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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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 $ 248,920,296

F Name and address of principal officer
STEPHEN A WILLIAMS
4967 US Highway 42 Suite 100
LOUISVILLE,KY 40222

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
NORTON HEALTHCARE'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND HONORS OUR FAITH HERITAGE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
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 2012 (Part V, line 2a)	**5**	1,688
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

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	774,068	970,147
9	Program service revenue (Part VIII, line 2g)	161,532,098	163,066,375
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,292,702	14,573,651
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,499,080	1,623,084
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,099,788	180,233,257

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,527,307	1,839,274
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)	98,020,887	113,423,699
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)	92,569,466	118,837,763
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	194,117,660	234,100,736
19	Revenue less expenses Subtract line 18 from line 12	-18,017,872	-53,867,479

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	935,991,735	941,573,437
21	Total liabilities (Part X, line 26)	1,107,645,355	1,127,687,311
22	Net assets or fund balances Subtract line 21 from line 20	-171,653,620	-186,113,874

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

****** | 2013-11-15
Signature of officer | Date

MICHAEL W GOUGH TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Spurlock				P00520729
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402411122			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

NORTON HEALTHCARE'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND HONORS OUR FAITH HERITAGE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 189,576,650 including grants of $ 1,839,274) (Revenue $ 164,234,626)

NORTON HEALTHCARE, INC (NHI) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY IN 2012, NHI, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC , HAD A TOTAL OF 1,837 LICENSED BEDS NORTON HOSPITAL - 642 BEDS, KOSAIR CHILDREN'S HOSPITAL - 263 BEDS, NORTON AUDUBON HOSPITAL - 432 BEDS, NORTON SUBURBAN HOSPITAL - 373 BEDS, AND NORTON BROWNSBORO HOSPITAL - 127 BEDS THESE FIVE HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK NHI, THROUGH ITS AFFILIATE, COMMUNITY MEDICAL ASSOCIATES, INC HAD A TOTAL OF 105 PHYSICIAN PRACTICE LOCATIONS AND 12 IMMEDIATE CARE CENTERS OPERATING IN EIGHT COUNTIES IN KENTUCKY AND SOUTHERN INDIANA (CONTINUED IN 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** ▶ 189,576,650

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	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 and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax 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	528		
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	1,688		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ AS , BR , CA , FR , HK , JA , MY , SN , SP , SZ , UK 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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**	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		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 ☐ Other (explain in Schedule O)

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								17,520,998	565,490	4,431,621

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 ▶ 175

			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
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE WI 532880314	SOFTWARE AND SERVICES	16,159,445
PARTNER PROFESSIONAL STAFFING 4605 GALBRAIGH RD STE 200 CINCINNATI OH 45236	PROFESSIONAL SERVICES	8,727,972
THE CSI COMPANIES INC PO BOX 890841 CHARLOTTE NC 282890841	PROFESSIONAL SERVICES	6,977,666
CUMBERLAND CONSULTING GROUP 720 COOL SPRINGS BLVD STE 550 FRANKLIN TN 37067	PROFESSIONAL SERVICES	5,263,704
FIRSTSOURCE SOLUTIONS USA LLC 6455 RELIABLE PKWY CHICAGO IL 60686	PROFESSIONAL SERVICES	4,776,984
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 ▶ 93		

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	922,672			
	e	Government grants (contributions)	1e	47,475			
	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		970,147			
Program Service Revenue			Business Code				
	2a	CLINICAL RESEARCH TRIALS	900099	1,188,026	1,188,026		
	b	EDUCATION PROGRAMS	900099	60,301	60,301		
	c	MANAGEMENT FEES	900099	157,522,567	157,522,567		
	d	INSURANCE ALLOCATION	900099	564,476	564,476		
	e	CENTRAL SERVICE ALLOCATION	900099	3,731,005	3,731,005		
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		163,066,375			
	3	Investment income (including dividends, interest, and other similar amounts)		11,634,371			11,634,371
	4	Income from investment of tax-exempt bond proceeds		120,275			120,275
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	314,804				
	b	Less rental expenses					
	c	Rental income or (loss)	314,804	0			
	d	Net rental income or (loss)			314,804			314,804
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	71,504,918	1,126			
	b	Less cost or other basis and sales expenses	68,044,478	642,561			
	c	Gain or (loss)	3,460,440	-641,435			
	d	Net gain or (loss)			2,819,005			2,819,005
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		0			
	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		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	CREDIT CARD REBATE	900099	1,272,449	1,272,449		
	b	EMPLOYEE EMERGENCY FUND	900099	145,973	145,973		
	c	DEBT REFINANCING	900099	-541,835	-541,835		
	d	All other revenue		431,693	291,664	0	140,029
	e	**Total.** Add lines 11a–11d		1,308,280			
	12	**Total revenue.** See Instructions		180,233,257	164,234,626	0	15,028,484

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	1,728,274	1,728,274		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	111,000	111,000		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	11,481,811	6,830,519	4,651,292	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	158,727	141,267	17,460	
7 Other salaries and wages	80,699,073	70,797,822	9,901,251	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,167,005	2,932,834	234,170	
9 Other employee benefits	9,939,385	9,393,054	546,331	
10 Payroll taxes	7,977,698	7,005,130	972,568	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,960,040	2,631,607	328,433	
c Accounting	587,100	234,840	352,260	
d Lobbying	247,904	216,149	31,755	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,918,168		1,918,168	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,844,069	47,144,582	9,699,487	0
12 Advertising and promotion	0			
13 Office expenses	3,686,777	3,228,553	458,224	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	6,345,099	5,225,846	1,119,253	
17 Travel	2,501,807	2,255,400	246,407	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	29,262,624		29,262,624	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	16,800,765	10,972	16,789,793	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EQUIPMENT RENTAL & REPAIR	29,765,187	27,727,536	2,037,650	
b RECRUITMENT	1,146,854	952,526	194,328	
c DUES & SUBCRIPTIONS	903,856	537,554	366,302	
d INTEREST ALLOCATION	-34,684,029		-34,684,029	
e All other expenses	551,542	471,184	80,358	0
25 **Total functional expenses.** Add lines 1 through 24e	234,100,736	189,576,650	44,524,085	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-11,944,428	1	-4,873,834
	2	Savings and temporary cash investments		178,215,907	2	111,858,689
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,756,630	4	6,164,390
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		9,646	6	3,528
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,710,128	8	1,732,586
	9	Prepaid expenses and deferred charges		14,808,111	9	19,172,013
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 355,099,007			
	b	Less accumulated depreciation	10b 265,419,654	71,684,333	10c	89,679,353
	11	Investments—publicly traded securities		495,775,669	11	540,237,484
	12	Investments—other securities See Part IV, line 11		118,024,677	12	117,879,552
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		61,951,062	15	59,719,676
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		935,991,735	16	941,573,437
Liabilities	17	Accounts payable and accrued expenses		162,537,941	17	169,946,781
	18	Grants payable		4,217,690	18	2,676,479
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		746,081,500	20	734,744,899
	21	Escrow or custodial account liability Complete Part IV of Schedule D		9,608,924	21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		185,199,300	25	220,319,152
	26	**Total liabilities.** Add lines 17 through 25		1,107,645,355	26	1,127,687,311
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-172,100,406	27	-186,503,895
	28	Temporarily restricted net assets		446,786	28	390,021
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		-171,653,620	33	-186,113,874
	34	Total liabilities and net assets/fund balances		935,991,735	34	941,573,437

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	180,233,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,100,736
3	Revenue less expenses Subtract line 2 from line 1	3	-53,867,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-171,653,620
5	Net unrealized gains (losses) on investments	5	33,989,294
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,417,932
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-186,113,874

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

Software ID: 12000266
Software Version: v2012.1.0
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN A WILLIAMS President/Trustee	30 00 20 00	X		X				4,686,492	0	287,592
CAROLYN GATZ Chair Emeritus	1 00 2 50	X						1,500	0	0
CHERYL BALKENHOL Trustee (partial year)	1 00 2 50	X						0	0	0
CRAIG D GRANT Trustee	1 00 2 50	X						1,500	0	0
DONALD H ROBINSON Trustee	4 00 2 50	X						0	0	0
EDIE NIXON Trustee	1 00 2 50	X						1,500	0	0
G H NIXON Chair Emeritus (Ex-Officio)	1 00 2 50	X						1,500	0	0
G HUNT ROUSAVALL Trustee	3 00 3 50	X						1,500	0	0
GAIL LYTTLE Trustee	1 00 2 50	X						1,500	0	0
GARY L STEWART Trustee	2 00 3 50	X						1,500	0	0
GREGORY E MAYES Trustee (partial year)	5 00 2 50	X						1,500	0	0
JAMES L SUBLETT MD Trustee	1 00 2 50	X						1,500	0	0
JOSEPH J MCGOWAN ED D Trustee	1 00 2 50	X						1,500	0	0
JOSEPH PARADIS III Chairman	10 00 2 50	X						0	0	0
KEVIN J HABLE Trustee	1 00 2 50	X						0	0	0
LOUIS S HEUSER MD Trustee	1 00 2 50	X						1,500	0	0
MARIA GERWING HAMPTON Vice Chair	6 00 2 50	X						1,500	0	0
MARIA L BOUVETTE Trustee	1 00 2 50	X						1,500	0	0
MARTHA K HEYBURN MD Trustee	2 00 2 50	X						1,500	0	0
MITCH NICHOLS Trustee	1 00 2 50	X						0	0	0
R K GUILLAUME Trustee	3 00 2 50	X						1,500	0	0
REV WILLIAM J SCHULTZ Trustee	3 00 2 50	X						1,500	0	0
RICHARD R IVEY Trustee	1 00 2 50	X						1,500	0	0
RICHARD S WOLF MD Trustee	1 00 3 50	X						1,500	0	0
ROBERT R GOODIN MD Trustee (partial year)	1 00 2 50	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD LEHOCKY MD Trustee (partial year)	3 00 2 50	X						1,500	0	0
WENDELL P WRIGHT Trustee	1 00 2 50	X						0	0	0
MICHAEL W GOUGH Treasurer	30 00 20 00			X				1,621,334	0	542,150
ROBERT B AZAR Secretary	30 00 20 00			X				537,060	0	94,939
RUSSELL F COX Vice President	30 00 20 00			X				1,984,644	0	876,355
CHARLES BOHN VP Chief HR Officer	50 00 0				X			498,778	0	91,080
DOUGLAS WINKELHAKE Division President Adult Services	41 50 8 50				X			437,184	181,938	128,806
JAMES FRAZIER VP Medical Affairs	50 00 0				X			404,227	0	86,760
KENNETH WILSON VP Clinical Effectiveness	50 00 0				X			408,476	0	84,381
MARY CORBETT VP Hlth Policy & Government	50 00 0				X			365,635	0	61,140
MARY JO BEAN VP Planning & Bus Analysis	50 00 0				X			396,493	0	107,021
MARY LYNN MEYER VP and CDO	25 00 25 00				X			152,996	328,296	130,850
MICHAEL ESPOSITO VP Business Development	50 00 1 00				X			413,283	0	86,916
SANDRA BROOKS VP Research & Prevention	50 00 0				X			448,869	0	161,561
SCOTT WATKINS Division VP COO	50 00 0				X			627,400	0	112,829
STEVE HEILMAN Chief Medical Information	50 00 0				X			422,898	0	126,459
STEVE HESTER Sr VP, CMO	50 00 0				X			717,997	0	449,107
STEVE READY VP Information Sys	50 00 0				X			390,456	0	90,367
TRACY WILLIAMS Sr VP, CNO	50 00 0				X			475,895	0	83,849
ALFONSO CORNISH VP Education & Development	50 00 0					X		315,489	0	63,522
GEORGE HERSCH VP Material Mgmt	50 00 0					X		304,972	0	72,527
JON COOPER VP Surgical Services	37 50 12 50					X		308,567	55,256	72,453
MAUREEN CAPALBO Sys VP/CNIO	50 00 0					X		356,317	0	69,484
WILLIAM RITCHIE Sys VP Outpatient/ICC	50 00 1 00					X		374,999	0	110,923
J BRYAN HILDRETH Former VP Service Excellence	1 00 0						X	248,137	0	127,633

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN BOLIN Former VP Women's Services	50 00 0						X	293,056	0	238,095
KIMBERLY THARP-BARRIE Former VP Institute of Nursing	50 00 0						X	299,343	0	74,820

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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

2012

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 described in **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 - Non-functionally integrated

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 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 monetary support
See Additional Data Table									
Total									1,531,996,978

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID: 12000266
Software Version: v2012.1.0
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
NORTON HOSPITAL INC	610703799	3	Yes		Yes		Yes		1240222751
COMMUNITY MEDICAL ASSOCIATE	611276316	9	Yes		Yes		Yes		286030393
NORTON HEALTHCARE FOUNDATION	310914919	7	Yes		Yes		Yes		1302081
CHILDREN'S HOSPITAL FND	616027530	7	Yes		Yes		Yes		4441753

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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

2012

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, Part V, 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 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 function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		4,170
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		674
i	Other activities?	Yes		247,904
j	Total Add lines 1c through 1i			252,748
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Description of the activities reported on Lines 1a through 1i	Schedule C, Part II-B, Line 1	PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES PAYMENTS MADE TO THE FOLLOWING ENTITIES FOR GOVERNMENT AFFAIRS REPRESENTATION TO FOCUS ON GOALS AND PRIORITIES TO ADVOCATE, EDUCATE AND PROMOTE THE INTEREST OF NORTON HEALTHCARE, INC AND REGISTERED AS APPROPRIATE WITH THE LEGISLATIVE AND/OR EXECUTIVE BRANCH ETHICS COMMISSION AS AGENTS/LOBBYISTS GOVERNMENT STRATEGIES TOTALING $125,000, ROTUNDA GROUP, LLC TOTALING $113,750, KENTUCKY COALITION FOR EDUCATION REFORM INC $7,500 AND GREATER LOUISVILLE, INC TOTALING $1,654 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 $4,170 AND OTHER EXPENSES FOR EVENTS IS $674

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		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 XIII 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		48,236,198	32,804,484	15,431,714
c Leasehold improvements				0
d Equipment		253,328,499	231,953,258	21,375,241
e Other		51,408,503	661,912	50,746,591
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				89,679,353

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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) ALTERNATIVE INVESTMENTS MASTER TRUST UNITS	78,928,069	F
(B) REAL ESTATE MASTER TRUST UNITS	38,951,483	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	117,879,552	

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) must 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) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	59,719,676

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SELF INSURANCE TRUST	109,960,466
OTHER INSURANCE	2,581,325
CAPITAL LEASE	750,000
OTHER LIABILITIES	27,753,417
PAYABLE TO AFFILIATES	79,273,944
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	220,319,152

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE CORPORATION COMPLETED AN ANALYSIS OF ITS TAX POSITION AT DECEMBER 2012 AND 2011 AND DETERMINED THAT NO MATERIAL AMOUNTS WERE REQUIRED TO BE RECOGNIZED UNDER ASC 740, INCOME TAXES IN THE COMBINED FINANCIAL STATEMENTS AT DECEMBER 31, 2012 AND 2011
OTHER ASSETS	SCHEDULE D, PART IX	REFUNDABLE ADVANCES OF $4,320,602 REPRESENT ASSETS TRANSFERRED FROM THE NORTON HEALTHCARE JAMES R PETERSDORF FUND (COMMUNITY TRUST FUND) TO THE CHILDREN'S HOSPITAL FOUNDATION AND NORTON HEALTHCARE FOUNDATION OF 2,126,602 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: 12000266
Software Version: v2012.1.0
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

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

(a) Description	**(b)** Book value
(1) INVESTMENTS IN HEALTHCARE & OTHER RELATED ORGANIZATIONS	629,817
(2) DEPOSIT - PFG EQUIPMENT LEASE	68,557
(3) OTHER LT ASSETS	14,001,634
(4) 2006 BOND ISSUE COST	2,281,489
(5) 2000 BOND ISSUE COST	8,455,759
(6) REFUNDABLE ADVANCE	4,320,602
(7) PENSION	25,068,720
(8) 2011 BOND ISSUE COST	1,158,340
(9) 2012 BOND ISSUE COST	166,815
(10) INTEREST RATE SWAP ASSET	3,567,943

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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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		95,773,000
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		4,826,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		8,349,000
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		7,358,000
SOUTH AMERICA	0	0	INVESTMENTS		509,000
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			116,815,000

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. Part II can be duplicated 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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319041233

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

2012

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. Part II can be duplicated 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 . . . . . ▶ 77

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. Part III can be duplicated 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	111,000			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	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 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 VALUES AND STRATEGIC PLAN
Purpose of grant or assistance	Schedule I, Part II, Column H	ST CATHARINE COLLEGE, 61-0846809 TO HELP ESTABLISH A BACHELOR-LEVEL RADIATION THERAPY PROGRAM AT ST CATHARINE COLLEGE,UNIVERSITY OF KENTUCKY, 61-6001218 TO PROVIDE PROGRAM SUPPORT TO HELP ESTABLISH AN ENDOWED PROFESSORSHIP IN HEALTHCARE LEADERSHIP,LOUISVILLE COMPREHENSIVE CARE MS CENTER, 20-1512570 TO PROVIDE PROGRAM SUPPORT TO HELP MS CENTER PROVIDE COUNSELING, SUPPORT, ETC TO MS PATIENTS,AMERICAN HEART ASSOCIATION, 13-5613797 GENERAL SUPPORT CARDIOVASCULAR HEALTH SCREENINGS AND WOMEN'S CARDIOVASCULAR HEALTH,MARCH OF DIMES, 13-1846366 GENERAL SUPPORT OF PRE-AND-POSTNATAL EDUCATION FOR FAMILIES WITH PREMATURE BABIES,RONALD MCDONALD HOUSE, 31-1053467 GENERAL SUPPORT TO HELP HOUSE FAMILIES AND PATIENTS WITH LONG-TERM TREATMENTS/HOSPITAL STAY,YOUNG WOMEN L E A D , 46-0776398 GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT AND NETWORKING FOR HIGH SCHOOL GIRLS AND YOUNG WOMEN,HOSPITAL HOSPITALITY HOUSE, 61-1256969 GENERAL SUPPORT TO HELP HOUSE FAMILIES AND PATIENTS WITH LONG-TERM TREATMENTS/HOSPITAL STAY,

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
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
A WOMEN'S CHOICE RESOURCE CENTER101 WEST MARKET LOUISVILLE,KY 40202	61-1142823	501(C)(3)	25,000				GENERAL SUPPORT OF SERVICES FOR EXPECTANT MOTHERS
AMERICAN CANCER SOCIETY701 W MUHAMMAD ALI BLVD LOUISVILLE,KY 40203	13-1788491	501(C)(3)	14,000				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
AMERICAN DIABETES ASSOCIATION161 ST MATTHEWS AVE 3 LOUISVILLE,KY 40207	13-1623888	501(C)(3)	10,000				GENERAL SUPPOR FOR EDUCATION, PREVENTION AND SCREENINGS FOR DIABETES
AMERICAN HEART ASSOCIATION240 WHITTINGTON PKWY LOUISVILLE,KY 40222	13-5613797	501(C)(3)	46,000				GENERAL SUPPORT CARDIOVASCULAR HEALTH SCREENINGS AND WOMEN'S CARDIOVASCULAR HEALTH

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 LUNG ASSOCIATION OF KENTUCKYPO BOX 9067 LOUISVILLE,KY 40209	61-0444714	501(C)(3)	10,000				GENERAL SUPPORT FOR LUNG HEALTH OUTREACH
AMERICAN RED CROSS DISASTER RELIEFPO BOX 1675 LOUISVILLE,KY 40201	61-0444647	501(C)(3)	10,000				GENERAL SUPPORT FOR INDIVIDUALS AND FAMILIES DISPLACED BY NATURAL DISASTERS

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 SUITE 117 LOUISVILLE,KY 40206	61-0492349	501(C)(3)	5,000				GENERAL SUPPORT PREVENTION FOR ARTHRITIS AND JOINT RELATED DISEASES
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE,KY 40205	61-0482955	501(C)(3)	20,500				GENERAL SUPPORT HIGHER EDUCATION

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
BRAIN INJURY ASSOCIATION OF KY7431 NEW LAGRANGE RD SUITE 100 LOUISVILLE,KY 40222	61-1128496	501(C)(3)	15,000				GENERAL SUPPORT EDUCATION FOR BRAIN INJURIES AND DISEASE
CATHOLIC EDUC FOUNDATION INC401 W MAIN ST SUITE 806 LOUISVILLE,KY 40202	61-1294640	501(C)(3)	25,000				GENERAL SUPPORT EDUCATION

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
CEREBRAL PALSY KIDS CENTER982 EASTERN PKWY LOUISVILLE,KY 40217	61-0492378	501(C)(3)	5,000				GENERAL SUPPORT FOR SERVICES FOR CHILDREN WITH CEREBRAL PALSY
CLOUT1112 S 4TH ST LOUISVILLE,KY 40203	61-1202173	501(C)(3)	7,500				GENERAL SUPPORT OF INTERFAITH RELATIONS

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
COLON CANCER PREVENTION PROJECTPO BOX 4039 LOUISVILLE,KY 40204	20-1510713	501(C)(3)	13,500				GENERAL SUPPORT OF COLON CANCER PREVENTION AND OUTREACH
COMMONWEALTH FUND FOR KET600 E COOPER DRIVE LEXINGTON,KY 40502	61-0722558	501(C)(3)	5,000				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
CORE COMMITTEE INCPO BOX 1621 ELIZABETHTOWN,KY 42702	20-8105293	501(C)(3)	7,500				GENERAL SUPPORT OF EFFORTS AT FORT KNOX BASE REALIGNMENT
CTR FOR ADOLESCENT PREGNANCY PREVENTION 332 WEST BROADWAY SUITE 404 LOUISVILLE,KY 40202	61-1421413	501(C)(3)	5,000				GENERAL SUPPORT FOR ADOLESCENT PREGNANCY

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
CURESEARCH FOR CHILDREN'S CANCER300 SOUTH CARLTON AVE SUITE 150 WHEATON,IL 60187	95-4132414	501(C)(3)	5,000				GENERAL SUPPORT FOR CHILDREN'S CANCER RESEARCH
CYSTIC FIBROSIS FOUNDATION1230 S HURSTBOURNE PKWY SUITE 255 LOUISVILLE,KY 40222	13-1930701	501(C)(3)	10,000				GENERAL SUPPORT FOR CYSTIC FIBROSIS RESEARCH 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
DOWNTOWN DEVELOPMENT CORP401 W MAIN ST STE 1702 LOUISVILLE,KY 40202	31-0992627	501(C)(3)	20,000				GENERAL SUPPORT
EKAL VIDYLAYA FOUNDATION11838 LAKE STONE WAY PROSPECT,KY 40059	77-0554248	501(C)(3)	5,475				GENERAL SUPPORT FOR HOLISTIC LIVING

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
EPILEPSY FOUNDATION KENTUCKIAN982 EASTERN PKWY LOUISVILLE,KY 40217	61-1314540	501(C)(3)	10,000				GENERAL SUPPORT OF EPILEPSY EDUCATION AND OUTREACH
FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE,KY 40208	61-1285124	501(C)(3)	10,000				GENERAL SUPPORT OF SINGLE PARENTS SEEKING COLLEGE EDUCATION

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
FRIEND FOR LIFE4007 KRESGE WAY LOUISVILLE,KY 40207	61-1139410	501(C)(3)	5,000				GENERAL SUPPORT CANCER SUPPORT NETWORK
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
GREATER LOUISVILLE FOUNDATION614 W MAIN ST SUITE 6000 LOUISVILLE,KY 40202	61-1131064	501(C)(3)	37,500				GENERAL SUPPORT
HABITAT FOR HUMANITY METRO LOUISVILLE2777 S FLOYD ST LOUISVILLE,KY 40209	58-1735528	501(C)(3)	45,000				GENERAL SUPPORT OF COSTS TO BUILD A HABITAT 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
HEUSER HEARING INSTITUTE115 E KENTUCKY ST LOUISVILLE,KY 40203	61-0492369	501(C)(3)	15,000				GENERAL SUPPORT FOR NEWBORN HEARING TESTING AND TREATMENT
HOSPARUS3532 EPHRAIM MCDOWELL DR LOUISVILLE,KY 40205	61-0921718	501(C)(3)	10,000				GENERAL SUPPORT KOURAGEOUS KIDS PEDIATRIC 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
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 TREATMENTS/HOSPITAL STAY
INDIAN COMMUNITY OF KENTUCKY9709 WHITE BLOSSOM BLVD LOUISVILLE,KY 40241	00-0769349	501(C)(3)	15,000				GENERAL SUPPORT CULTURAL AWARENESS

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
JUNIOR ACHIEVEMENT 1401 W MUHAMMAD ALI BLVD LOUISVILLE,KY 40203	61-0476694	501(C)(3)	13,800				GENERAL SUPPORT OF YOUTH LEADERSHIP DEVELOPMENT
KENTUCKY PEDIATRIC SOCIETY420 CAPITAL AVE LOUISVILLE,KY 40601	61-1125554	501(C)(3)	5,000				GENERAL SUPPORT OF PROFESSIONAL DEVELOPMENT FOR PEDIATRICIANS AT ANNUAL MEETING

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 PHYSICIANS HLTH FOUNDATION9000 WESSEX PL SUITE 305 LOUISVILLE,KY 40222	61-1242062	501(C)(3)	21,500				GENERAL SUPPORT OF INTERVENTION, THERAPY, ETC FOR IMPAIRED PHYSICIANS
KENTUCKY YOUTH ADVOCATES2034 FRANKFORT AVE LOUISVILLE,KY 40206	61-0929390	501(C)(3)	7,500				GENERAL SUPPORT OF RESEARCH AND DATA COLLECTION FOR KIDS COUNT DATA BOOK

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 PO BOX 37370 LOUISVILLE,KY 40233	61-0514703	501(C)(3)	12,000				GENERAL SUPPORT OF KOSAIR CHARITIES
LEADERSHIP KENTUCKY FOUNDATION464 CHENAULT RD FRANKFORT,KY 40601	31-1096215	501(C)(3)	9,000				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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LEADERSHIP LOUISVILLE CENTER732 W MAIN ST LOUISVILLE,KY 40202	31-0958491	501(C)(3)	30,000				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT
LEADERSHIP SOUTHERN INDIANA8204 HWY 311 SELLERSBURG,IN 47172	31-1644080	501(C)(3)	10,000				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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LIFEHOUSE INC2710 RIEDLING DR LOUISVILLE,KY 40206	20-8514733	501(C)(3)	50,000				GENERAL SUPPORT OF MATERNITY HOME AND PRENATAL CARE
LINCOLN HERITAGE COUNCILPO BOX 36273 LOUISVILLE,KY 40233	61-0445839	501(C)(3)	5,000				GENERAL SUPPORT OF BOY SCOUTS AND LEADERSHIP FOR BOYS AND YOUNG MEN

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 METRO GOVERNMENT531 COURT PLACE 9TH FLOOR SUITE 900 LOUISVILLE,KY 40202	20-4372292	501(C)(3)	20,000				GENERAL SUPPORT MAYOR'S HEALTH INITIATIVES - HIKE, BIKE & PADDLE
LOUISVILLE URBAN LEAGUE1535 W BROADWAY C/O CAREER EXPOS LOUISVILLE,KY 40203	61-0444771	501(C)(3)	5,000				GENERAL SUPPORT OF WORKFORCE DEVELOPMENT THROUGH LUL

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 CENT2040 METAL LN LOUISVILLE,KY 40206	61-1380344	501(C)(3)	7,000				GENERAL SUPPORT OF YOUTH FITNESS INITIATIVES
MARCH OF DIMESP O BOX 932852 ATLANTA,GA 31193	13-1846366	501(C)(3)	10,000				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
MARYHURST1015 DORSEY LANE LOUISVILLE,KY 40223	31-1542209	501(C)(3)	10,000				GENERAL SUPPORT
MEDICAL FDTNOF GR LOU MED SOC546 S FIRST ST ROOM 311 LOUISVILLE,KY 40202	61-0598020	501(C)(3)	6,500				GENERAL SUPPORT FOR HEALTH PROMOTION SCHOOLS OF EXCELLENCE

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

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METRO UNITED WAY INC PO BOX 950148 DEPT 52860 LOUISVILLE,KY 40295	61-0444680	501(C)(3)	53,000				GENERAL SUPPORT
MORTON CENTER1028 BARRETT AVE LOUISVILLE,KY 40204	31-1068020	501(C)(3)	5,000				GENERAL SUPPORT OF INDIVIDUALS IN THERAPY FOR ADDICTION 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
NATIONAL MULTIPLE SCLEROSIS SOCIETY1201 STORY AVE SUITE 200 LOUISVILLE,KY 40208	61-0702202	501(C)(3)	10,000				GENERAL SUPPORT OF MULTIPLE SCLEROSIS RESEARCH
NATIVITY ACADEMY AT ST BONIFACE529 E LIBERTY ST LOUISVILLE,KY 40202	51-0450314	501(C)(3)	7,500				GENERAL SUPPORT OF SCHOLASTICS FOR UNDERSERVED CHILDREN

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
NAWBO - LOUISVILLE CHAPTERP O BOX 826157 PHILADELPHIA,PA 19182	61-1228189	501(C)(6)	10,000				GENERAL SUPPORT
OVARIAN AWARENESS OF KENTUCKY4010 DUPONT CIRCLE SUITE 275 LOUISVILLE,KY 40207	61-1393292	501(C)(3)	5,000				GENERAL SUPPORT OF OVARIAN CANCER EDUCATION 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
PARKINSON'S SUPPORT CENTER OF315 TOWNEPARK CIR SUITE 100 LOUISVILLE,KY 40243	61-1367576	501(C)(3)	7,500				GENERAL SUPPORT OF PARKINSON'S DISEASE EDUCATION AND SUPPORT EFFORTS
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

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PROJECT ONE2600 W BROADWAY SUITE 301 LOUISVILLE,KY 40211	61-1314577	501(C)(3)	5,000				GENERAL SUPPORT
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
REGIONAL LEADERSHIP COALITION4100 CHARLESTOWN RD NEW ALBANY,IN 47150	52-2436968	501(C)(3)	5,000				GENERAL SUPPORT OF REGIONAL LEADERSHIP DEVELOPMENT FOR ECONOMIC GROWTH
RONALD MCDONALD HOUSE550 S 1ST ST LOUISVILLE,KY 40202	31-1053467	501(C)(3)	10,000				GENERAL SUPPORT TO HELP HOUSE FAMILIES AND PATIENTS WITH LONG-TERM TREATMENTS/HOSPITAL STAY

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)	10,000				GENERAL SUPPORT OF EMERGENCY ASSISTANCE FOR RESIDENTS OF SHIVELY AREA
SUPPLIES OVER SEAS1500 ARLINGTON AVE LOUISVILLE,KY 40206	27-2624272	501(C)(3)	20,000				GENERAL SUPPORT OF MEDICAL SURPLUS SERVICES TO SEND OVERSEAS

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
SUSAN G KOMEN FOR THE CURE2301 HURSTBOURNE VILLAGE DR SUITE 700 LOUISVILLE,KY 40299	75-2855046	501(C)(3)	5,000				GENERAL SUPPORT
THE ALS ASSOCIATION KY CHAPTER2807 AMSTERDAM RD VILLA HILLS,KY 41017	94-3124729	501(C)(3)	5,000				GENERAL SUPPORT ALS EDUCATION AND OUTREACH

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

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THE CENTER FOR COURAGEOUS KIDS1501 BURNLEY RD SCOTTSVILLE,KY 42164	20-1789905	501(C)(3)	30,000				GENERAL SUPPORT OF CAMP FOR PEDIATRIC PATIENTS
THE HEALING PLACE1020 W MARKET ST LOUISVILLE,KY 40202	61-1164775	501(C)(3)	8,800				GENERAL SUPPORT OF INDIVIDUALS IN THERAPY FOR ADDICTION RECOVERY

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

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UK COLLEGE OF HEALTH SERVICES900 S LIMESTONE ST ROOM 123H LEXINGTON,KY 40536	61-6001218	501(C)(3)	5,000				GENERAL SUPPORT OF EDUCATION PROGRAM
UNIVERSITY OF LOUISVILLE - ATHLETICS CONTROLLERS OFFICE-SERVICE COMPLEX LOUISVILLE,KY 40292	31-1106941	501(C)(3)	6,700				GENERAL SUPPORT UL CARDINAL ATHLETIC FUND

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

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WOMEN 4 WOMEN INC323 W BROADWAY SUITE 502 LOUISVILLE,KY 40202	61-1240049	501(C)(3)	12,000				GENERAL SUPPORT FOR YOUNG WOMEN LEADERSHIP DEVELOPMENT OF SELF SUFFICIENCY
YMCA OF GREATER LOUISVILLE545 S 2ND ST LOUISVILLE,KY 40202	61-0444843	501(C)(3)	10,000				GENERAL SUPPORT OF SAFE PLACE

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

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YOUNG PROFESSIONALS 550 S 4TH ST SUITE 200 LOUISVILLE,KY 40202	45-0483455	501(C)(3)	10,000				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT AND NETWORKING FOR YOUNG PROFESSIONALS
YOUNG WOMEN LEAD4344 MT STERLING RD WINCHESTER,KY 40391	46-0776398	501(C)(3)	10,000				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT AND NETWORKING FOR HIGH SCHOOL 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
ST CATHARINE COLLEGE 2735 BARDSTOWN RD ST CATHARINE,KY 40061	61-0846809	501(C)(3)	300,000				TO HELP ESTABLISH A BACHELOR-LEVEL RADIATION THERAPY PROGRAM AT ST CATHARINE COLLEGE
UNIVERSITY OF KENTUCKY OFFICE OF DEVELOPMENT WILLIAM B STURGIL BLDG LEXINGTON,KY 40506	61-6001218	501(C)(3)	40,000				TO PROVIDE PROGRAM SUPPORT VIA SCHOLARSHIP FOR TWO UK MHA STUDENTS

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

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UNIVERSITY OF KENTUCKY OFFICE OF DEVELOPMENT WILLIAM B STURGIL BLDG LEXINGTON,KY 40506	61-6001218	501(C)(3)	250,000				TO PROVIDE PROGRAM SUPPORT TO HELP ESTABLISH AN ENDOWED PROFESSORSHIP IN HEALTHCARE LEADERSHIP
LOUISVILLE COMPREHENSIVE CARE MS CENTER3991 DUTCHMANS LANE LOUISVILLE,KY 40207	20-1512570	501(C)(3)	100,000				TO PROVIDE PROGRAM SUPPORT TO HELP MS CENTER PROVIDE COUNSELING, SUPPORT,ETC TO MS PATIENTS

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

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UNIVERSITY OF LOUISVILLE571 S FLOYD ST 432 LOUISVILLE,KY 40202	61-1014882	501(C)(3)	67,499				TO SUPPORT U OF L FOR PEDIATRIC SUBSPECIALTY FELLOWSHIP
WHAS CRUSADE FOR CHILDREN INC520 W CHESTNUT ST LOUISVILLE,KY 40202	23-7075524	501(C)(3)	20,000				GENERAL SUPPORT

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

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FUND FOR THE ARTS623 W MAIN ST LOUISVILLE,KY 40202	61-0479626	501(C)(3)	40,000				GENERAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319041233

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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
Tax indemnification and gross-up payments	Schedule J, 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 2012, 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 ANNUITY - THE TAX GROSS-UP ASSOCIATED WITH THE ANNUITY BENEFIT IS $279,327 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, 2011 AND 2012 INCLUDED IN MR WILLIAMS COMPENSATION IN 2012 IS $356,953 WHICH IS THE COST OF THE PURCHASED ANNUITY THE TOTAL COST OF THE PURCHASED ANNUITY AND THE ASSOCIATED TAX GROSS-UP IS $636,280, WHICH WAS INCLUDED IN TAXABLE COMPENSATION TEMPORARY TOTAL DISABILITY COVERAGE AND LONG TERM DISABILITY- THIS COMBINED TRANSACTION CONSIST OF PARTIAL REFUND FOR PAYMENT PAID ON BEHALF OF MR WILLIAMS DURING THE 2011 TAX YEAR FOR TEMPORARY TOTAL DISABILITY AND ONE YEAR PREMIUM FOR LONG TERM DISABILITY THE TAX GROSS-UP CREDIT ASSOCIATED WITH THE REFUND AND PURCHASE OF THIS COVERAGE IS ($9,480) INCLUDED IN MR WILLIAMS COMPENSATION IN 2012 IS $(12,115) WHICH IS THE COST OF THE PURCHASED COVERAGE OF $6,911 AND REFUND OF $19,026 THE TOTAL COST /CREDIT AND THE ASSOCIATED TAX GROSS-UP IS CREDIT $21,595, WHICH WAS INCLUDED IN TAXABLE COMPENSATION
Discretionary spending account	Schedule J, Part I, Line 1a	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 2012 STEPHEN A WILLIAMS - $57,229 RUSSELL F COX - 59,434 MICHAEL G GOUGH - 52,208 ROBERT B AZAR - 17,500 TRACY WILLIAMS - 17,500 STEVE HESTER - 17,500 SCOTT WATKINS - 10,000 MICHAEL ESPOSITO - 10,000 MARY JO BEAN - 10,000 CHARLES BOHN - 17,500 KAREN BOLIN - 10,000 MARY CORBETT - 15,000 STEVE READY - 10,000 JAMES FRAZIER - 10,000 STEVE HEILMAN - 10,000 KENNETH WILSON - 10,000 KIMBERLY THARP-BARRIE - 10,000 JON COOPER - 10,000 DOUGLAS WINKELHAKE - 17,500 WILLIAM RITCHIE - 10,000 MARY LYNN MEYER - 17,500
Severance or change-of-control payment	Schedule J, Part I, Line 4a	SEVERANCE PAYMENT WAS RECEIVED DURING 2012 BY FORMER KEY EMPLOYEES J BRYAN HILDRETH IN THE AMOUNT OF $186,298, OTHER COMPENSATION, INCLUDED IN SCHEDULE J COLUMN B(III) MR HILDRETH WILL CONTINUE TO RECEIVE SEVERANCE PAYMENTS THROUGH APRIL 16, 2013, THEREFORE INCLUDED IN SCHEDULE J, COLUMN C $75,406 IS INCLUDED AS THE ESTIMATED PAYMENT TO BE PAID IN 2013 KAREN BOLIN IN THE AMOUNT OF $62,957, OTHER COMPENSATION, INCLUDED IN SCHEDULE J COLUMN B(III) MS BOLIN WILL CONTINUE TO RECEIVE SEVERANCE PAYMENT THROUGH OCTOBER 30, 2013, THEREFORE INCLUDED IN SCHEDULE J, COLUMN C, $201,178 IS INCLUDED AS THE ESTIMATED PAYMENT TO BE PAID IN 2013
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F) THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS THE EXECU-FLEX BENEFIT PLAN, THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN THE "PAY CREDIT" OUTLINED BELOW REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS, AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS NAME - PAY CREDIT STEPHEN A WILLIAMS -$ 130,924 RUSSELL F COX - 829,613 MICHAEL W GOUGH - 493,579 ROBERT AZAR - 70,050 MARY LYNN MEYER - 59,406 MARY JO BEAN - 40,678 CHARLES BOHN - 58,167 KAREN BOLIN - 20,877 SANDRA BROOKS - 58,870 MAUREEN CAPALBO - 35,636 JON COOPER - 33,266 MARY CORBETT - 33,258 ALFONSO CORNISH - 29,322 MICHAEL ESPOSITO - 46,099 JAMES FRAZIER - 47,757 STEVEN HEILMAN - 48,719 GEORGE HERSCH - 29,904 STEVEN HESTER - 107,889 J BRYAN HILDRETH - 16,147 STEVE READY - 43,010 WILLIAM RICHIE - 37,892 KIMBERLY THARP-BARRIE - 31,421 SCOTT WATKINS - 66,483 TRACY WILLIAMS - 51,320 KENNETH WILSON - 47,703 DOUGLAS WINKELHAKE - 80,742 THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2012 AND CAN BE COMPRISED OF PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS NAME - PAYMENT RECEIVED STEPHEN A WILLIAMS - $2,540,883 RUSSELL F COX - 108,074 MICHAEL W GOUGH - 93,007 ROBERT AZAR - 0 MARY LYNN MEYER - 39,205 MARY JO BEAN - 26,715 CHARLES BOHN - 44,669 KAREN BOLIN - 26,018 SANDRA BROOKS - 107,078 MAUREEN CAPALBO - 56,472 JON COOPER - 25,548 MARY CORBETT - 27,924 ALFONSO CORNISH - 38,345 MICHAEL ESPOSITO - 35,860 JAMES FRAZIER - 0 STEVEN HEILMAN - 6,324 GEORGE HERSCH - 26,704 STEVEN HESTER - 71,921 J BRYAN HILDRETH - 0 STEVE READY - 0 WILLIAM RICHIE - 28,257 KIMBERLY THARP-BARRIE - 44,221 SCOTT WATKINS - 38,656 TRACY WILLIAMS - 120,525 KENNETH WILSON - 5,736 DOUGLAS WINKELHAKE - 52,587

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
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				
ALFONSO CORNISH	(I)	205,016	62,100	48,373	55,803	7,719	379,011	24,840
	(II)	0	0	0	0	0	0	0
CHARLES BOHN	(I)	318,537	97,605	82,636	70,667	20,414	589,858	42,280
	(II)	0	0	0	0	0	0	0
DOUGLAS WINKELHAKE	(I)	361,582	0	75,601	87,778	18,549	543,511	47,040
	(II)	74,024	94,914	12,999	17,970	4,509	204,417	0
GEORGE HERSCH	(I)	206,427	60,175	38,370	50,718	21,809	377,500	25,332
	(II)	0	0	0	0	0	0	0
J BRYAN HILDRETH	(I)	23,250	38,447	186,440	111,827	15,806	375,770	0
	(II)	0	0	0	0	0	0	0
JAMES FRAZIER	(I)	338,233	37,500	28,494	60,607	26,153	490,987	0
	(II)	0	0	0	0	0	0	0
JON COOPER	(I)	155,309	99,976	53,283	39,120	15,401	363,088	24,576
	(II)	53,288	0	1,968	13,423	4,509	73,188	0
KAREN BOLIN	(I)	136,758	37,036	119,261	235,575	2,519	531,150	22,980
	(II)	0	0	0	0	0	0	0
KENNETH WILSON	(I)	302,092	66,465	39,919	67,326	17,055	492,857	5,800
	(II)	0	0	0	0	0	0	0
KIMBERLY THARP-BARRIE	(I)	201,954	57,188	40,201	69,743	5,077	374,163	25,644
	(II)	0	0	0	0	0	0	0
MARY LYNN MEYER	(I)	152,996	0	0	0	0	152,996	0
	(II)	156,902	112,004	59,391	114,000	16,851	459,146	39,200
MARY CORBETT	(I)	260,073	58,983	46,579	46,159	14,981	426,775	26,400
	(II)	0	0	0	0	0	0	0
MARY JO BEAN	(I)	175,161	166,038	55,294	100,138	6,882	503,513	26,712
	(II)	0	0	0	0	0	0	0
MAUREEN CAPALBO	(I)	234,322	52,438	69,558	53,938	15,546	425,801	0
	(II)	0	0	0	0	0	0	0
MICHAEL ESPOSITO	(I)	275,172	73,002	65,109	67,508	19,408	500,199	33,240
	(II)	0	0	0	0	0	0	0
MICHAEL W GOUGH	(I)	586,193	824,521	210,620	517,448	24,702	2,163,484	83,860
	(II)	0	0	0	0	0	0	0
ROBERT B AZAR	(I)	359,568	140,001	37,492	86,668	8,271	631,999	0
	(II)	0	0	0	0	0	0	0
RUSSELL F COX	(I)	738,791	1,000,020	245,833	853,982	22,373	2,861,000	99,540
	(II)	0	0	0	0	0	0	0
SANDRA BROOKS	(I)	264,161	97,219	87,489	139,936	21,625	610,430	63,576
	(II)	0	0	0	0	0	0	0
SCOTT WATKINS	(I)	303,742	256,952	66,706	91,172	21,657	740,228	33,240
	(II)	0	0	0	0	0	0	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				
STEPHEN A WILLIAMS	(I)	906,721	541,463	3,238,307	268,751	18,842	4,974,084	2,047,208
	(II)	0	0	0	0	0	0	0
STEVE HEILMAN	(I)	314,520	91,228	17,150	103,784	22,675	549,357	6,082
	(II)	0	0	0	0	0	0	0
STEVE HESTER	(I)	473,095	135,542	109,360	425,763	23,344	1,167,105	63,000
	(II)	0	0	0	0	0	0	0
STEVE READY	(I)	293,959	76,500	19,997	69,202	21,164	480,822	0
	(II)	0	0	0	0	0	0	0
TRACY WILLIAMS	(I)	243,948	83,731	148,216	67,728	16,122	559,745	115,466
	(II)	0	0	0	0	0	0	0
WILLIAM RITCHIE	(I)	216,042	74,730	84,227	94,623	16,300	485,923	26,904
	(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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 SUPPLEMENTAL INFORMATION		X		X		X
B	LOUISVILLEJEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAL8	08-10-2011	75,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	LOUISVILLEJEFFERSON COUNTY METRO GOVERNMENT	32-0049006		08-24-2011	23,775,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
D	LOUISVILLEJEFFERSON COUNTY METRO GOVERNMENT	32-0049006		10-31-2012	21,100,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,525,000	0	1,390,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	330,185,271	75,000,300	23,775,000	21,100,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	958,005	0	0	0
6	Proceeds in refunding escrows	62,337,730	0	0	0
7	Issuance costs from proceeds	2,885,257	953,000	150,000	171,313
8	Credit enhancement from proceeds	0	2,000	0	0
9	Working capital expenditures from proceeds	5,900,000	0	0	0
10	Capital expenditures from proceeds	183,389,691	74,045,259	0	0
11	Other spent proceeds	105,925,754	41	23,625,000	20,928,687
12	Other unspent proceeds	0	0	0	0
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		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X			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 of bond-financed property?	X		X			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			X		X
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			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			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 ▶	0%		0%		0 0000%		0 0000%	
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%		0%		0 0000%		0 0000%	
6	Total of lines 4 and 5	0%		0%		0 0000%		0 0000%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 0000%		0 0000%		0 0000%		0 0000%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X			X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge		0 0		0 0		0 0		0
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	MORGAN STANLEY							
c	Term of GIC		32		00		00		0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X			X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
AND SCHEDULE, K, PART II, LINE 3	SCHEDULE K, PART I, COLUMN (E)	DIFFERENCE BETWEEN SERIES 2006 ISSUE PRICE (ISSUE DATE 10/12/2006) IN PART I, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 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 DIFFERENCE BETWEEN SERIES 2011 ISSUE PRICE (ISSUE DATE 8/10/11) IN PART I, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD
ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SCHEDULE K, PART I, COLUMN (F)	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
ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SCHEDULE K, PART I, COLUMN (F)	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
ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SCHEDULE K, PART I, COLUMN (F)	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
ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SCHEDULE K, PART I, COLUMN (F)	TO REFUND THE REMAINDER 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

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

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

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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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 of bond-financed property?								
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
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?								
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 ▶	%		%		%		%	
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 ▶	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?								
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) KAYCEE THARP NICKELL	DAUGHTER OF KIMBERLY THARP-BARRIE, FORMER KEY EMPLOYEE	NORTON HEALTHCARE SCHOLARS PROGRAM		X	20,144	3,528		No	Yes		Yes	
Total			▶ $			3,528						

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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PATRICIA TRASATTI	FAMILY MEMBER OF CHARLES BOHN, KEY EMPLOYEE	103,872	COMPENSATION		No
(2) CHELSEA R MAYES	FAMILY MEMBER GREGORY MAYES, TRUSTEE	54,855	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
LOANS TO AND FROM INTERESTED PERSONS	SCHEDULE L, PART II	(A) NAME OF INTERESTED PERSON KAYCEE THARP DAUGHTER OF KIMBERLY THARP-BARRIE, FORMER KEY EMPLOYEE (A) PURPOSE OF LOAN NORTON HEALTHCARE SCHOLARS PROGRAM (DISCLOSURE CONTINUED BELOW) (A) NAME OF INTERESTED PERSON CHERYL RITCHIE DAUGHTER OF WILLIAM RITCHIE, HIGHLY COMPENSATED EMPLOYEE (A) PURPOSE OF LOAN NORTON HEALTHCARE SCHOLARS PROGRAM (DISCLOSURE CONTINUED BELOW)
PURPOSE OF LOAN	SCHEDULE L, PART II, COLUMN (A)	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 OVER 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 271 SCHOLARS IN SCHOOL THIS PROGRAM HAS 1,885 GRADUATES AND 1,411 OF THESE GRADUATES HAVE CONTINUED THEIR CAREERS WITH NORTON HEALTHCARE APPLICANTS ARE REVIEWED EACH YEAR FOR THIS PROGRAM FOR 2012, 146 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

2012

Open to Public Inspection

Name of the organization
NORTON HEALTHCARE INC

Employer identification number
61-1028725

Identifier	Return Reference	Explanation
CURRENT YEAR TOTAL EXPENSES	FORM 990, PART I, LINE 18	DURING 2012, THE CORPORATION BEGAN THE IMPLEMENTATION OF AN ELECTRONIC MEDICAL RECORD SYSTEM (EMR) THE SYSTEM IS AN INTEGRATED EMR SYSTEM THAT ALLOWS SEAMLESS SHARING OF PATIENT INFORMATION AMONG CAREGIVERS, PATIENTS AND FAMILIES ALL OF THE CORPORATION'S PHYSICIAN PRACTICES, IMMEDIATE CARE CENTERS AND HOSPITALS WILL BE CONNECTED AND ABLE TO VIEW ELECTRONIC MEDICAL RECORDS USING ONE SYSTEM, RATHER THAN A VARIETY OF DISPARATE SYSTEMS DUE TO THE SIGNIFICANT NON-CAPITAL IMPLEMENTATION COSTS IN 2012 ($42 1 MILLIONS) AND ALSO ANTICIPATED COSTS FOR 2013, WHICH INCLUDE LABOR AND BENEFITS, TRAINING, SUPPLIES, FEES AND SPECIAL SERVICES AND OTHER, THE CORPORATION HAS BROKEN OUT THESE OPERATING COSTS IN THE COMBINED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS INTO A SEPARATE LINE TITLED ELECTRONIC MEDICAL RECORDS IMPLEMENTATION DURING 2012 IMPLEMENTATION ENCOMPASSED 105 PHYSICIAN PRACTICE LOCATIONS, 12 IMMEDIATE CARE CENTERS AND TWO HOSPITALS DURING 2013 THE REMAINING THREE HOSPITALS WILL BE IMPLEMENTED AS THE IMPLEMENTATION WILL BE CONCLUDED BY THE END OF 2013, ONGOING COSTS OF MAINTAINING THE SYSTEM WILL BE INCURRED AND WILL BE RECORDED IN THE OPERATING EXPENSES BY THEIR NATURAL CLASS FOR PURPOSES OF THE 990 WE HAVE BROKEN OUT THE LINE TITLED ELECTRONIC MEDICAL RECORDS IMPLEMENTATION FROM THE AUDITED FINANCIAL STATEMENTS AND RECLASSED THE EXPENSES BY THEIR NATURAL CLASS

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) IN 2012, NORTON'S HOSPITALS AND DIAGNOSTIC CENTERS SERVED 62,486 INPATIENTS, 418,102 OUTPATIENTS AND 210,617 EMERGENCY ROOM VISITS IN ADDITION, NORTON HE ALTHCARE HOSPITALS' OPERATING ROOMS CARED FOR 18,773 INPATIENT SURGICAL PATIENTS AND 32,33 3 OUTPATIENT SURGICAL PATIENTS ADDITIONALLY, 7,982 DELIVERIES WERE PERFORMED AT NORTON HE ALTHCARE BIRTHING CENTERS AT NORTON HOSPITAL AND NORTON SUBURBAN HOSPITAL UNDER ITS CHARI TY CARE PROGRAM, NORTON PROVIDED FREE CARE TO 7,634 PATIENTS, AT A COST OF $11 2 MILLION, ALSO NORTON GRANTS PATIENTS A DISCOUNT FROM BILLED CHARGES TO ANY INDIVIDUALS THAT HAVE NO ACCESS TO PRIVATE HEALTH INSURANCE OR DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE. UNDER THIS PROGRAM, 37,597 PATIENTS' CARE WAS PROVIDED AT DISCOUNTED RATES OTHER C ONTRIBUTIONS TO THE COMMUNITY WERE THE UNPAID COST OF MEDICAID AND THE KENTUCKY DISPROPORT IONATE SHARE PROGRAM SERVICES TOTALING $80 4 MILLION AND EDUCATIONAL SUPPORT OF $23 7 MILL ION, PRIMARILY TO THE UNIVERSITY OF LOUISVILLE'S SCHOOL OF MEDICINE. ALSO COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED $10 2M, CONTRIBUTIONS TO COMMUNITY GROUPS WERE $976,000, PAS TORAL CARE AND COUNSELING PROGRAMS WERE $1 8 MILLION KENTUCKY POISON CONTROL CENTER WAS $ 1 9 MILLION AND THE CHILD GUIDANCE AND ADVOCACY PROGRAM WAS $958,000 NORTON HEALTHCARE'S EMPLOYEES PROVIDED MORE THAN 8,358 HOURS, EQUALING $974,519 MILLION IN SALARIES, OF SERVIC E AS BOARD AND COMMITTEE MEMBERS AND ACTIVE PARTICIPANTS TO OVER 100 COMMUNITY, STATE AND NATIONAL NON-PROFIT ORGANIZATIONS THAT ENDEAVOR TO IMPROVE THE HEALTH STATUS OF INDIVIDUAL S ADDITIONALLY, EMPLOYEES ALSO PERSONALLY REPORTED 8,197 COMMUNITY SERVICE HOURS IN SUPPO RT OF THEIR FAITH COMMUNITIES, CIVIC ORGANIZATIONS AND OTHER IMPORTANT COMMUNITY GROUPS C OMMUNITY EDUCATION AND WORKFORCE DEVELOPMENT * NORTON HEALTHCARE PROVIDES PROGRAMMATIC SU PPORT TO THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE THROUGH FUNDS AND FACILITIES DUR ING THE 2012 CALENDAR YEAR, 424 RESIDENTS COMPLETED CLINICAL ROTATIONS IN 17 SPECIALTIES A T NORTON HEALTHCARE FACILITIES RESIDENCY PROGRAMS ARE PART OF $23 7M SUPPORT PROVIDED FOR OVERALL EDUCATIONAL SUPPORT * IN 2012, 174,809 LEARNING EVENTS WERE COMPLETED THROUGH NO RTON UNIVERSITY, WHICH IS AN AVERAGE OF 13 44 CLASSES PER EMPLOYEE. AN ADDITIONAL 949 NURS ING STUDENTS RECEIVED EDUCATIONAL TRAINING THROUGH NORTON UNIVERSITY CLERGY MEMBERS FROM OUR FAITH HISTORY ARE INVITED TO ATTEND COURSES RELEVANT TO THEIR MINISTRY, THESE ARE FREE COURSES OFFICE OF CHURCH AND HEALTH MINISTRIES * THE OFFICE OF CHURCH AND HEALTH MINIST RIES PROVIDES FREE EDUCATION, RESOURCES AND SERVICES TO FAITH COMMUNITY NURSES AND OTHERS WORKING IN CONGREGATIONAL HEALTH MINISTRIES IN 2012, THE OFFICE SERVED 172 FAITH COMMUNIT IES WITH ACTIVE HEALTH AND WELLNESS PROGRAMS DONATIONS TO THE COMMUNITY * NORTON EMPLOYE ES AND PHY SICIANS GAVE OVER $1 1 MILLION THROUGH THE 2012 COMBINED GIVING CAMPAIGN TO HELP SUPPORT THE WHAS CRUSADE FOR CHILDREN, METRO UNITED WAY, FUND FOR THE ARTS, KOSAIR CHARIT IES, THE CHILDREN'S HOSPITAL FOUNDATION, AND NORTON HEALTHCARE FOUNDATION * NORTON HEALTH CARE EMPLOYEES RAISED THE ROOF ON A HABITAT FOR HUMANITY HOUSE IN THE LOW-INCOME SMOKETOWN NEIGHBORHOOD IN LOUISVILLE, KY THIS IS THE SIXTH HABITAT HOME NORTON HEALTHCARE EMPLOYEE S HAVE BUILT * IN 2012 NORTON HEALTHCARE EMPLOYEES DONATED 1,470 POUNDS OF SHOES TO WATER STEP (FORMERLY EDGE OUTREACH) AND APPROXIMATELY 600 PAIRS OF EYE GLASSES TO KENDALL OPTOME TRY MINISTRY INC NORTON HEART CARE * NORTON HEART CARE PROVIDES THE REGION'S MOST COMPREH ENSIVE SCREENING, EDUCATION AND PREVENTION PROGRAM AND IS COMMITTED TO EDUCATING OUR COMMU NITY ABOUT HEART HEALTH AND RISK FACTOR MANAGEMENT IN 2012 THE CENTERS FOR PREVENTION & W ELLNESS SCREENED 5,390 PEOPLE FOR HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OSTE OPOROSIS AND PROVIDED INFORMATION ABOUT SMOKING CESSATION, DIET AND EXERCISE. THIS WORK WA S ACCOMPLISHED IN PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION AND NORTON HEART CARE TH ROUGH LOCAL BUSINESS AND COMMUNITY GROUPS * HEART RISK ASSESSMENTS AND EDUCATION ALSO WER E PROVIDED THROUGH THE NORTON WOMEN'S HEART CENTER, THE REGION'S ONLY CENTER DEDICATED SOL ELY TO EDUCATION, PREVENTION AND TREATMENT OF HEART DISEASE * NORTON WOMEN'S HEART CENTER OFFERED ITS FREE CIRCLE OF HEARTS PROGRAM, A MONTHLY HEART DISEASE AND PREVENTION CLASS T HAT FOCUSES ON HEART HEALTH EDUCATION AND OTHER WELLNESS ISSUES OF INTEREST TO WOMEN NORT ON CANCER INSTITUTE * IN 2012, SCREENING STAFF TRAVELED TO MORE THAN 130 UNIQUE LOCATIONS, 42 PERCENT OF WHICH WERE IN UNDERSERVED COMMUNITIES THIS OUTREACH RESULTED IN 2,537 PEOP LE BEING SCREENED FOR CANCER OF THESE, APPROXIMATELY 30 PERCENT EITHER HAD NEVER BEEN SCR EENED FOR CANCER OR HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS IN 2012, 15 INDIVIDUALS WERE DIAGNOSED AND TREATED FOR PRE-INVASIVE AND INVASIVE CANCER SINCE THE INCEPTION OF TH E PROGRAM, 86 INDIVIDUALS HAVE BEEN DIAGNOSED AND

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	TREATED FOR PRE-INVASIVE AND INVASIVE CANCER * ASSISTED INDIVIDUALS IN KICKING THE SMOKIN G HABIT THROUGH SMOKING CESSATION CLASSES IN 2012 * PROVIDED NORTON CANCER INSTITUTE GENE TIC COUNSELING SERVICES, THE ONLY DEDICATED SERVICE CENTER OF ITS KIND IN THE REGION, STAF FED BY AN ONCOLOGIST AND TWO GENETIC COUNSELORS SPECIALIZING IN CANCER GENETICS AND HEREDI TARY CANCER SYNDROMES IN 2012, THE PROGRAM PROVIDED SERVICES TO 293 NEW PATIENTS WOMEN'S SERVICES * NORTON WOMEN'S PAVILION BIRTHING CENTERS DELIVERED 7,982 BABIES * PROVIDED FR EE EDUCATIONAL CLASSES TO WOMEN IN THE COMMUNITY THROUGH THE MARSHALL WOMEN'S HEALTH & EDU CATION CENTER AT NORTON SUBURBAN HOSPITAL THE CENTER OFFERS FREE PREVENTION AND WELLNESS CLASSES, CHILDBIRTH EDUCATION CLASSES AND TOURS, EDUCATIONAL MATERIALS AND CLINICAL NAVIGA TION SERVICES PEDIATRIC SERVICES * SPECIALISTS AT KOSAIR CHILDREN'S HOSPITAL AND KOSAIR C HILDREN'S MEDICAL CENTER - BROWNSBORO SERVE CHILDREN THROUGHOUT KENTUCKY AND SOUTHERN INDI ANA * KOSAIR CHILDREN'S HOSPITAL IS HOME TO THE KENTUCKY REGIONAL POISON CONTROL CENTER IN 2012 THE CENTER RECEIVED 69,783 CALLS FROM CONCERNED INDIVIDUALS FROM ALL 120 COUNTIES IN KENTUCKY TO LEARN HOW TO CORRECTLY HANDLE EXPOSURES TO POISONS AND FOR TREATMENT ADVICE * CHILD PASSENGER SAFETY TECHNICIANS FROM KOSAIR CHILDREN'S HOSPITAL CHECKED 684 CAR AND BOOSTER SEATS AND PROVIDED 171 CAR SEATS AT FREE CHECKUP CLINICS STATEWIDE * KOSAIR CHIL DREN'S HOSPITAL LEADS SAFE KIDS LOUISVILLE AND JEFFERSON COUNTY, A PROGRAM THAT CONDUCTS S AFETY EVENTS AT SCHOOLS AND IN THE COMMUNITY IN 2012, 20,750 THIRD- THROUGH FIFTH-GRADERS THROUGHOUT KENTUCKY PARTICIPATED IN 148 BIKE SAFETY "RODEOS " * APPROXIMATELY 480 AREA EL EMENTARY STUDENTS, 12 TEACHERS AND 10 TEACHER'S AIDES PARTICIPATED IN "SAFE KIDS WALK THIS WAY," A PROGRAM LED BY KOSAIR CHILDREN'S HOSPITAL THE PROGRAM IS DESIGNED TO POINT OUT D ANGEROUS AREAS AND TEACH CHILDREN SAFE PEDESTRIAN HABITS * KOSAIR CHILDREN'S "JUST FOR KI DS" TRANSPORT TEAM ASSISTED IN THE TRANSPORT OF 1,848 BABIES AND CHILDREN FROM ACROSS THE REGION TO KOSAIR CHILDREN'S HOSPITAL IN 2012 BY WAY OF MOBILE INTENSIVE CARE UNITS, AND TH EIR AIR TRAVEL SERVICES * KOSAIR CHILDREN'S HOSPITAL (DOWNTOWN CAMPUS) BECAME VERIFIED AS A LEVEL I PEDIATRIC TRAUMA CENTER BY THE VERIFICATION REVIEW COMMITTEE (VRC), AN AD HOC C OMMITTEE OF THE COMMITTEE ON TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS (ACOS) THIS ACCRE DITATION IS A NATIONAL DESIGNATION THAT REQUIRES BOTH HIGH-QUALITY CLINICAL CARE AND RESEA RCH IN THE FIELD OF TRAUMA WITH CONTINUED INNOVATION THE ACOS COMMITTEE ON TRAUMA'S VERIF ICATION PROGRAM CONFIRMED THROUGH A RIGOROUS AUDIT OF FACILITIES AND PROCESSES THAT KOSAIR CHILDREN'S HOSPITAL HAS DEMONSTRATED ITS COMMITMENT TO PROVIDING THE HIGHEST QUALITY TRAU MA CARE FOR ALL INJURED PEDIATRIC PATIENTS KOSAIR CHILDREN'S HOSPITAL JOINS THE UNIVERSIT Y OF LOUISVILLE HOSPITAL AND UNIVERSITY OF KENTUCKY HOSPITAL IN BEING THE ONLY THREE DESIG NATED LEVEL I TRAUMA CENTERS IN THE STATE AN IMPORTANT DISTINCTION TO NOTE, KOSAIR CHILDR EN'S IS ALSO THE ONLY FREE-STANDING LEVEL I PEDIATRIC TRAUMA CENTER IN KENTUCKY AND IS AMO NG AN ELITE GROUP OF CHILDREN'S HOSPITALS WITH THIS STATUS IN THE COUNTRY

Identifier	Return Reference	Explanation
ACCOMPLISHMENTS CONTINUED	FORM 990, PART III, LINE 4A	PEDIATRIC SERVICES (CONTINUED) * NEARLY 3,900 KINDERGARTEN STUDENTS, 176 TEACHERS, 529 CHA PERONES AND 203 VOLUNTEERS ATTENDED THE 30TH ANNUAL CHILDREN AND HOSPITALS WEEK, AN EVENT LED BY KOSAIR CHILDREN'S HOSPITAL THE WEEKLONG PROGRAM WAS HELD AT A NEW VENUE - LOUISVIL LE SLUGGER FIELD - AND SUPPORTED BY A KOHL'S CARES GRANT CHILDREN AND HOSPITALS WEEK IS H ELD EVERY MARCH AND IS DESIGNED TO HELP LESSEN THE FEAR AND ANXIETY CHILDREN MAY HAVE ABOU T HOSPITALS ORTHO/NEURO/SPINE SERVICES * NORTON NEUROSCIENCE INSTITUTE CONTINUED ITS $100 MILLION, 10-YEAR INVESTMENT IN THE COMMUNITY THE INSTITUTE IS POISED TO BE THE FUTURE RE GIONAL AND NATIONAL LEADER IN TREATMENT, RESEARCH AND ACADEMIC TRAINING FOR ALL ADULT AND PEDIATRIC NEUROSCIENCE DISCIPLINES THE INSTITUTE ALLOWS THESE PATIENTS TO BE TREATED FOR THEIR NEUROLOGICAL DISORDERS WITHOUT HAVING TO LEAVE THE STATE FOR CARE - AS WAS SOMETIMES NECESSARY IN THE PAST NEARLY TWO DOZEN SUBSPECIALTY FELLOWSHIP-TRAINED NEUROSURGEONS, NE UROLOGISTS AND OTHER NEUROLOGICAL RELATED SPECIALISTS HAVE JOINED THE GROWING PRACTICE TH ESE PHY SICIANS PROVIDE EXPERTISE IN STROKE CARE, EPILEPSY, PARKINSON'S DISEASE, MULTIPLE S CLEROSIS, BRAIN TUMORS AND CONCUSSIONS ALSO AS A RESULT OF NORTON HEALTHCARE'S $100 MILLI ON COMMITMENT, THE FOLLOWING SERVICES ARE AVAILABLE TO OUR COMMUNITY * THE NEUROENDOVASCU LAR PROGRAM BECAME AVAILABLE AT TWO NORTON HEALTHCARE ADULT FACILITIES MAKING ADVANCED STR OKE, ANEURYSM AND ARTERIOVENOUS MALFORMATION (RANDOM BRAIN HEMORRHAGE OR RUPTURE) TREATMEN T POSSIBLE - WHEN IT WAS NOT PREVIOUSLY AVAILABLE IN THE REGION * AS PART OF NORTON NEURO SCIENCE INSTITUTE'S MULTIDISCIPLINARY APPROACH TO EPILEPSY CARE, THE NORTON BROWNSBORO HOS PITAL EPILEPSY MONITORING UNIT IS A SPECIALIZED INPATIENT UNIT DESIGNED TO EVALUATE AND DI AGNOSE SEIZURE DISORDERS THIS STATE-OF-THE ART EPILEPSY CENTER PROVIDES THE REGION'S MOST ADVANCED EPILEPSY MONITORING UNIT * A CENTRALIZED MULTIPLE SCLEROSIS CENTER IS AVAILABLE AT NORTON SUBURBAN HOSPITAL, PROVIDING MS PATIENTS DEDICATED PROVIDERS THAT OFFER COMPREH ENSIVE CARE, ENHANCED PATIENT RESOURCES, AND SUPPORT SERVICES ALL IN ONE CENTRALIZED LOCAT ION IN ADDITION, MS PATIENTS HAVE ACCESS TO NATIONAL INSTITUTES OF HEALTH CLINICAL TRIALS THROUGH THE CENTER * THE REGION'S FIRST REHABILITATION PROGRAM FOCUSED SOLELY ON TREATIN G PATIENTS WITH NEUROLOGICAL AND SPINE DISORDERS AND THE ONLY ''LOKOMAT'' SYSTEM SERVES LOUI SVILLE SERVES AREA PATIENTS THE SYSTEM HELPS PARALYZED PATIENTS OR THOSE WITH MOVEMENT DI SORDERS STAND AND WALK COMMUNITY MEDICAL ASSOCIATES * NETWORK OF PHYSICIAN PRACTICES LOCA TED THROUGHOUT KENTUCKY AND SOUTHERN INDIANA * THIS NETWORK CONSISTS OF 117 PRACTICE LOCA TIONS AND IMMEDIATE CARE CENTERS, TREATING APPROXIMATELY 1,297,900 PATIENTS IN 2012 * PRO VIDE PHYSICIANS AND A CHAPLAIN WHO MAKE HOUSE CALLS FOR PATIENTS WHO HAVE DIFFICULTY LEAVI NG THEIR HOME FOR MEDICAL CARE * PHYSICIANS ARE INVOLVED IN MEDICAL SCREENING, COMMUNITY OUTREACH, AND COMMUNITY EDUCATION ACTIVITIES TO PROMOTE WELLNESS AND EARLY INTERVENTIONS RESEARCH * IN 2012, NORTON HEALTHCARE PARTICIPATED IN MORE THAN 600 RESEARCH PROJECTS THAT BENEFIT THE COMMUNITY OUR RESEARCH GIVES NORTON HEALTHCARE PATIENTS ACCESS TO NEW INNOVA TIVE TREATMENTS AND HELPS EXPAND THE MEDICAL COMMUNITY'S KNOWLEDGE THESE EFFORTS IMPROVE THE QUALITY OF MEDICAL CARE AND WILL CONTINUE TO DO SO FOR FUTURE GENERATIONS * NORTON HE ALTHCARE OFFICE OF RESEARCH ADMINISTRATION PARTNERED WITH NORTON UNIVERSITY TO OFFER RESEA RCH EDUCATION TO ALL RESEARCHERS IN THE LOUISVILLE METRO AREA AND BEYOND IN 2012, EIGHT P ROGRAMS WERE OFFERED ATTENDEES INCLUDED NORTON HEALTHCARE, JEWISH HOSPITAL & ST MARY'S HEALTHCARE/KENTUCKYONE HEALTH, UNIVERSITY OF LOUISVILLE HOSPITAL, FLOYD MEMORIAL HOSPITAL, UNIVERSITY OF CINCINNATI CHILDREN'S HOSPITAL, CENTRAL BAPTIST HOSPITAL, UNIVERSITY OF KEN TUCKY, UNIVERSITY OF LOUISVILLE AND VARIOUS COMMUNITY-BASED PRACTICES THE CHILDREN'S HOSP ITAL FOUNDATION THE CHILDREN'S HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT PROGRAMS, EQUIP MENT AND FACILITIES, RESEARCH, ADVOCACY AND EDUCATION FOR KOSAIR CHILDREN'S HOSPITAL THE CHILDREN'S HOSPITAL 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, W HILE KEEPING KIDS AS CLOSE TO HOME AS POSSIBLE THANKS TO SUPPORT FROM THE COMMUNITY, KOSA IR CHILDREN'S HOSPITAL HAS SOME OF THE MOST TALENTED AND DEDICATED PEDIATRIC SPECIALISTS A ND CLINICAL AND CAREGIVING TEAMS IN THE COUNTRY READY TO CARE FOR CHILDREN THIS SUPPORT E NABLED THEM TO PROVIDE CARE TO MORE THAN 156,000 CHILDREN IN 2012 IN 2012 THE HOSPITAL WA S RANKED AMONG AMERICA'S BEST CHILDREN'S HOSPITALS BY U S NEWS & WORLD REPORT FOR THE FIF TH CONSECUTIVE YEAR THIS 263-BED HOSPITAL IS THE ONLY FULL-SERVICE, FREE-STANDING PEDIATR IC HOSPITAL IN KENTUCKY AND THE PRIMARY TEACHING FACILITY FOR THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS IN O

Identifier	Return Reference	Explanation
ACCOMPLISHMENTS CONTINUED	FORM 990, PART III, LINE 4A	RDER TO CONTINUE TO EXCEED THE COMMUNITY'S NEED FOR SPECIALIZED PEDIATRIC CARE AND TO MEET THE EVER-GROWING NEEDS AT KOSAIR CHILDREN'S HOSPITAL, 2012 BROUGHT SEVERAL SERVICE-LINE S PECIFIC FUNDRAISING INITIATIVES - PEDIATRIC CANCER, NEONATAL INTENSIVE CARE AND TYPE 1 DIA BETES - FORWARD TO DONORS AND THE COMMUNITY AT LARGE. WHILE THE FOUNDATION'S "JUST FOR KID S" CAMPAIGN CONCLUDED IN 2011, THE THREE GENERAL AREAS OF DEVELOPMENT FROM THE CAMPAIGN - WORKFORCE, RESEARCH AND FACILITIES - CONTINUE TO GUIDE FUNDRAISING GROWTH IN EACH OF THE A FOREMENTIONED PEDIATRIC SERVICES. ADDITIONALLY, ONGOING AREAS OF NEED, SUCH AS CHILD ADVOC ACY, PEDIATRIC PASTORAL CARE AND BEREAVEMENT PROGRAMS, ENDOWED RESEARCH CHAIRS AND SPECIAL TY THERAPIES SUCH AS CHILD LIFE, EXPRESSIVE AND MUSIC THERAPIES CONTINUE TO BE AREAS OF FU NDING AND PRIORITY FOR THE CHILDREN'S HOSPITAL FOUNDATION TO ENSURE A TRULY "JUST FOR KIDS " EXPERIENCE FOR PATIENTS AND FAMILIES. THE FOUNDATION CONTINUES TO EXPAND PARTNERSHIPS WI THIN THE COMMUNITY AND ENHANCE THE HOSPITAL'S ABILITY TO SERVE ALL CHILDREN REGARDLESS OF THEIR FAMILIES' ABILITY TO PAY. THE STRENGTH AND VALUE OF THE COMMUNITY'S SUPPORT FOR THE HOSPITAL ARE VISIBLE THROUGH FUNDING AND SUPPORT OF PROGRAMS AND SERVICES IN 2012, INCLUDI NG: *THE OFFICE OF CHILD ADVOCACY OF KOSAIR CHILDREN'S HOSPITAL, WHICH HELPS PROVIDE SAFET Y AND OUTREACH INFORMATION AIMED AT KEEPING KIDS OUT OF THE HOSPITAL *PEDIATRIC CARDIOLOG Y STUDY ON BASIC SCIENCE AND CLINICAL TRANSLATION * SUPPORT PASTORAL CARE SERVICES FOR PA TIENTS, THEIR FAMILIES AND STAFF MEMBERS AT KOSAIR CHILDREN'S HOSPITAL *ENDOWED RESEARCH CHAIRS IN PEDIATRIC HEMATOLOGY/ONCOLOGY, SLEEP MEDICINE AND ENDOCRINOLOGY *STAFF EDUCATIO NAL OPPORTUNITIES AND ADVANCED CERTIFICATIONS THAT CAN LEAD TO IMPROVED PATIENT TREATMENT. SUPPORT FROM THE CHILDREN'S HOSPITAL FOUNDATION ALLOWS THE PEDIATRIC SPECIALISTS AT KOSAI R CHILDREN'S HOSPITAL TO CONTINUE TO RESPOND TO THE UNIQUE MEDICAL NEEDS OF CHILDREN FROM BIRTH TO AGE 18. THE PREVENTION AND WELLNESS PROGRAMS WORK TO KEEP CHILDREN HEALTHY AND OU T OF THE HOSPITAL. THE CHILDREN'S HOSPITAL FOUNDATION PROVIDES FUNDING FOR CAPITAL PROJECT S, IN ADDITION TO PROGRAMS, ADVOCACY, EDUCATION AND RESEARCH. IN 2012, THE FOUNDATION FUND ED THE FOLLOWING PROJECTS: *$6 5 MILLION WAS GRANTED TO KOSAIR CHILDREN'S HOSPITAL FOR PHA SE III NEONATAL INTENSIVE CARE UNIT EXPANSION. THE CONSTRUCTION IS CURRENTLY UNDERWAY TO P ROVIDE ADDITIONAL PRIVACY WITH PRIVATE AND SEMI-PRIVATE ROOMS FOR FAMILIES AND THEIR INFAN TS. A NEW FAMILY CENTER WITH AMENITIES TO MAKE THE HOSPITAL FEEL A LITTLE MORE LIKE HOME, MILK LAB, SEVERAL HIGH-TECH ROOMS AND ROOMS FOR MULTIPLE-BIRTH BABIES WILL ENHANCE THE UNI T AND PROVIDE A HEALING ENVIRONMENT FOR THE MOST VULNERABLE PATIENTS IN THE HOSPITAL'S CAR E. * CONSTRUCTION AND COMPLETION OF RENOVATIONS OF THE ADDISON JO BLAIR CANCER CARE CENTER TO GIVE PATIENTS AND THEIR FAMILIES A MORE HOME-LIKE ATMOSPHERE WHEN THEY ARE HOSPITALIZE D FOR LONG PERIODS OF TIME. * TWO NEW MOBILE INTENSIVE CARE UNITS TO TRANSPORT THE MOST PR EMATURE OF PATIENTS THROUGH TEENAGE PATIENTS TO LOUISVILLE FROM ACROSS THE REGION. THE NOR TON HEALTHCARE FOUNDATION THE NORTON HEALTHCARE FOUNDATION IS THE PHILANTHROPIC ARM OF THE NOT-FOR-PROFIT NORTON HEALTHCARE ADULT-SERVICE HOSPITALS - NORTON HOSPITAL, NORTON AUDUBO N HOSPITAL, NORTON BROWNSBORO HOSPITAL AND NORTON SUBURBAN HOSPITAL (FUTURE HOME OF THE NE W NORTON WOMEN'S AND KOSAIR CHILDREN'S HOSPITAL). THE FOUNDATION RAISES FUNDS EACH YEAR TO MAKE A DIFFERENCE FOR PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH AND EDUCATION, ENABLIN G THE HOSPITALS TO STAY UP-TO-DATE WITH MEDICAL ADVANCES AND TECHNOLOGY, AND MAINTAINING T HE COMMUNITY'S ACCESS TO HEALTH CARE.

Identifier	Return Reference	Explanation
ACCOMPLISHMENTS CONTINUED	FORM 990, PART III, LINE 4A	NORTON HEALTHCARE FOUNDATION (CONTINUED) COMMUNITY SUPPORT THROUGH THE NORTON HEALTHCARE FOUNDATION ALLOWS CAREGIVERS TO CONTINUE MAKING A DIFFERENCE FOR PATIENTS SERVED BY NORTON HEALTHCARE, INC IN 2012, THAT SUPPORT HELPED THE FOUNDATION PROVIDE FUNDING TO *PROVIDE ENHANCEMENTS FOR THE MARSHALL WOMEN'S HEALTH & EDUCATION CENTER, LOCATED AT THE FUTURE NORTON WOMEN'S AND KOSAIR CHILDREN'S HOSPITAL, WHICH PROVIDES A HEALING AND EDUCATIONAL GATHERING SPACE FOR EXPECTANT MOTHERS, WOMEN AT ALL STAGES OF LIFE AND THEIR FAMILIES TO LEARN HOW THEY CAN LIVE THEIR HEALTHIEST *SUPPORT NORTON CANCER INSTITUTE INITIATIVES THAT PROVIDE EARLY DETECTION SCREENINGS, EDUCATION AND CLINICAL RESEARCH *PROVIDE ENHANCEMENTS FOR NORTON WOMEN'S CARE AT NORTON HOSPITAL AND NORTON SUBURBAN HOSPITAL, HELPING FAMILIES WELCOME BABIES TO THEIR FAMILIES AS WELL AS SUPPORTING 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 *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 *SUPPORT NURSES OBTAINING ONCOLOGY-CERTIFIED NURSE DESIGNATION, ENABLING THEM TO PROVIDE THE MOST ADVANCED AND COMPREHENSIVE CARE TO CANCER PATIENTS *INSTALLATION OF TELEMEDICINE EQUIPMENT THROUGHOUT RURAL AREAS OF KENTUCKY AND SOUTHERN INDIANA TO PROVIDE ACCESS TO AND COMMUNICATION WITH NORTON HEALTHCARE PHYSICIANS FOR TIMELY DIAGNOSIS, TREATMENT PLANS AND FOLLOW UP *PROVIDE BABY-FRIENDLY HOSPITAL INITIATIVES AT BOTH NORTON HOSPITAL AND NORTON WOMEN'S AND KOSAIR CHILDREN'S HOSPITAL *PROVIDE BABY FRIENDLY HOSPITAL INITIATIVES AT BOTH NORTON HOSPITAL AND NORTON WOMEN'S AND KOSAIR CHILDREN'S HOSPITAL *PROVIDE SUPPORT FOR YOUNG BREAST CANCER SURVIVORS 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 CAPITAL PROJECTS ARE ALSO FUNDED BY THE NORTON HEALTHCARE FOUNDATION IN 2012, THE FOUNDATION FUNDED THE FOLLOWING PROJECTS *INSTALLATION OF TELEMEDICINE EQUIPMENT THROUGHOUT RURAL AREAS OF KENTUCKY AND SOUTHERN INDIANA TO PROVIDE ACCESS TO AND COMMUNICATION WITH NORTON HEALTHCARE PHYSICIANS FOR TIMELY DIAGNOSIS, TREATMENT PLANS AND FOLLOW UP * PROVIDED MONITORS AND A NEW VENTILATION SYSTEM FOR NORTON SUBURBAN HOSPITAL * REMODELED AND PROVIDED NEW FURNISHINGS FOR THE MARSHALL WOMEN'S CENTER AT SUBURBAN HOSPITAL * PURCHASED MATERNAL FETAL MEDICINE TELEMEDICINE EQUIPMENT AND PERINATAL BIRTHING MIRRORS * FUNDED RESEARCH EQUIPMENT FOR THE NORTON CANCER INSTITUTE * FUNDED CAPITAL EXPANSION OF THE MUSIC THERAPY PROGRAM AT AUDUBON HOSPITAL FUNDING OF CAPITAL PROJECTS TOTALED APPROXIMATELY $878,000 IN 2012

Identifier	Return Reference	Explanation
COMMON PAYING AGENT 1099S	FORM 990, PART V, LINE 1A	NORTON HEALTHCARE, INC , EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC , NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON PROPERTIES, 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 OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2012 BY NORTON HEALTHCARE, INC , WAS APPROXIMATELY 528 NORTON HEALTHCARE, INC , HAS APPROXIMATELY 93 INDEPENDENT CONTRACTORS EXCEEDING $100,000 FOR 2012 NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 918 VENDORS ON FORM 1096 FOR 2012

Identifier	Return Reference	Explanation
W-2 G COMMON PAYING AGENT	FORM 990, PART V, LINE 1B	NORTON HEALTHCARE INC , AS THE COMMON PAYING AGENT, FILED TWO FORM W-2G ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION

Identifier	Return Reference	Explanation
COMMON PAYING AGENT FOR VENDORS	FORM 990, PART V, LINE 1C	NORTON HEALTHCARE, INC , EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE INC, AND ALL AFFILIATES NORTON HEALTHCARE, INC REQUIRES THAT ALL VENDORS PROVIDE AN ACCURATE TAXPAYER IDENTIFICATION NUMBER ON A FORM W-9, AS REQUIRED BY LAW, PRIOR TO ASSURANCE OF ANY PAYMENT

Identifier	Return Reference	Explanation
COMMON PAYING AGENT FOR EMPLOYEES	FORM 990, PART V, LINE 2A	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPTIALS, INC , NORTON PROPERTIES, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON HEALTHCARE FOUNDATION, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THESE NAMED ENTITIES NORTON HEALTHCARE, INC HAS APPROXIMATELY 1,688 EMPLOYEES NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 13,018 EMPLOYEES ON FORM W-3 FOR 2012

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	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
Family/business relationships amongst interested persons	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, INC , AND NORTON PROPERTIES, INC MARIA L BOUVETTE, PRESIDENT AND CEO OF PORTER BANCORP, INC IS A TRUSTEE FOR NORTON HEALTHCARE, INC , NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC AND NORTON PROPERTIES, INC MR WILLIAMS IS A BOARD MEMBER OF PORTER BANCORP, INC - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	AT THE OCTOBER 3, 2013 FINANCE COMMITTEE MEETING OF NORTON HEALTHCARE, INC (NORTON), THE 990S WERE DISCUSSED AND COMMITTEE MEMBERS HAD AN OPPORTUNITY TO ASK QUESTIONS COINCIDING WITH THE FINANCE COMMITTEE MEETING, ELECTRONIC COPIES OF THE 990S WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES THROUGH THE DIRECTOR'S PORTAL SITE. NORTON IS THE PARENT OF COMMUNITY MEDICAL ASSOCIATES, INC , NORTON HOSPITALS, INC , NORTON PROPERTIES, INC , NORTON HEALTHCARE FOUNDATION, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION, INC

Identifier	Return Reference	Explanation
Conflict of interest policy	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
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	PLEASE SEE EXPLANATION PROVIDED FOR FORM 990, PART VI, LINE 15B

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	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 NHI'S OFFICERS AND KEY EMPLOYEES ON TOTAL COMPENSATION FOR SIMILAR POSITIONS AT HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS SIMILAR IN SIZE, SCOPE OF SERVICES, AND CIRCUMSTANCES IN ADDITION, THE ORGANIZATION PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS IHS CONSULTANTS PRESENTED AND DISCUSSED THIS COMPARABILITY DATA IN 2011 FOR THE 2012 COMPENSATION REVIEW AND MET IN 2012 FOR THE 2013 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 NHI'S VARIABLE COMPENSATION PROGRAM AND DETERMINED APPROPRIATE AWARDS FOR PERFORMANCE RELATIVE TO GOALS SET FOR THE YEAR AFTER THE COMMITTEE DETERMINED APPROPRIATE COMPENSATION AND BENEFITS FOR OFFICERS AND KEY EMPLOYEES, THE BOARD APPROVED THEIR TOTAL COMPENSATION EMPLOYMENT CONTRACTS FOR THE CEO, COO, AND CFO AND KEY EMPLOYEES ARE SIGNED, AND REVIEWED AS NECESSARY

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	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
BOARD MEMBER STIPEND PAYMENTS	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D)	NORTON HEALTHCARE, INC (NHI) AND AFFILIATES (NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON PROPERTIES, INC , NORTON HEALTHCARE FOUNDATION, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION, INC) ENCOURAGES AND FACILITATES BOARD MEMBER ATTENDANCE AT EDUCATIONAL PROGRAMS AND CONFERENCES ON SUBJECTS RELEVANT TO 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 UNREIMBURSED TRAVEL EXPENSE AND OTHER MISCELLANEOUS EXPENSES ASSOCIATED WITH CONFERENCE PREPARATION, ATTENDANCE OR FOLLOW UP IN COMPLIANCE WITH IRS REGULATIONS, NHI PROVIDES A FORM 1099 TO ANY TRUSTEE THAT RECEIVES A STIPEND THESE AMOUNTS HAVE BEEN REPORTED IN PART VII OR THE FORM 990 AS REPORTABLE COMPENSATION TO THE TRUSTEE RECEIVING STIPENDS IN 2012

Identifier	Return Reference	Explanation
INTEREST EXPENSE LINE 20 AND INTEREST ALLOCATION LINE 24D	FORM 990, PART IX, LINE 20	FORM 990 PART IX LINE 20, INTEREST EXPENSE AND LINE 24D, INTEREST EXPENSE ALLOCATION NORTON HEALTHCARE, INC 'S (NHI) METHODOLOGY FOR INTEREST EXPENSE ALLOCATION IS TO DETERMINE A BUDGET INTEREST EXPENSE AMOUNT BASED ON ANTICIPATED INTEREST EXPENSE TO BE RECORDED ON NHI'S OUTSTANDING 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 ALLOCATED TO NHI'S AFFILIATES IS REPORTED ON PART IX, LINE 24D ANY INCREASE OR DECREASE TO THE ACTUAL BOND INTEREST EXPENSE DURING THE FISCAL YEAR IS NOT ALLOCATED TO ITS AFFILIATES BUT IS REFLECTED IN NHI'S FINANCIAL STATEMENTS AND THE FORM 990, PART IX, LINE 20 ACCORDINGLY IN 2012, THE AMOUNTS BUDGETED FOR THE INTEREST 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, CONTINUATION OF LOW VARIABLE RATES THAT WERE LESS THAN EXPECTATIONS AND A BOND REFUNDING TO A MUCH LOWER INTEREST RATE

Identifier	Return Reference	Explanation
Other Expenses	Form 990, Part IX, Line 11g	CONTRACT LABOR - TOTAL EXPENSE 1820562, PROGRAM SERVICE EXPENSE 1764561, MANAGEMENT AND GENERAL EXPENSES 56001, FUNDRAISING EXPENSES , PROFESSIONAL FEES - TOTAL EXPENSE 36027, PROGRAM SERVICE EXPENSE 36027, MANAGEMENT AND GENERAL EXPENSES , FUNDRAISING EXPENSES , OUTSIDE SERVICES - TOTAL EXPENSE 54615310, PROGRAM SERVICE EXPENSE 45143498, MANAGEMENT AND GENERAL EXPENSES 9471812, FUNDRAISING EXPENSES , OTHER EXPENSE - TOTAL EXPENSE 372170, PROGRAM SERVICE EXPENSE 200496, MANAGEMENT AND GENERAL EXPENSES 171674, FUNDRAISING EXPENSES ,

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	AFFILIATE TRANSFER - 44437, SWAP MARK TO MARKET ADJUSTMENTS - 11820971, CHANGE IN MINIMUM PENSION LIABILITY - -6447476,

Identifier	Return Reference	Explanation
A-133 AUDITS PART XII LINE 3A AND 3B	FORM 990, PART XII, LINE 3A	AS REQUIRED BY THE U S OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFITS ORGANIZATIONS, IN 2012 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

2012

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" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) NORTON HOSPITALS INC 224 E BORADWAY 5TH FLOOR LOUISVILLE, KY 40202	PROVIDE HOSPITAL SERVICES	KY	501(C)(3)	3	NA	Yes	
(2) COMMUNITY MEDICAL ASSOCIATES 224 E BORADWAY 5TH FLOOR LOUISVILLE, KY 40202	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	9	NA	Yes	
(3) NORTON PROPERTIES INC 224 E BORADWAY 5TH FLOOR LOUISVILLE, KY 40202	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(C)(3)	11 - Type I	NA	Yes	
(4) THE CHILDREN'S HOSPITAL FOUNDATION 224 E BORADWAY 5TH FLOOR LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NA	Yes	
(5) NORTON HEALTHCARE FOUNDATION INC 224 E BORADWAY 5TH FLOOR LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) NORTON ENTERPRISES INC 224 E BORADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1054301	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	NA	C CORPORATION	35,456,038	24,760,886	100 %	Yes	

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

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

		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 or **(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	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	Yes
s	Other transfer of cash or property from related organization(s)	1s	Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

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Software Version: v2012.1.0
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NORTON HOSPITALS INC	R	1,240,222,751	FMV
NORTON HOSPITALS INC	S	1,335,442,254	FMV
COMMUNITY MEDICAL ASSOCIATES INC	R	286,030,393	FMV
COMMUNITY MEDICAL ASSOCIATES INC	S	228,424,183	FMV
NORTON PROPERTIES INC	R	24,131,707	FMV
NORTON PROPERTIES INC	S	23,864,879	FMV
THE CHILDREN'S HOSPITAL FOUNDATION	R	4,441,753	FMV
THE CHILDREN'S HOSPITAL FOUNDATION	S	4,054,305	FMV
NORTON HEALTHCARE FOUNDATION INC	R	1,302,081	FMV
NORTON HEALTHCARE FOUNDATION INC	S	1,568,279	FMV
NORTON ENTERPRISES INC	R	27,010,759	FMV
NORTON ENTERPRISES INC	S	21,119,506	FMV