSTANCES IN ADDITION, THE ORGANIZATION PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS IHS CONSULTANTS PRESENTED AND DISCUSSED THIS COMPARABILITY DATA IN 2010 FOR THE 2011 COMPENSATION REVIEW AND MET IN 2011 FOR THE 2012 COMPENSATION REVIEW WITH THE COMMITTEE OF BOARD LEADERSHIP (NOW EXECUTIVE COMMITTEE) OF THE BOARD OF TRUSTEES (BOARD) THE COMMITTEE REVIEWED THE EXECUTIVE COMPENSATION AND BENEFITS PROGRAM, DETERMINED TOTAL COMPENSATION FOR THE CEO, AND APPROVED COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES THE COMMITTEE REVIEWED NHIS VARIABLE COMPENSATION PROGRAM AND DETERMINED APPROPRIATE AWARDS FOR PERFORMANCE RELATIVE TO GOALS SET FOR THE YEAR AFTER THE COMMITTEE DETERMINED APPROPRIATE COMPENSATION AND BENEFITS FOR OFFICERS AND KEY EMPLOYEES, THE BOARD APPROVED THEIR TOTAL COMPENSATION EMPLOYMENT CONTRACTS FOR THE CEO, COO, AND CFO AND KEY EMPLOYEES ARE SIGNED, AND REVIEWED AS NECESSARY

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -21,126,952 ASSET IMPAIRMENT -1,348,581 SWAP MARK TO MARKET ADJUSTMENTS 6,495,347 AFFILIATE TRANSFER 102,314 CHANGE IN MINIMUM PENSION LIABILITY 16,588,412 TOTAL TO FORM 990, PART XI, LINE 5 710,540

Identifier	Return Reference	Explanation
		FORM 990, PART IV, LINE 24C IN SEPTEMBER 2006, THE ORGANIZATION DEPOSITED FUNDS FROM OPER ATIONS INTO A DEFEASANCE ESCROW TO DEFEASE CERTAIN BONDS IN ADVANCE OF THEIR CALL DATE. FO RM 990, PART V, LINE 1A AND PART VII, SECTION B, LINE 1 AND 2 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 CONTRACTORS, ARE PAID AND REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THESE NAMED ENTITIES FOR PURPOSES O F PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2011 BY NORTON HEALTHCARE, IN C WAS APPROXIMATELY 475 NORTON HEALTHCARE, INC HAS APPROXIMATELY 113 INDEPENDENT CONTRA CTORS EXCEEDING $100,000 FOR 2011 NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPOR TED 849 ON FORM 1096 FOR 2011 FORM 990 PART V LINE 1B NORTON HEALTHCARE INC , AS THE COM MON PAYING AGENT, FILED TWO FORM W-2G ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION FOR M 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 V ENDORS PROVIDE AN ACCRUATE TAXPAYER IDENTIFICAION NUMBER ON A FORM W-9, AS REQURIED BY LAW , PRIOR TO ISSURANCE OF ANY PAYMENT FORM 990, PART V, LINE 2A AND PART I, LINE 5 NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPTIALS, INC , NORT ON PROPERTIES, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON HEALTHCARE FOUNDATION, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FI LINGS ARE REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THESE NAMED ENTITIES NORTON HE ALTHCARE, INC HAS APPROXIMATELY 1,582 EMPLOYEES NORTON HEALTHCARE, INC , THE COMMON PAY I NG AGENT, REPORTED 12,958 EMPLOYEES ON FORM W-3 FOR 2011 FORM 990, PART VII, SECTION A, L INE 1A, COLUMN B ESTIMATED BELOW ARE THE AVERAGE HOURS PER WEEK THE INTERESTED PERSONS DE VOTED TO EACH RELATED ORGANIZATION NORTON HEALTHCARE, INC (NHI), NORTON HOSPITALS, INC (HO SPITALS), COMMUNITY MEDICAL ASSOCIATES, INC (CMA), NORTON PROPERTIES, INC (PROPERTIES), NO RTON HEALTHCARE FOUNDATION, INC (NHF) AND THE CHILDREN'S HOSPITAL FOUNDATION (CHF) DURING 2011 NHI HOSPITALS CMA PROPERTIES NHF CHF TOTAL OFFICERS 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 TRUSTEES DONALD H ROBINSON 3 1 1 50 5 50 JOSEPH A PARADIS,III 10 1 1 50 12 50 CHERYL BALKENHOL 1 1 1 50 3 50 MARIA L BOUVETTE 1 1 1 50 3 50 ROBERT R GOODIN, MD 3 1 1 50 5 50 CRAIG D GRANT 1 1 1 50 3 50 R K GUILLAUME 3 1 1 50 5 50 KEVIN J HA BLE 1 1 1 50 3 50 MARIA GERWING HAMPTON 6 1 1 50 8 50 MARTHA HEYBURN, MD 2 1 1 50 4 50 RONALD LEHOCKY, MD 1 1 1 50 3 50 GREGORY E MAYES 5 1 1 50 7 50 MARY MOSELY(PARTIAL YR) 1 1 1 50 3 50 MITCH NICHOLS 1 1 1 50 3 50 GAIL LYTTE 1 1 1 50 3 50 G HUNT ROUSAVALL 3 1 1 50 5 50 REV WILLIAM J SCHULTZ 3 1 1 50 5 50 WENDALL P WRIGHT 1 1 1 50 3 50 GARY L STEWART 1 1 1 50 3 50 CAROLYN J GATZ(PART YR)1 1 1 50 3 50 RICHARD S WOLF(PART YR)1 1 1 50 3 50 LOUIS S HEUSER, MD 1 1 1 50 3 50 JOSEPH J MCGOWAN 3 1 1 50 5 50 EDIE NIX ON 1 1 1 50 3 50 FORM 990, PART VII, SECTION A, LINE 1A, COLUMN D NORTON HEALTHCARE, INC (NHI) AND AFFILIATES (NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC AND NOR TON PROPERTIES, INC AND NORTON HEALTHCARE FOUNDATION, INC) ENCOURAGES AND FACILITATES BO ARD MEMBER ATTENDANCE AT EDUCATIONAL PROGRAMS AND CONFERENCES ON SUBJECTS RELEVANT TO NHI NHI'S TRAVEL POLICY FOR BOARD OF TRUSTEES PROVIDES THAT FOR EACH TRUSTEE THAT ATTENDS AT LEAST ONE OUT OF TOWN EDUCATIONAL CONFERENCE, A LUMP SUM STIPEND WILL BE PAID TO COVER UNR EIMBURSED TRAVEL EXPENSE AND OTHER MISCELLANEOUS EXPENSES ASSOCIATED WITH CONFERENCE PREPA RATION, ATTENDANCE OR FOLLOW UP IN COMPLIANCE WITH IRS REGULATIONS, NHI PROVIDES A FORM 1 099 TO ANY TRUSTEE THAT RECEIVES A STIPEND THESE AMOUNTS HAVE BEEN REPORTED IN PART VII O F THE FORM 990 AS REPORTABLE COMPENSATION TO THE TRUSTEE RECEIVING STIPENDS IN 2011 FORM 990 PART IX LINE 20, INTEREST EXPENSE AND LINE 24E, INTEREST EXPENSE ALLOCATION NORTON HE ALTHCARE, INC 'S (NHI) METHODOLOGY FOR INTEREST EXPENSE ALLOCATION IS TO DETERMINE A BUDGE T INTEREST EXPENSE AMOUNT BASED ON ANTICIPATED INTEREST EXPENSE TO BE RECORDED ON NHI'S OU TSTANDING DEBT THE BUDGETED BOND INTEREST EXPENSE IS ALLOCATED TO ITS AFFILIATES MONTHLY THROUGHOUT THE FISCAL YEAR FOR PURPOSES OF THE FORM 990 THE AMOUNT OF INTEREST EXPENSE AL LOCATED 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 ACCORDI NGLY IN 2011, THE AMOUNTS BUDGETED FOR THE INTERE

Identifier	Return Reference	Explanation
		ST EXPENSE ALLOCATIONS WERE IN EXCESS OF THE ACTUAL AMOUNTS RECORDED FACTORS CONTRIBUTING TO THE FAVORABLE INTEREST EXPENSE WERE EARNINGS ON THE CASH FLOW ON THE SWAP AGREEMENTS EXCEEDED EXPECTATIONS AND AND A BOND REFUNDING, WHICH LOWERED THE AMOUNT RECORDED AS INTEREST EXPENSE.

Identifier	Return Reference	Explanation
		FORM 990, PART XII, LINE 3A AND 3B AS REQUIRED BY THE U S OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFITS ORGANIZATIONS, IN 2011 NORTON HEALTHCARE, INC AND AFFILIATES (NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON PROPERTIES, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION) RECEIVED AN AUDIT IN ACCORDANCE WITH THE SINGLE AUDIT ACT

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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

2011

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NORTON HOSPITALS INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-0703799	PROVIDE HOSPITAL SERVICES	KY	501(C)3	3	N/A	Yes	
(2) COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1276316	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)3	9	N/A	Yes	
(3) 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	Yes	
(4) 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	Yes	
(5) NORTON HEALTHCARE FOUNDATION INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 31-0914919	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)3	7	N/A	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NORTON ENTERPRISES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1054301	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	N/A	C	35,480,320	28,766,281	100 000 %

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**No**
n	Sharing of paid employees with related organization(s)	**1n**	**No**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**No**
q	Other transfer of cash or property to related organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from related 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	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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 ($)	(d) Method of determining amount involved
(1)	NORTON ENTERPRISES INC	Q	20,372,681	FMV
(2)	NORTON ENTERPRISES INC	R	20,210,364	FMV
(3)	NORTON HOSPITALS INC	Q	1,152,186,049	FMV
(4)	NORTON HOSPITALS INC	R	1,251,861,594	FMV
(5)	COMMUNITY MEDICAL ASSOCIATES	Q	229,676,580	FMV
(6)	COMMUNITY MEDICAL ASSOCIATES	R	184,374,864	FMV
(7)	NORTON PROPERTIES INC	Q	8,598,658	FMV
(8)	NORTON PROPERTIES INC	R	7,611,095	FMV
(9)	THE CHILDREN'S HOSPITAL FOUNDATION INC	Q	3,615,599	FMV
(10)	THE CHILDREN'S HOSPITAL FOUNDATION INC	R	3,628,919	FMV
(11)	NORTON HEALTHCARE FOUNDATION INC	Q	1,262,943	FMV
(12)	NORTON HEALTHCARE FOUNDATION INC	R	1,317,191	FMV

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2011

Attachment Sequence No **179**

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 instructions)	**1**	500,000
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**	2,000,000
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

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 2010 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 2012 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 2011	**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 2011 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 2011 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**	14,789,813
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, 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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

Form 990, Special Condition Description:

Special Condition Description

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	3 00	X						0	0	0
JOSEPH A PARADISIII TRUSTEE (CHAIRMAN)	10 00	X						0	0	0
CHERYL BALKENHOL TRUSTEE	1 00	X						0	0	0
MARIA L BOUVETTE TRUSTEE	1 00	X						0	0	0
ROBERT R GOODIN MD TRUSTEE	3 00	X						1,500	0	0
CRAIG D GRANT TRUSTEE	1 00	X						1,500	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 (VICE CHAIRMAN)	6 00	X						1,500	0	0
MARTHA HEYBURN MD TRUSTEE	2 00	X						1,500	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 (PARTIAL YR)	1 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
WENDELL P WRIGHT TRUSTEE EX-OFFICIO	1 00	X						1,500	0	0
STEPHEN A WILLIAMS PRESIDENT/TRUSTEE	30 00	X		X				2,350,969	0	318,107
GARY L STEWART TRUSTEE	1 00	X						1,500	0	0
CAROLYN J GATZ TRUSTEE (PARTIAL YR)	1 00	X						0	0	0
RICHARD S WOLF TRUSTEE (PARTIAL YR)	1 00	X						1,500	0	0
LOUIS S HEUSER MD TRUSTEE	1 00	X						1,500	0	0
RICHARD R IVEY TRUSTEE	1 00	X						0	0	0
JOSEPH J MCGOWAN TRUSTEE	1 00	X						1,500	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
EDIE NIXON TRUSTEE	1 00	X						1,500	0	0
RUSSELL F COX VICE PRESIDENT	30 00			X				1,129,265	0	202,082
MICHAEL W GOUGH TREASURER	30 00			X				940,147	0	174,632
ROBERT B AZAR SECRETARY	30 00			X				497,537	0	87,611
STEVEN HESTER SENIOR VP, CMO	50 00				X			685,430	0	150,899
TRACY WILLIAMS SENIOR V P, CNO	50 00				X			423,524	0	83,179
SCOTT WATKINS VP OPER & EXEC DIR OP SERV	50 00				X			406,368	0	85,483
MICHAEL ESPOSITO VP BUSINESS DEV & EXEC DIR	50 00				X			426,066	0	84,832
SANDRA BROOKS SYS VP RESEARCH & PREVENTION	50 00				X			419,572	0	156,587
JAMES FRAZIER VP MEDICAL AFFAIRS	50 00				X			121,810	363,288	64,912
CHARLES BOHN VP HUMAN RESOURCES	50 00				X			472,831	0	87,135
MARY JO BEAN VP BUSINESS DEV & EXEC DIR	50 00				X			358,565	0	57,849
MARY CORBETT VP HEALTH POLICY & GOVERNM	50 00				X			321,555	0	58,246
STEVE READY VP INFORMATION SERVICES	50 00				X			343,256	0	71,798
STEVE HEILMAN MD CHIEF MEDICAL INFOMATION	50 00				X			365,553	0	85,443
KENNETH WILSON MD VP CLINICAL EFFECTIVENESS	50 00				X			398,995	0	75,725
RICHARD CARRICO VP & ASSOCIATE CFO	50 00					X		296,925	0	33,784
JON COOPER VP SURGICAL SERVICES	50 00					X		285,213	0	63,306
WILLIAM P ALLEN AVP PHARMACY	50 00					X		284,452	0	44,196
ALFONSO CORNISH VP EDUCATION & DEVELOPMENT	50 00					X		297,814	0	61,122
WILLIAM RITCHIE SYS VP OUTPATIENT/ICC	50 00					X		343,980	0	104,015
JOSEPH DEVENUTO FORMER VICE PRESIDENT/CIO	0 00						X	248,627	0	15,608
KAREN BOLIN FORMER VP WOMEN'S SERVICES	50 00						X	0	277,155	43,198
KIMBERLY THARP-BARRIE FORMER VP INSITUTE OF NURSING	50 00						X	279,194	0	65,924