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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

D Employer identification number
61-1028725

E Telephone number
(502) 629-8249

G Gross receipts $ 592,928,650

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 subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW NORTONHEALTHCARE COM

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

L Year of formation 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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,913
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	970,147	862,509
9	Program service revenue (Part VIII, line 2g)	163,066,375	161,469,775
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,573,651	41,495,121
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,623,084	2,399,590
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180,233,257	206,226,995
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,839,274	2,443,621
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)	113,423,699	125,463,544
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)	118,837,763	123,463,377
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	234,100,736	251,370,542
19	Revenue less expenses Subtract line 18 from line 12	-53,867,479	-45,143,547

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	941,573,437	1,131,948,403
21	Total liabilities (Part X, line 26)	1,127,687,311	1,365,269,544
22	Net assets or fund balances Subtract line 21 from line 20	-186,113,874	-233,321,141

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

****** | 2014-11-11
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 or note to any line 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 $ 205,529,634 including grants of $ 2,443,621) (Revenue $ 163,451,483)

NORTON HEALTHCARE, INC (NHI) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY IN 2013, NHI, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC , HAD A TOTAL OF 1,837 LICENSED BEDS NORTON HOSPITAL - 640 BEDS, KOSAIR CHILDREN'S HOSPITAL - 265 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 MORE THAN 100 PHYSICIAN PRACTICE LOCATIONS AND 12 IMMEDIATE CARE CENTERS OPERATING IN SEVENTEEN COUNTIES IN KENTUCKY AND FIVE COUNTIES IN 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** ▶ 205,529,634

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		No
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
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 or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	519		
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	1,913		
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" to line 3b, 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		No
b	If "Yes," enter the name of the foreign country ▶ _____ 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 or note to any line 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**	21		
	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**	19		
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 402022025 (502)629-8263

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

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

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

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

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

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

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

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

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)** . . . . . ▶								13,760,762	311,170	3,302,004

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 ▶ 189

			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	11,677,994
THE CSI COMPANIES INC PO BOX 890841 CHARLOTTE NC 282890841	PROFESSIONAL SERVICES	8,308,159
PARTNER PROFESSIONAL STAFFING 4605 GALBRAIGH RD STE 200 CINCINNATI OH 45236	PROFESSIONAL SERVICES	5,747,800
FIRSTSOURCE SOLUTIONS USA LLC 6455 RELIABLE PKWY CHICAGO IL 60686	PROFESSIONAL SERVICES	4,799,605
RIGHT PLACE MEDIA LLC 437 LEWIS HARGETT CIR STE 130 LEXINGTON KY 40503	PROFESSIONAL SERVICES	2,621,617

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 ▶ 95

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	862,509			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		862,509			
Program Service Revenue			Business Code				
	2a	CLINICAL RESEARCH TRIALS	900099	2,987,787	2,987,787		
	b	MANAGEMENT FEES	900099	157,859,854	157,859,854		
	c	INSURANCE ALLOCATION	900099	565,403	565,403		
	d	EDUCATION PROGRAMS	900099	56,731	56,731		
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		161,469,775			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,606,255			9,606,255
	4	Income from investment of tax-exempt bond proceeds . . ▶		184,733			184,733
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	284,175 /				
	b	Less rental expenses	/				
	c	Rental income or (loss)	284,175 / 0				
	d	Net rental income or (loss) . . . . . ▶		284,175			284,175
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	418,404,988 / 800				
	b	Less cost or other basis and sales expenses	384,082,853 / 2,618,802				
	c	Gain or (loss)	34,322,135 / -2,618,002				
	d	Net gain or (loss) . . . . . ▶		31,704,133			31,704,133
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	1,564,036	1,564,036		
	b	EMPLOYEE EMERGENCY FUND	900099	176,949	176,949		
	c			0			
	d	All other revenue		374,430	240,723	0	133,707
	e	**Total.** Add lines 11a–11d . . . . . ▶		2,115,415			
	12	**Total revenue.** See Instructions . . . . . ▶		206,226,995	163,451,483	0	41,913,003

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 or note to any line 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	2,223,621	2,223,621		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	220,000	220,000		
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	11,338,240	6,670,595	4,667,645	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	159,279	146,710	12,569	
7 Other salaries and wages	90,644,174	79,485,501	11,158,673	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,071,882	3,710,328	361,554	
9 Other employee benefits	11,095,642	10,186,872	908,770	
10 Payroll taxes	8,154,327	7,084,315	1,070,012	
11 Fees for services (non-employees)				
a Management	0			
b Legal	4,282,535	3,768,631	513,904	
c Accounting	663,660	265,464	398,196	
d Lobbying	221,250	194,700	26,550	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,742,991		1,742,991	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,737,230	48,128,154	6,609,076	0
12 Advertising and promotion	0			
13 Office expenses	3,574,586	3,204,827	369,759	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	6,128,809	4,834,892	1,293,916	
17 Travel	1,255,121	1,016,290	238,831	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	27,279,862		27,279,862	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,317,375	34,382	20,282,993	
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	31,443,545	29,171,408	2,272,137	
b RECRUITMENT	617,222	537,129	80,092	
c DEBT EXTINGUISHMENT	3,804,215	3,804,215		
d INTEREST ALLOCATION	-33,820,353		-33,820,353	
e All other expenses	1,215,329	841,599	373,731	0
25 **Total functional expenses.** Add lines 1 through 24e	251,370,542	205,529,634	45,840,909	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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		-4,873,834	1	-4,200,823
	2	Savings and temporary cash investments		111,858,689	2	199,639,918
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,164,390	4	7,529,306
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	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		3,528	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,732,586	8	1,083,969
	9	Prepaid expenses and deferred charges		19,172,013	9	19,481,031
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 369,669,860			
	b	Less accumulated depreciation	10b 282,092,295	89,679,353	10c	87,577,565
	11	Investments—publicly traded securities		540,237,484	11	609,031,310
	12	Investments—other securities See Part IV, line 11		117,879,552	12	163,176,778
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		59,719,676	15	48,629,349
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		941,573,437	16	1,131,948,403
Liabilities	17	Accounts payable and accrued expenses		169,946,781	17	178,456,423
	18	Grants payable		2,676,479	18	2,558,022
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		734,744,899	20	886,242,756
	21	Escrow or custodial account liability Complete Part IV of Schedule D			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		0	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		220,319,152	25	298,012,343
	26	**Total liabilities.** Add lines 17 through 25		1,127,687,311	26	1,365,269,544
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		-186,503,895	27	-233,727,257
	28	Temporarily restricted net assets		390,021	28	406,116
	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		-186,113,874	33	-233,321,141
	34	Total liabilities and net assets/fund balances		941,573,437	34	1,131,948,403

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,226,995
2	Total expenses (must equal Part IX, column (A), line 25)	2	251,370,542
3	Revenue less expenses Subtract line 2 from line 1	3	-45,143,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-186,113,874
5	Net unrealized gains (losses) on investments	5	17,537,777
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	-19,601,497
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-233,321,141

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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: 13000248
Software Version: 2013v3.1
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 CEO/Trustee	30 00 20 00	X		X				2,426,731	0	213,713
CAROLYN GATZ Chair Emeritus	1 00 2 50	X						1,500	0	0
CRAIG D GRANT Trustee	1 00 2 50	X						1,500	0	0
DONALD H ROBINSON Trustee (partial year)	3 00 2 50	X						0	0	0
EDIE NIXON Trustee	2 00 2 50	X						1,500	0	0
ERWIN ROBERTS Trustee	1 00 2 50	X						1,500	0	0
G H NIXON Chair Emeritus	1 00 2 50	X						0	0	0
G HUNT ROUSAVALL Trustee (partial year)	3 00 3 50	X						1,500	0	0
GAIL LYTTLE Trustee	1 00 2 50	X						0	0	0
GARY L STEWART Trustee	2 00 3 50	X						1,500	0	0
GREGORY E MAYES Trustee	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 EDD Trustee	1 00 2 50	X						1,500	0	0
JOSEPH PARADIS III Trustee	4 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 Chair	11 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	3 00 2 50	X						1,500	0	0
MITCH NICHOLS Trustee	1 00 2 50	X						0	0	0
R K GUILLAUME Vice Chair	4 00 2 50	X						1,500	0	0
REV WILLIAM J SCHULTZ Trustee (partial year)	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 Honorary Chair Emeritus	1 00 3 50	X						1,500	0	0
ROBERT R GOODIN MD Chair Emeritus	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	3 00 2 50	X						0	0	0
WENDELL P WRIGHT Trustee	1 00 2 50	X						1,500	0	0
MICHAEL W GOUGH Sys Sr VP CFO/Treasurer	30 00 20 00			X				1,050,457	0	484,459
ROBERT B AZAR Sys VP Chief Legal Officer/Secretary	30 00 20 00			X				536,159	0	95,391
RUSSELL F COX President and COO	30 00 20 00			X				1,287,478	0	635,804
CHARLES BOHN SYS VP Chief HR Officer	50 00 0				X			528,298	0	100,444
DOUGLAS WINKELHAKE Division President Adult Services	50 00 0				X			694,166	0	146,251
JAMES FRAZIER SYS VP Medical Affairs	50 00 0				X			468,728	0	96,926
KENNETH WILSON SYS VP Clinical Effectiveness	50 00 0				X			496,228	0	92,626
MARY LYNN MEYER Sys VP and CDO	30 00 20 00				X			185,526	311,170	96,335
MICHAEL ESPOSITO SYS VP Business Development	50 00 1 00				X			418,771	0	91,496
SANDRA BROOKS VP Research & Prevention	50 00 0				X			536,630	0	98,183
SCOTT WATKINS Division VP COO	50 00 0				X			502,363	0	107,795
STEVE HEILMAN Sys VP CMIO	50 00 0				X			506,610	0	129,657
STEVE HESTER Sys Sr VP, CMO	50 00 0				X			773,906	0	283,560
STEVE READY Sys VP CIO	50 00 0				X			485,350	0	84,421
TRACY WILLIAMS Sys Sr VP, CNO	50 00 0				X			438,296	0	85,648
JIM M MEYERS Sys VP Revenue Cycle	50 00 0					X		334,747	0	76,085
MARY CORBETT SYS VP CHIEF GOV'T RELATIONS OFFICER	50 00 0					X		335,801	0	68,272
MARY JO BEAN SYS VP Planning & Bus Analysis	50 00 0					X		348,136	0	67,143
MAUREEN CAPALBO Sys VP/CNIO	50 00 0					X		379,621	0	67,079
WILLIAM RITCHIE Sys VP Outpatient Services/ICC	50 00 1 00					X		339,592	0	86,794
KAREN BOLIN Former VP Women's Services	0 00 0						X	206,908	0	33,042
KIMBERLY THARP-BARRIE Former VP Institute of Nursing	50 00 0						X	325,451	0	71,670
RICHARD CARRICO Former VP & Associate CFO	0						X	126,307	0	-10,791

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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									1,563,945,021

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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	
(A) NORTON HOSPITALS INC	610703799	3	Yes		Yes		Yes		1284167637
(A) COMMUNITY MEDICAL ASSOCIATES INC	611276316	9	Yes		Yes		Yes		273468253
(B) NORTON HEALTHCARE FOUNDATION INC	310914919	7	Yes		Yes		Yes		1695015
(C) THE CHILDREN'S HOSPITAL FND INC	616027530	7	Yes		Yes		Yes		4614116

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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) 2010	(b) 2011	(c) 2012	(d) 2013	(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		6,935
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		221,250
j	Total Add lines 1c through 1i			228,185
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

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1, Description of the activities reported on Lines 1a through 1i	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 $96,250 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 $6,935

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	(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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		49,625,273	35,635,952	13,989,321
c Leasehold improvements				0
d Equipment		258,082,092	245,760,927	12,321,165
e Other		59,836,689	695,417	59,141,272
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				87,577,565

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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	129,348,619	F
(B) REAL ESTATE MASTER TRUST UNITS	33,828,159	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	163,176,778	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
PAYABLE TO AFFILIATES	135,036,872
SELF INSURANCE TRUST	118,104,536
OTHER LIABILITIES	35,764,636
INTEREST RATE SWAP LIABILITY	6,396,829
OTHER INSURANCE	2,259,470
CAPITAL LEASE	450,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	298,012,343

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	NORTON HEALTHCARE, INC AND AFFILIATES (COMMUNITY MEDICAL ASSOCIATES, INC , NORTON ENTERPRISES, INC , NORTON HEALTHCARE FOUNDATION, INC , NORTON HOSPITALS, INC , NORTON PROPERTIES, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION, INC) COMPLETED AN ANALYSIS OF ITS TAX POSITIONS AT DECEMBER 31, 2013 AND 2012, AND DETERMINED THAT NO UNCERTAIN TAX PROVISIONS WERE REQUIRED TO BE RECOGNIZED UNDER ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES, IN THE COMBINED FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		152,354,000
(2)						
(3)						
(4)						
(5)						
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			152,354,000

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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 . . . . . ▶ 57

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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	160	220,000			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	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
Schedule I, Part II, Column H, Purpose of grant or assistance	BELLARMINE UNIVERSITY, 61-0482955 GENERAL SUPPORT OF THE UNIVERSITY'S PROGRAMS AND SUPPORT UNIVERSITY'S NURSING PROGRAM AND TO ENDOWMENT OF CHAIR OF DOCTOR OF PHYSICAL THERAPY/SPORTS MEDICINE PROGRAM,JEFFERSON CO PUBLIC SCHOOLS, 61-1021128 PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE IN THE COUNTY,YMCA OF GREATER LOUISVILLE, 61-0444843 GENERAL SUPPORT FOR SAFE PLACE AND FOR PHYSICAL FITNESS/THERAPY FOR CANCER PATIENTS,RONALD MCDONALD HOUSE, 31-1053467 GENERAL SUPPORT TO HELP HOUSE FAMILIES AND PATIENTS WITH LONG-TERM TREATMENTS/HOSPITAL STAY,KENTUCKIANA HEALTH COLLABORATIVE, 45-0700087 GENERAL SUPPORT TO COORDINATE ACTION-ORIENTED COMMUNITY EFFORTS FOR HEALTH AND WELL-BEING EFFORTS TO MOBILIZE THE COMMUNITY TO IMPROVE HEALTH AND WELL-BEING ,MARCH OF DIMES, 13-1846366 GENERAL SUPPORT OF PRE-AND-POSTNATAL EDUCATION FOR FAMILIES WITH PREMATURE BABIES,HOSPITAL HOSPITALITY HOUSE, 61-1256969 GENERAL SUPPORT TO HELP HOUSE FAMILIES AND PATIENTS WITH LONG-TERM TREATMENTS/HOSPITAL STAY,

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE,KY 40205	61-0482955	501(C)(3)	615,000				GENERAL SUPPORT OF THE UNIVERSITY'S PROGRAMS AND SUPPORT UNIVERSITY'S NURSING PROGRAM AND TO ENDOWMENT OF CHAIR OF DOCTOR OF PHYSICAL THERAPY/SPORTS MEDICINE 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
UNIVERSITY OF LOUISVILLE CONTROLLERS OFFICE UNIVERSITY OF LOUISVILLE LOUISVILLE,KY 40292	61-1014882	501(C)(3)	200,000				PROGRAM SUPPORT FOR PEDIATRIC SURGERY RESEARCH

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
UNIVERSITY OF KENTUCKY PHARMACY 789 S LIMESTONE ST STE 114 LEXINGTON,KY 40536	61-6001218	501(C)(3)	200,000				PROGRAM SUPPORT FOR PHARMACY EXTERNSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEFFERSON CO PUBLIC SCHOOLS 3332 NEWBURG RD LOUISVILLE,KY 40218	61-1021128	GOV'T ORGANIZATION	150,000				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE IN THE COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JCTC FOUNDATION INC 109 EAST BROADWAY LOUISVILLE,KY 40202	23-7035648	501(C)(3)	138,000				HELP ESTABLISH AN ASSOCIATES DEGREE IN CLINICAL LAB TECHNICIAN 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
SCOLIOSIS RESEARCH SOCIETY 555 E WELLS SUITE 1100 MILWAUKEE,WI 53202	23-7181863	501(C)(3)	125,000				GENERAL SUPPORT RESEARCH STUDY OF SPINAL DEFORMITY SURGERY

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 CANCER FOUNDATION P O BOX 21741 LEXINGTON,KY 40522	20-1510713	501(C)(3)	100,000				GENERAL SUPPORT COMMONWEALTH KY STATEWIDE COLON CANCER SCREENINGS

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
METRO UNITED WAY INC DEPT 52860 PO BOX 950148 LOUISVILLE,KY 40295	61-0444680	501(C)(3)	53,000				GENERAL PROGRAM 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
HABITAT FOR HUMANITY METRO LOU 2777 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
21ST CENTURY PARKS INC 471 W MAIN ST LOUISVILLE,KY 40202	20-1780317	501(C)(3)	30,000				GENERAL SUPPORT PARKS INITIATIVE AND HEALTHY OUTDOOR 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
LEADERSHIP LOUISVILLE CENTER 732 W MAIN ST LOUISVILLE,KY 40202	31-0958491	501(C)(3)	30,000				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FUND FOR THE ARTS 623 W MAIN ST LOUISVILLE,KY 40202	61-0479626	501(C)(3)	30,000				GENERAL PROGRAM 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
PREGNANCY HELPLINE INC OF LOUISVILLE 515 WEST OAK ST LOUISVILLE,KY 40203	61-1055060	501(C)(3)	25,000				GENERAL SUPPORT OF SERVICES FOR EXPECTANT MOTHERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A WOMEN'S CHOICE RESOURCE CENTER 101 WEST MARKET LOUISVILLE,KY 40202	61-1142823	501(C)(3)	25,000				GENERAL SUPPORT OF SERVICES FOR EXPECTANT MOTHERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DREPUNG GOMANG INSTITUTE 411 N HUBBARDS LN LOUISVILLE,KY 40207	61-1399694	501(C)(3)	25,000				GENERAL SUPPORT FOR THE 2013 VISIT FROM HIS HOLINESS THE DALAI LAMA

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 HEALTH FOUNDATION 9000 WESSEX PL STE 305 LOUISVILLE,KY 40222	61-1242062	501(C)(3)	21,500				GENERAL SUPORT OF INTERVENTIION, THERAPY, ETC FOR IMPARIED PHYSICIANS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE,KY 42164	20-1789905	501(C)(3)	20,000				GENERAL SUPPORT OF CAMP FOR PEDIATRIC PATIENTS

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
WHAS CRUSADE FOR CHILDREN INC 520 W CHESTNUT ST LOUISVILLE,KY 40202	23-7075524	501(C)(3)	20,000				GENERAL PROGRAM 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
LOUISVILLE AREA CHAMBER OF COMMERCE 614 W MAIN ST LOUISVILLE,KY 40202	61-0434089	501(C)(6)	20,000				GENERAL PROGRAM 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
LOUISVILLE METRO PARKS FOUNDATION 611 WEST JEFFERSON ST LOUISVILLE,KY 40202	20-4372292	501(C)(3)	15,000				GENERAL SUPPORT FOR ANNUAL HEALTH & FITNESS EVENT

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
KY CHAMBER OF COMMERCE 464 CHENAULT AVE FRANKFORT,KY 40601	61-0405718	501(C)(6)	15,000				GENERAL PROGRAM 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
YMCA OF GREATER LOUISVILLE 545 S 2ND ST LOUISVILLE,KY 40202	61-0444843	501(C)(3)	15,000				GENERAL SUPPORT FOR SAFE PLACE AND FOR PHYSICAL FITNESS/THERAPY FOR CANCER PATIENTS

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)	14,800				GENERAL SUPPORT OF YOUTH LEADERSHIP DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 701 W MUHAMMAD ALI BLVD LOUISVILLE,KY 40202	23-7040934	501(C)(3)	14,500				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
COLON CANCER PREVENTION PROJECT PO BOX 4039 LOUISVILLE,KY 40204	20-1510713	501(C)(3)	13,500				GENERAL SUPPORT OF COLON CANCER PREVENTION AND OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRAIN INJURY ASSOCIATION OF KY 7431 NEW LAGRANGE RD STE 100 LOUISVILLE,KY 40222	61-1128496	501(C)(3)	11,500				GENERAL SUPPORT EDUCATION FOR BRAIN INJURIES AND DISEASE

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 COUNTRY DAY SCHOOL 4100 SPRINGDALE RD LOUISVILLE,KY 40241	61-0731998	501(C)(3)	10,821				GENERAL PROGRAM 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
INDIAN COMMUNITY OF KENTUCKY 9709 WHITE BLOSSOM BLVD LOUISVILLE,KY 40241	00-0769349	501(C)(3)	10,000				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
AMERICAN DIABETES ASSOCIATION 161 ST MATTHEWS AVE 3 LOUISVILLE,KY 40207	13-1623888	501(C)(3)	10,000				GENERAL SUPPORT OF DIABETES PREVENTION AND OUTREACH FOR AFRICAN AMERICANS

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
CYSTIC FIBROSIS FOUNDATION 1230 S HURSTBOURNE PKWY STE 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
PENTECOSTAL FIRE CONF AMERICA 1710 CAMPBELLSVILLE RD HODGENVILLE,KY 42748	26-1301145	501(C)(3)	10,000				GENERAL SUPPORT OF PROGRAM SUPPORT FOR CHRISTIAN LIVING TOOLS FOR ADOLESCENTS

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
RONALD MCDONALD HOUSE 550 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
MARYHURST 1015 DORSEY LANE LOUISVILLE,KY 40223	31-1542209	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEADERSHIP SOUTHERN INDIANA 8204 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

(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 THE MIDLAND STATES 4100 CHURCHMAN AVE LOUISVILLE,KY 40215	31-4379531	501(C)(3)	10,000				GENERAL SUPPORT FOR LUNG HEALTH OUTREACH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKIANA HEALTH COLLABORATIVE 1930 BISHOP LN STE 1023 LOUISVILLE,KY 40218	45-0700087	501(C)(3)	10,000				GENERAL SUPPORT TO COORDINATE ACTION-ORIENTED COMMUNITY EFFORTS FOR HEALTH AND WELL-BEING EFFORTS TO MOBILIZE THE COMMUNITY TO IMPROVE HEALTH AND WELL-BEING

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 SOCIETY 1201 STORY AVE STE 200 LOUISVILLE,KY 40208	61-0702202	501(C)(3)	10,000				GENERAL SUPPORT OF MULTIPLE SCLEROSIS RESEARCH

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
HOSPARUS 3532 EPHRAIM MCDOWELL DR LOUISVILLE,KY 40205	61-0921718	501(C)(3)	10,000				GENERAL SUPPORT PEDIATRIC BEREAVEMENT PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE,KY 40216	61-1134579	501(C)(3)	10,000				GENERAL SUPPORT OF EMERGENCY ASSISTANCE FOR RESIDENTS OF SHIVELY AREA

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
MARCH OF DIMES P O BOX 932852 ATLANTA,GA 31193	13-1846366	501(C)(3)	8,500				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
THE HEALING PLACE 1020 W MARKET ST LOUISVILLE,KY 40202	61-1164775	501(C)(3)	8,500				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
FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE,KY 40208	61-1285124	501(C)(3)	8,000				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
CORE COMMITTEE INC P O BOX 1621 ELIZABETHTOWN, KY 42702	20-8105293	501(C)(3)	7,500				GENERAL SUPPORT OF EFFORTS AT FORT KNOX BASE REALIGNMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EPILEPSY FOUNDATION KENTUCKIANA 982 EASTERN PKWY LOUISVILLE,KY 40217	61-1314540	501(C)(3)	7,500				GENERAL SUPPORT OF EPILEPSY 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
SOUTHEAST CHRISTIAN CHURCH 920 BLANKENBAKER PKWY LOUISVILLE,KY 40243	61-0850307	501(C)(3)	7,000				GENERAL PROGRAM 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
LOUISVILLE YOUTH TRAINING CENTER 2040 METAL LN LOUISVILLE,KY 40206	61-1380344	501(C)(3)	7,000				GENERAL SUPPORT OF YOUTH FITNESS INITIATIVES

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
LEADERSHIP KENTUCKY FOUNDATION 464 CHENAULT RD FRANKFORT,KY 40601	31-1096215	501(C)(3)	6,000				GENERAL SUPPORT OF LEADERSHIP DEVELOPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPITAL HOSPITALITY HOUSE 120 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

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
CROHN'S & COLITIS FDTN OF AMERICA P O BOX 573 PROSPECT,KY 40059	13-6193105	501(C)(3)	5,000				GENERAL SUPPORT FOR CHRON'S AND COLITIS PATIENT EDUCATION/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
PRP ALUMNI ASSOCIATION PO 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
ARTHRITIS FOUNDATION KY CHAPTER 2908 BROWNSBORO RD STE 117 LOUISVILLE,KY 40206	61-0492349	501(C)(3)	5,000				GENERAL SUPPORT OF THE ARTHRITIS KIDS BACKPACK 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
CEREBRAL PALSY KIDS CENTER 982 EASTERN PKWY LOUISVILLE,KY 40217	61-0492378	501(C)(3)	5,000				GENERAL SUPPORT FOR SERVICES FOR CHILDREN WITH CEREBRAL PALSY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN ACADEMY OF LOUISVILLE 700 S ENGLISH STATION RD LOUISVILLE,KY 40245	61-0907309	501(C)(3)	5,000				GENERAL PROGRAM 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
KENTUCKY PEDIATRIC SOCIETY 420 CAPITAL AVE LOUISVILLE,KY 40601	61-1125554	501(C)(3)	5,000				GENERAL SUPPORT FOR CONTINUING MEDICAL EDUCATION FOR KY PEDIATRIC PHYSICIANS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIEND FOR LIFE 4007 KRESGE WAY LOUISVILLE,KY 40207	61-1139410	501(C)(3)	5,000				GENERAL SUPPORT CANCER SUPPORT NETWORK

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
CATHEDRAL HERITAGE FOUNDATION 415 W MUHAMMED ALI BLVD STE 101 LOUISVILLE,KY 40202	61-1149619	501(C)(3)	5,000				GENERAL SUPPORT FOR INTERRELIGOUS 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
CLOUT 1112 S 4TH ST LOUISVILLE,KY 40203	61-1202173	501(C)(3)	5,000				GENERAL SUPPORT INTERFAITH RELATIONS AND SOCIAL JUSTICE

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 CURE 2301 HURSTBOURNE VILLAGE DR STE 700 LOUISVILLE,KY 40299	75-2855046	501(C)(3)	5,000				GENERAL PROGRAM 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
THE ALS ASSOCIATION KY CHAPTER 2807 AMSTERDAM RD VILLA HILLS,KY 41017	94-3124729	501(C)(3)	5,000				GENERAL SUPPORT ALS EDUCATION AND OUTREACH

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 directors, trustees, officers, including 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**	Yes	
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

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, Tax indemnification and gross-up payments	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 2013, 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 ANNUITY REPRESENT ACCULUATED RETIREMENT BENEFITS EARNED RELATED TO A NON-QUALIFIED DEFINED BENEFIT PENSION RESTORATION PLAN IN EFFECT SINCE 1990 CONTRIBUTIONS TO THIS PLAN HAVE BEEN MADE EACH YEAR, BEGINNING IN 2005 THE TOTAL VALUE OF THIS YEAR'S BENEFIT IS $503,879, OF WHICH $225,367 WAS A GROSS-UP PAYMENT TO COVER THE APPLICABLE TAXES AND $278,512 WAS USED TO PURCHASE THE ANNUITY THE FULL VALUE OF THIS YEAR'S BENEFIT WAS INCLUDED IN 2013 TAXABLE COMPENSATION OF MR WILLIAMS DISABILITY COVERAGE (AND ASSOCIATED GROSS-UP) FOR MR WILLIAMS - DURING 2013 NET DISABILITY COVERAGE PREMIUMS TOTALED $30,921, AND THE ASSOCIATED GROSS-UP OF SUCH PREMIUMS TOTALED $25,095 THUS, THE TOTAL OF THESE AMOUNTS - $56,016 - WAS INCLUDED IN THE TAXABLE COMPENSATION OF MR WILLIAMS IN 2013
Schedule J, Part I, Line 1a, Discretionary spending account	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 2013 STEPHEN A WILLIAMS -$58,120 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 - 8,846 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 JIM MEYERS - 10,000 DOUGLAS WINKLEHAKE - 17,500 WILLIAM RITCHIE - 10,000
Schedule J, Part I, Line 4a, Severance or change-of-control payment	SEVERANCE PAYMENT WAS RECEIVED DURING 2013 BY FORMER KEY EMPLOYEES KAREN BOLIN IN THE AMOUNT OF $188,273, OTHER COMPENSATION, INCLUDED IN SCHEDULE J COLUMN B(III) MS BOLIN CONTINUED TO RECEIVE SEVERANCE PAYMENT THROUGH OCTOBER 30,2013
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	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 - $ 134,851 RUSSELL F COX - 593,016 MICHAEL W GOUGH - 441,391 ROBERT AZAR - 71,313 MARY LYNN MEYER - 61,430 MARY JO BEAN - 37,704 CHARLES BOHN - 63,541 KAREN BOLIN - 20,460 SANDRA BROOKS - 58,170 MAUREEN CAPALBO - 37,576 MARY CORBETT - 37,298 MICHAEL ESPOSITO - 48,884 JAMES FRAZIER - 56,654 STEVEN HEILMAN - 90,126 STEVEN HESTER - 239,895 JIM MEYERS - 34,419 STEVE READY - 49,812 WILLIAM RICHIE - 36,439 KIMBERLY THARP-BARRIE - 32,310 SCOTT WATKINS - 62,471 TRACY WILLIAMS - 55,875 KENNETH WILSON - 56,216 DOUGLAS WINKELHAKE - 101,360 THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2013 AND CAN BE COMPRISED OF PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS NAME - PAYMENT RECEIVED STEPHEN A WILLIAMS - $ 232,232 RUSSELL F COX - 110,669 MICHAEL W GOUGH - 92,970 ROBERT AZAR - 0 MARY LYNN MEYER - 39,201 MARY JO BEAN - 26,713 CHARLES BOHN - 48,065 KAREN BOLIN - 18,634 SANDRA BROOKS - 136,857 MAUREEN CAPALBO - 51,433 MARY CORBETT - 29,779 MICHAEL ESPOSITO - 36,580 JAMES FRAZIER - 9,900 STEVEN HEILMAN - 49,688 STEVEN HESTER - 76,531 JIM MEYERS - 25,801 STEVE READY - 41,834 WILLIAM RICHIE - 29,616 KIMBERLY THARP-BARRIE - 47,940 SCOTT WATKINS - 38,312 TRACY WILLIAMS - 0 KENNETH WILSON - 67,988 DOUGLAS WINKELHAKE - 53,090
Schedule J, Part I, Line 7, Non-fixed payments	IN 2013, NHI HAD IN PLACE A VARIABLE COMPENSATION PLAN FOR EXECUTIVES, ELIGIBILITY UNDER WHICH EXTENDED TO EMPLOYEES HOLDING A FULL-TIME POSITION AS SENIOR OFFICER, OFFICER, SYSTEM DIRECTOR OR OTHER DESIGNATED DIRECTOR LEVEL POSITION UNDER THE PLAN, A VARIABLE COMPENSATION POOL AMOUNT IS APPROVED BY THE BOARD OF TRUSTEES EACH PARTICIPANT'S PERFORMANCE IS EVALUATED RELATIVE TO THE GOALS AND OBJECTIVES DOCUMENTED AS PART OF THE PARTICIPANT'S PLAN, AND AN AWARD IS DETERMINED FOR THE PARTICIPANT, BASED ON ACHIEVEMENT OF THE GOALS AND OBJECTIVES, SUBJECT TO THE FUNDING OF THE VARIABLE COMPENSATION POOL AT THE END OF EACH YEAR, THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS DETERMINES AN APPROPRIATE AWARD FOR THE NHI'S PRESIDENT & CHIEF EXECUTIVE OFFICER, AND THE PRESIDENT & CHIEF EXECUTIVE OFFICER RECOMMENDS APPROPRIATE AWARDS FOR OTHER SENIOR EXECUTIVES TO THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS FOR ITS REVIEW AND APPROVAL

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEPHEN A WILLIAMS CEO/TRUSTEE	(I) (II)	957,232 0	594,080 0	875,419 0	193,323 0	20,390 0	2,640,445 0	127,109 0
ROBERT B AZAR SYS VP CHIEF LEGAL OFFICER/SECRETARY	(I) (II)	369,824 0	128,247 0	38,089 0	86,464 0	8,927 0	631,551 0	0 0
RUSSELL F COX PRESIDENT AND COO	(I) (II)	736,492 0	301,538 0	249,448 0	610,658 0	25,147 0	1,923,283 0	99,540 0
MICHAEL W GOUGH SYS SR VP CFO/TREASURER	(I) (II)	586,472 0	254,035 0	209,950 0	459,560 0	24,898 0	1,534,916 0	83,860 0
KAREN BOLIN FORMER VP WOMEN'S SERVICES	(I) (II)	0 0	0 0	206,908 0	33,042 0	0 0	239,950 0	188,273 0
RICHARD CARRICO FORMER VP & ASSOCIATE CFO	(I) (II)	0 0	0 0	126,307 0	-10,791 0	0 0	115,517 0	125,836 0
KIMBERLY THARP-BARRIE FORMER VP INSTITUTE OF NURSING	(I) (II)	223,454 0	60,522 0	41,474 0	50,860 0	20,810 0	397,121 0	25,644 0
CHARLES BOHN SYS VP CHIEF HR OFFICER	(I) (II)	320,083 0	121,986 0	86,229 0	78,841 0	21,603 0	628,742 0	42,280 0
SANDRA BROOKS VP RESEARCH & PREVENTION	(I) (II)	317,718 0	80,663 0	138,249 0	75,233 0	22,950 0	634,813 0	100,669 0
MICHAEL ESPOSITO SYS VP BUSINESS DEVELOPMENT	(I) (II)	278,615 0	71,406 0	68,750 0	70,234 0	21,262 0	510,267 0	33,240 0
JAMES FRAZIER SYS VP MEDICAL AFFAIRS	(I) (II)	345,589 0	83,975 0	39,163 0	72,073 0	24,853 0	565,654 0	9,900 0
STEVE HEILMAN SYS VP CMIO	(I) (II)	342,087 0	93,962 0	70,561 0	105,530 0	24,127 0	636,267 0	36,492 0
STEVE HESTER SYS SR VP, CMO	(I) (II)	503,704 0	169,474 0	100,728 0	259,590 0	23,970 0	1,057,467 0	63,000 0
MARY LYNN MEYER SYS VP AND CDO	(I) (II)	185,526 128,678	0 123,648	0 58,845	0 79,991	0 16,344	185,526 407,505	0 39,200
STEVE READY SYS VP CIO	(I) (II)	346,490 0	91,803 0	47,057 0	61,191 0	23,230 0	569,770 0	35,700 0
SCOTT WATKINS DIVISION VP COO	(I) (II)	341,270 0	93,452 0	67,641 0	83,851 0	23,943 0	610,158 0	33,240 0
TRACY WILLIAMS SYS SR VP, CNO	(I) (II)	300,488 0	98,093 0	39,716 0	71,368 0	14,280 0	523,944 0	0 0
KENNETH WILSON SYS VP CLINICAL EFFECTIVENESS	(I) (II)	311,103 0	81,704 0	103,421 0	74,843 0	17,784 0	588,854 0	34,788 0
DOUGLAS WINKELHAKE DIVISION PRESIDENT ADULT SERVICES	(I) (II)	463,608 0	140,837 0	89,722 0	121,763 0	24,488 0	840,418 0	47,040 0
MARY JO BEAN SYS VP PLANNING & BUS ANALYSIS	(I) (II)	250,044 0	58,909 0	39,184 0	59,065 0	8,078 0	415,279 0	26,712 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				
MAUREEN CAPALBO	(I)	241,639	72,421	65,560	56,169	10,910	446,699	0
SYS VP/CNIO	(II)	0	0	0	0	0	0	0
MARY CORBETT SYS	(I)	266,714	18,835	50,253	52,641	15,631	404,073	0
VP CHIEF GOV'T	(II)	0	0	0	0	0	0	0
RELATIONS OFFICER								
JIM M MEYERS SYS	(I)	230,121	67,080	37,546	52,965	23,121	410,833	0
VP REVENUE CYCLE	(II)	0	0	0	0	0	0	0
WILLIAM RITCHIE	(I)	207,309	71,329	60,954	69,823	16,971	426,386	26,904
SYS VP OUTPATIENT	(II)	0	0	0	0	0	0	0
SERVICES/ICC								

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Schedule K (Form 990)

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	1,630,000	0	3,675,000	3,150,000
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	0	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	170,832,224	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 790 %		2 190 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 670 %		0 670 %		0 %		0 %
6	Total of lines 4 and 5		2 460 %		2 860 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?		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				
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?	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?								
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?		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
d	Was the hedge superintegrated?								
e	Was the 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)?	X			X		X		X
b	Name of provider	MORGAN STANLEY							
c	Term of GIC		32						00
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F), ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW C, 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
SCHEDULE K, PART I, COLUMN (F), ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW B, 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
SCHEDULE K, PART I, COLUMN (F), ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW A, 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
SCHEDULE K, PART I, COLUMN (F), ISSUER NAME LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW D, 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
SCHEDULE K, PART I, COLUMN (F), DESCRIPTION OF PURPOSE	ROW E, TO REIMBURSE THE CORPORATION FOR THE COSTS OF (I) RENOVATIONS AND EQUIPMENT TO CONVERT NORTON SUBURBAN HOSPITAL TO A WOMEN'S AND CHILDREN'S HOSPITAL, (II) RENOVATIONS AND EQUIPMENT FOR KOSAIR CHILDREN'S HOSPITAL, (III) RENOVATION AND EXPANSION OF VARIOUS PATIENT CARE AREAS AND THE ACQUISITION OF HOSPITAL EQUIPMENT, INCLUDING BUT NOT LIMITED TO SOFTWARE, MEDICAL AND SURGICAL EQUIPMENT, IMAGING EQUIPMENT AND MONITORING EQUIPMENT AT THE FACILITIES OF THE OBLIGATED GROUP MEMBERS AND (IV) RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AT ITS AFFILIATES
SCHEDULE K, PART II, LINE 3, TOTAL PROCEEDS OF ISSUE	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 DIFFERENCE BETWEEN SERIES 2013 ISSUE PRICE (ISSUE DATE 8/10/13) AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD AND GAIN/LOSS ON SETTLEMENT OF ASSETS
SCHEDULE K, PART II, LINE 7, ISSUANCE COSTS FROM PROCEEDS	COLUMN E - 2013 BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE
SCHEDULE K, PART IV, LINE 4A, IS THE BOND ISSUE A VARIABLE RATE ISSUE?	COLUMN E - 2013A BOND ISSUE IS FIXED RATE DEBT AND 2013C BOND ISSUE IS VARIABLE RATE DEBT PROCEEDS FROM BOTH BOND ISSUES WERE REPORTED ON ONE IRS FORM 8038 AND COMBINED INTO ONE PROJECT ACCOUNT WITH THE TRUSTEE

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	54659LAW4	09-26-2013	200,000,887	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	200,005,895			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	126,452,416			
11	Other spent proceeds	0			
12	Other unspent proceeds	73,553,479			
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?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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							
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							
c	Are there any research agreements that may result in private business use of bond-financed property?	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							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 460 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 670 %						
6	Total of lines 4 and 5		2 130 %						
7	Does the bond issue meet the private security or payment test?		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						
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?	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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		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							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge		0 0						
d	Was the hedge superintegrated?								
e	Was the 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)?		X						
b	Name of provider								
c	Term of GIC		0 0						
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?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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
Total		▶ $										

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	104,744	COMPENSATION		No
(2) CHELSEA R MAYES	FAMILY MEMBER GREGORY MAYES, TRUSTEE	54,535	COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315023344

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NORTON HEALTHCARE INC

Employer identification number
61-1028725

Return Reference	Explanation
FORM 990, PART I, LINE 18, CURRENT YEAR TOTAL EXPENSES	DURING 2013, THE CORPORATION CONTINUED 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 2013 ($37 6 MILLIONS), 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 2013 IMPLEMENTATION ENCOMPASSED THREE HOSPITALS AND THE UPGRADE PREPARATION THE IMPLEMENTATION WAS CONCLUDED BY THE END OF 2013 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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	(CONTINUED FROM PART III) IN 2013, NORTON HEALTHCARE'S HOSPITALS, AND DIAGNOSTIC CENTERS S ERVED 61,281 INPATIENTS, 281,486 OUTPATIENTS AND 208,008 EMERGENCY ROOM VISITS NORTON HEA LTHCARE HOSPITALS' OPERATING ROOMS PROVIDED 18,110 INPATIENT SURGERIES AND 30,773 OUTPATIE NT SURGERIES ADDITIONALLY, 8,173 DELIVERIES OCCUREED AT NORTON HEALTHCARE BIRTHING FACILI TIES, NORTON HOSPITAL AND NORTON SUBURBAN HOSPITAL IN 2013, AS IN YEARS PAST, NORTON HEAL THCARE HOSPITALS PROVIDED CHARITY CARE AND FINANCIAL ASSISTANCE FOR INDIGENT PATIENTS AND DISCOUNTED SERVICES FOR THOUSANDS OF PEOPLE IN THE LOCAL COMMUNITY AND THROUGHOUT THE STAT E. IN ADDITION, DONATIONS WERE GIVEN TOWARD COMMUNITY AND PROFESSIONAL EDUCATION, SUPPORT FOR THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE AND OTHER COMMUNITY PROGRAM AND SERVIC ES SPECIFICALLY, NORTON HEALTHCARE'S TOTAL COMMUNITY BENEFIT IN 2013 WAS $157 2 MILLION, INCLUDING $109 8 MILLION IN MEDICAL CARE FOR PATIENTS THROUGH CHARITY CARE AND UPAID COST OF MEDICAID RECIPIENTS AND KENTUCKY DISPROPORTIONATE SHARE PROGRAM SERVICES THE COMMUNITY BENEFIT OF MORE THAN $13 MILLION A MONTH ALSO INCLUDED COMMUNITY INITIATIVES AND PROGRAMS SUCH AS EDUCATIONAL SUPPORT, SPONSORSHIPS, PASTORAL CARE AND COUNSELING PROGRAMS, THE KEN TUCKY REGIONAL POISON CONTROL CENTER OF KOSAIR CHILDREN'S HOSPITAL, AND CHILD GUIDANCE AND ADVOCACY PROGRAMS NORTON HEALTHCARE'S EMPLOYEES PROVIDED MORE THAN 93,000 HOURS IN SERVI CE AS BOARD AND COMMITTEE MEMBERS AND ACTIVE PARTICIPANTS WITH MORE THAN 200 COMMUNITY, ST ATE AND NATIONAL NONPROFIT ORGANIZATIONS THAT ENDEAVOR TO IMPROVE THE HEALTH STATUS OF IND IVIDUALS ADDITIONALLY, EMPLOYEES PERSONALLY REPORTED 8,284 COMMUNITY SERVICE HOURS IN SUP PORT OF THEIR FAITH COMMUNITIES, CIVIC ORGANIZATIONS AND OTHER IMPORTANT COMMUNITY GROUPS NORTON HEALTHCARE PROVIDES PROGRAMMATIC SUPPORT TO THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE THROUGH FUNDS AND FACILITIES DURING THE 2013 CALENDAR YEAR, 416 RESIDENTS COMPL ETED CLINICAL ROTATIONS IN 38 SPECIALTIES AT NORTON HEALTHCARE FACILITIES RESIDENCY PROGR AMS ARE PART OF $ 28 4 MILLION IN SUPPORT PROVIDED TO THE SCHOOL OFFICE OF CHURCH AND HEA LTH MINISTRIES *THE OFFICE OF CHURCH AND HEALTH MINISTRIES PROVIDES FREE EDUCATION, RESOUR CES AND SERVICES TO FAITH COMMUNITY NURSES AND OTHERS WORKING IN CONGREGATIONAL HEALTH MIN ISTRIES IN 2013, THE MINISTRIES SERVED 187 FAITH COMMUNITIES WITH ACTIVE HEALTH AND WELLN ESS PROGRAMS DONATIONS TO THE COMMUNITY *NORTON HEALTHCARE EMPLOYEES AND PHYSICIANS GAVE MORE THAN $960,000 TO THE 2013 COMBINED GIVING CAMPAIGN TO HELP SUPPORT THE WHAS CRUSADE F OR CHILDREN, METRO UNITED WAY, FUND FOR THE ARTS, CHILDREN'S HOSPITAL FOUNDATION, NORTON H EALTHCARE FOUNDATION AND KOSAIR CHARITIES *NORTON HEALTHCARE EMPLOYEES RAISED THE ROOF ON A HABITAT FOR HUMANITY HOUSE IN THE PORTLAND NEIGHBORHOOD IN LOUISVILLE, KY THIS IS THE SEVENTH HABITAT HOME NORTON HEALTHCARE HAS FUNDED AND EMPLOYEES HAVE BUILT *IN 2013, NORT ON HEALTHCARE EMPLOYEES DONATED 1,462 POUNDS OF NONPERISHABLE FOOD FOR DARE TO CARE FOOD B ANK AND MORE THAN 200 BLANKETS FOR BLANKET LOUISVILLE. THESE NONPROFIT ORGANIZATIONS ARE O N THE FRONT LINE HELPING HUNGRY AND HOMELESS PEOPLE IN OUR COMMUNITY NORTON HEART CARE *N ORTON HEART CARE PROVIDES THE REGION'S MOST COMPREHENSIVE SCREENING, EDUCATION AND PREVENT ION PROGRAM AND IS COMMITTED TO EDUCATING OUR COMMUNITY ABOUT HEART HEALTH AND RISK FACTOR MANAGEMENT IN 2013 THE NORTON HEALTHCARE CENTERS FOR PREVENTION & WELLNESS SCREENED 4,43 7 PEOPLE FOR HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OSTEOPOROSIS AND PROVIDED INFORMATION ABOUT SMOKING CESSATION, DIET AND EXERCISE. IN AUGUST 2013, CARDIOVASCULAR DI SEASE NAVIGATION WAS PROVIDED TO AT-RISK PATIENTS IN THE COMMUNITY MORE THAN 450 PATIENTS WERE CONTACTED FOR FOLLOW-UP *HEART RISK ASSESSMENTS AND EDUCATION WERE PROVIDED THROUGH THE NORTON WOMEN'S HEART & VASCULAR CENTER, THE REGION'S ONLY CENTER SOLELY DEDICATED TO EDUCATION, PREVENTION AND TREATMENT OF HEART DISEASE *NORTON WOMEN'S HEART & VASCULAR CEN TER OFFERED ITS FREE CIRCLE OF HEARTS PROGRAM, A SERIES OF MONTHLY HEART DISEASE AND PREVE NTION CLASSES THAT FOCUS ON HEART HEALTH EDUCATION AND OTHER WELLNESS ISSUES OF INTEREST T O WOMEN NORTON CANCER INSTITUTE *IN 2013, THE NORTON CANCER INSTITUTE MOBILE PREVENTION C ENTER PROVIDED SERVICES IN 139 LOCATIONS IN COLLABORATION WITH MORE THAN 400 COMMUNITY PAR TNERS, 50 PERCENT OF WHICH WERE IN UNDERSERVED COMMUNITIES THIS OUTREACH RESULTED IN 2,34 8 PEOPLE BEING SCREENED FOR CANCER OF THESE, APPROXIMATELY 22 PERCENT EITHER HAD NEVER BE EN SCREENED FOR CANCER OR HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS IN 2013, 15 INDIVI DUALS WERE DIAGNOSED AND TREATED FOR PREINVASIVE AND INVASIVE CANCER SINCE THE INCEPTION OF THE PROGRAM, 110 INDIVIDUALS HAVE BEEN DIAGNOSED AND TREATED FOR PREINVASIVE AND INVASI VE CANCER *IN MAY 2013, THE NORTON HEALTHCARE CENTERS FOR PREVENTION & WELLNESS PUBLISHED AN ARTICLE TITLED "MOBILE MAMMOGRAPHY IN UNDERSER

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	VED POPULATIONS ANALYSIS OF OUTCOMES OF 3,923 WOMEN' IN THE JOURNAL OF COMMUNITY HEALTH IT WAS ONE OF THE FIRST ARTICLES OF ITS KIND EXAMINING OUTCOMES OF WOMEN SCREENED ON A MOB ILE UNIT *EACH YEAR APPROXIMATELY 100 PATIENTS PARTICIPATE IN SMOKING CESSATION CLASSES A T NORTON HEALTHCARE *NORTON CANCER INSTITUTE'S GENETIC COUNSELING SERVICES PROVIDED SERVI CES TO 377 NEW PATIENTS IN 2013 STAFFED BY AN ONCOLOGIST AND TWO GENETIC COUNSELORS SPECI ALIZING IN CANCER GENETICS AND HEREDITARY CANCER SYNDROMES, IT IS THE ONLY DEDICATED SERVI CE CENTER OF ITS KIND IN THE REGION NORTON ORTHOPAEDIC CARE *NORTON ORTHOPAEDIC CARE EARN ED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR KNEE AND HIP REPLACEMENT THIS RECOGNI TION CONFIRMS NORTON ORTHOPAEDIC CARE PROVIDES A CONSISTENTLY HIGH LEVEL OF QUALITY CARE, EXPERT TRAINING ON BEST PRACTICES, A TEAM APPROACH TO PATIENT CARE AND A CULTURE OF EXCELL ENCE THROUGHOUT NORTON HEALTHCARE HOSPITALS AND DOCTORS' OFFICES *IN LATE 2013, NORTON HE ALTHCARE OPENED THE NORTON ORTHOPAEDIC & HAND CENTER ON THE CAMPUS OF NORTON BROWNSBORO HO SPITAL THIS NEW STATE-OF-THE-ART FACILITY ENABLES SPECIALISTS OF NORTON ORTHOPAEDIC CARE, NORTON SPORTS HEALTH AND NORTON HEALTHCARE TO PROVIDE A MULTIDISCIPLINARY APPROACH TO INN OVATIVE ORTHOPAEDIC CARE IN A FACILITY THAT ALSO SUPPORTS RESEARCH, TRAINING AND EDUCATION THE NEW FACILITY OFFERS PATIENTS SUBSPECIALIZED TRAINED ORTHOPAEDISTS, A NORTON IMMEDIAT E CARE CENTER WITH A FOCUS ON ORTHOPAEDICS, REHABILITATION SERVICES, ADVANCED SPORTS TRAIN ING AND PRIMARY CARE SERVICES WITH AN EMPHASIS ON ORTHOPAEDICS WOMEN'S SERVICES *FREE CHI LDBIRTH EDUCATION CLASSES WERE PROVIDED TO 7,671 ATTENDEES AT NORTON HOSPITAL AND NORTON S UBURBAN HOSPITAL *EDUCATIONAL CLASSES AND SUPPORT GROUPS WERE PROVIDED OR COORDINATED FOR 16,245 PEOPLE IN THE COMMUNITY THROUGH THE MARSHALL WOMEN'S HEALTH & EDUCATION CENTER AND NORTON WOMEN'S CARE AT NORTON HOSPITAL AND NORTON SUBURBAN HOSPITAL NORTON HEALTHCARE AL SO OFFERS FREE PREVENTION AND WELLNESS CLASSES, FACILITY TOURS, EDUCATIONAL MATERIALS AND CLINICAL NAVIGATION SERVICES PEDIATRIC SERVICES *SPECIALISTS AT KOSAIR CHILDREN'S HOSPITA L AND KOSAIR CHILDREN'S MEDICAL CENTER - BROWNSBORO CARED FOR MORE THAN 155,000 CHILDREN T HROUGHOUT KENTUCKY AND SOUTHERN INDIANA *KOSAIR CHILDREN'S HOSPITAL IS HOME TO THE KENTUC KY REGIONAL POISON CONTROL CENTER IN 2013 THE CENTER RECEIVED 57,103 CALLS FROM CONCERNED FAMILIES WITHIN ALL 120 COUNTIES IN KENTUCKY THE CENTER PROVIDED TREATMENT ADVICE AND ED UCATION ABOUT HOW TO CORRECTLY HANDLE EXPOSURES TO POISON IN ADDITION, THE CENTER DISTRIB UTED MORE THAN 20,000 PREVENTION EDUCATION RESOURCES TO PHYSICIANS' OFFICES, HEALTH DEPART MENTS AND SCHOOLS AND MORE THAN 2,000 PACKETS OF MATERIALS TO INDIVIDUALS WHO CALLED THE T OLL-FREE POISON HELP LINE, (800) 222-1222, AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK *CHILD PASSENGER SAFETY TECHNICIANS FROM KOSAIR CHILDREN'S HOSPITAL CHECKED 780 CAR AND BOOSTER SEATS AND PROVIDED 146 CAR SEATS AT FREE CHECKUP CLINICS STATEWIDE *KOSAIR CHILDREN'S HOS PITAL LEADS SAFE KIDS LOUISVILLE AND JEFFERSON COUNTY, A PROGRAM THAT CONDUCTS SAFETY EVEN TS AT SCHOOLS AND IN THE COMMUNITY IN 2013, 21,175 STUDENTS IN GRADES THREE THROUGH FIVE THROUGHOUT KENTUCKY PARTICIPATED IN 153 BIKE SAFETY "RODEOS " *APPROXIMATELY 425 AREA ELEM ENTARY SCHOOL STUDENTS, 14 TEACHERS AND NINE TEACHER'S AIDES PARTICIPATED IN "SAFE KIDS WA LK THIS WAY," A PROGRAM LED BY KOSAIR CHILDREN'S HOSPITAL THE PROGRAM IS DESIGNED TO POIN T OUT DANGEROUS AREAS AROUND ROADWAYS AND TEACH CHILDREN SAFE PEDESTRIAN HABITS *KOSAIR C HILDREN'S HOSPITAL'S "JUST FOR KIDS" TRANSPORT TEAM MADE 1,889 TRIPS TO TRANSPORT SICK, IN JURED PREMATURE BABIES AND CHILDREN FROM ACROSS THE REGION TO KOSAIR CHILDREN'S HOSPITAL I N 2013 TRANSPORTATION WAS PROVIDED BY AIRPLANE, HELICOPTER AND SPECIALLY EQUIPPED AMBULAN CES (MOBILE INTENSIVE CARE UNITS)

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT	PEDIATRIC SERVICES (CONTINUED) *IN 2013, KOSAIR CHILDREN'S HOSPITAL OPENED THE WENDY L NO VAK DIABETES CARE CENTER, THANKS TO A GENEROUS $5 MILLION GIFT FROM THE LIFT A LIFE FOUNDA TION THIS IS A STATE-OF-THE-ART, COMPREHENSIVE CENTER OFFERING EDUCATION AND TREATMENT OF TYPE 1 DIABETES, PREVIOUSLY KNOWN AS JUVENILE DIABETES TYPE 1 DIABETES HAS BEEN ON THE R ISE FOR THE PAST 50 YEARS AND IS GROWING ANNUALLY, ESPECIALLY IN YOUNGER AGE GROUPS MORE THAN 1,200 CHILDREN ARE CURRENTLY BEING TREATED FOR TYPE 1 DIABETES BY SPECIALISTS AT KOSA IR CHILDREN'S HOSPITAL AND THE UNIVERSITY OF LOUISVILLE APPROXIMATELY 150 CHILDREN ARE DI AGNOSED EACH YEAR, OF WHOM NEARLY 50 PERCENT REQUIRE HOSPITALIZATION IN THE CRITICAL CARE CENTER AT KOSAIR CHILDREN'S HOSPITAL THE WENDY L NOVAK DIABETES CARE CENTER INCLUDES DIA BETES INPATIENT SERVICES, AN UPCOMING DEDICATED OUTPATIENT CENTER, DIABETES EDUCATORS AND DIABETES NURSE PRACTITIONERS TO HELP KIDS AND FAMILIES LEARN TO MANAGE DIABETES, PEDIATRIC PHYSICIAN SPECIALISTS, DIABETES CARE USING THE MOST ADVANCED INSULIN MANAGEMENT AND GLUCO SE SENSING TECHNOLOGY, PERSONALIZED PROGRAMS FOR PATIENT, FAMILY AND COMMUNITY DIABETES ED UCATION, A TELEMEDICINE PROGRAM SERVING RURAL AREAS OF KENTUCKY, AND AN EXTENDED DIABETES CARE PROGRAM FOR YOUNG ADULTS AGES 18 TO 25 *NEARLY 3,900 KINDERGARTEN STUDENTS, 176 TEAC HERS, 529 CHAPERONES AND 203 VOLUNTEERS ATTENDED THE 30TH ANNUAL CHILDREN & HOSPITALS WEEK EVENT LED BY KOSAIR CHILDREN'S HOSPITAL THE PROGRAM WAS HELD AT LOUISVILLE SLUGGER FIELD AND SUPPORTED BY A KOHL'S CARES GRANT CHILDREN & HOSPITALS WEEK, HELD EACH YEAR IN MARCH , IS DESIGNED TO ENSURE HEALTH, WELLNESS AND SAFETY AND TO HELP LESSEN THE FEAR AND ANXIET Y CHILDREN MAY HAVE ABOUT HOSPITALS *THOMAS D KMETZ, DIVISION PRESIDENT, WOMEN'S AND CHI LDREN'S SERVICES AND KOSAIR CHILDREN'S HOSPITAL, IS A CONTINUING MEMBER OF THE STEERING CO MMITTEE OF THE CHILDREN'S HOSPITAL ASSOCIATION THE COMMITTEE'S GOALS ARE TO LEAD EFFORTS TO REFORM MEDICAID SERVICES FOR MEDICALLY COMPLEX CHILDREN AND IMPROVE THEIR CARE WHILE RE DUCING MEDICAID SPENDING FOR THE STATE AND FEDERAL GOVERNMENTS AMONG MANY PROFESSIONAL ME MBERSHIPS AND COMMUNITY ACTIVITIES, KMETZ IS ON THE EXECUTIVE COMMITTEE OF THE BOARD OF TR USTEES AT THE CHILDREN'S HOSPITAL ASSOCIATION, PAST CHAIR OF THE KENTUCKY HOSPITAL ASSOCIA TION BOARD OF TRUSTEES, ON THE PASTORAL COUNCIL OF HOLY TRINITY CATHOLIC PARISH AND PAST M EMBER OF THE FINANCE COUNCIL OF THE ARCHDIOCESE OF LOUISVILLE KMETZ ALSO SERVES AS A BOAR D MEMBER WITH THE UNIVERSITY OF KENTUCKY MASTER OF HEALTH ADMINISTRATION BOARD OF ADVISORS HE IS A FELLOW IN THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES NORTON NEUROSCIENCE INS TITUTE NORTON NEUROSCIENCE INSTITUTE CONTINUED ITS INVESTMENT IN THE COMMUNITY THE INSTIT UTE IS CONTINUING ITS QUEST TO BE THE REGIONAL AND NATIONAL LEADER IN TREATMENT, RESEARCH AND ACADEMIC TRAINING FOR ALL ADULT AND PEDIATRIC NEUROSCIENCE DISCIPLINES THE INSTITUTE ALLOWS PATIENTS TO BE TREATED FOR NEUROLOGICAL DISORDERS WITHOUT HAVING TO LEAVE THE STATE FOR CARE, AS WAS SOMETIMES NECESSARY IN THE PAST MORE THAN TWO DOZEN SUBSPECIALTY FELLOW SHIP-TRAINED NEUROSURGEONS, NEUROLOGISTS AND OTHER NEUROLOGICAL-RELATED SPECIALISTS HAVE J OINED THE GROWING PRACTICE THESE PHYSICIANS PROVIDE EXPERTISE IN STROKE CARE, EPILEPSY, P ARKINSON'S DISEASE, MULTIPLE SCLEROSIS, BRAIN TUMORS, HEADACHES, CONCUSSIONS AND MANY OTHE R NEUROLOGICAL CONDITIONS THE FOLLOWING SERVICES ALSO ARE AVAILABLE TO OUR COMMUNITY AS A RESULT OF NORTON HEALTHCARE'S SIGNIFICANT COMMITMENT TO PROVIDE THE BEST NEUROLOGICAL CAR E *AN ENDOVASCULAR NEUROSURGERY TEAM IS AVAILABLE AT TWO NORTON HEALTHCARE ADULT-SERVICE FACILITIES, MAKING ADVANCED STROKE, ANEURYSM AND ARTERIOVENOUS MALFORMATION (RANDOM BRAIN HEMORRHAGE OR RUPTURE) TREATMENT POSSIBLE WHEN IT WAS PREVIOUSLY NOT AVAILABLE IN THE REGI ON *A STATE-OF-THE ART EPILEPSY CENTER AT NORTON BROWNSBORO HOSPITAL PROVIDES THE REGION' S MOST ADVANCED EPILEPSY MONITORING UNIT AND IS DEDICATED TO PROVIDING ACCURATE DIAGNOSES AND QUALITY CARE FOR INDIVIDUALS LIVING WITH SEIZURES AND EPILEPSY AS PART OF NORTON NEUR OSCIENCE INSTITUTE'S MULTIDISCIPLINARY APPROACH TO EPILEPSY CARE, THE NORTON BROWNSBORO HO SPITAL EPILEPSY MONITORING UNIT IS A SPECIALIZED INPATIENT UNIT DESIGNED TO EVALUATE AND D IAGNOSE SEIZURE DISORDERS *A CENTRALIZED NORTON NEUROSCIENCE INSTITUTE RESOURCE CENTER IS AVAILABLE TO PATIENTS, OFFERING FREE EDUCATION AND SUPPORT SERVICES THE RESOURCE CENTER OFFERS SUPPORT GROUPS, MENTAL HEALTH COUNSELING, CLINICAL TRIAL INFORMATION AND EDUCATIONA L, THERAPEUTIC AND EXERCISE PROGRAMS IN ADDITION, PATIENTS HAVE ACCESS TO NATIONAL INSTIT UTES OF HEALTH CLINICAL TRIALS THROUGH THE CENTER *THE REGION'S FIRST REHABILITATION PROG RAM FOCUSED SOLELY ON TREATING PATIENTS WITH NEUROLOGICAL AND SPINE DISORDERS HAS THE ONLY LOKOMAT SYSTEM AVAILABLE TO LOUISVILLE-AREA PATIENTS LOKOMAT ASSISTS WITH WALKING MOVEME NTS FOR PATIENTS RECEIVING THERAPY FOR PARALYSIS O

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT	R MOVEMENT DISORDERS NORTON COMMUNITY MEDICAL ASSOCIATES *NETWORK OF PHYSICIAN PRACTICES LOCATED THROUGHOUT KENTUCKY AND SOUTHERN INDIANA *THIS NETWORK CONSISTS OF PHYSICIAN PRACT ICE LOCATIONS AND IMMEDIATE CARE CENTERS, TREATING APPROXIMATELY 1 38 MILLION PATIENTS IN 2013 *ONE AREA OF SERVICE PROVIDED BY THE CMA IS TO STUDY THE NEEDS OF SPECIALTY SERVICES THAT ARE UNDERSERVED IN THE COMMUNITY AND STRIVE TO PROVIDE A QUALITY AND STABLE WORKFORC E TO SATISFY THOSE NEEDS *PROVIDED PHYSICIANS AND A CHAPLAIN WHO MAKE HOUSE CALLS FOR PAT IENTS WHO HAVE DIFFICULTY LEAVING HOME FOR MEDICAL CARE *PHYSICIANS ARE INVOLVED IN MEDIC AL SCREENING, COMMUNITY OUTREACH AND COMMUNITY EDUCATION ACTIVITIES TO PROMOTE WELLNESS AN D EARLY INTERVENTIONS RESEARCH *IN 2013, NORTON HEALTHCARE PARTICIPATED IN MORE THAN 600 RESEARCH PROJECTS THIS RESEARCH GIVES NORTON HEALTHCARE PATIENTS ACCESS TO NEW, INNOVATIV E 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 HEALTH CARE OFFICE OF RESEARCH ADMINISTRATION PARTNERED WITH NORTON UNIVERSITY TO OFFER RESEARCH EDUCATION TO ALL RESEARCHERS IN METRO LOUISVILLE AND BEYOND IN 2013, NINE PROGRAMS WERE O FFERED ATTENDEES INCLUDED NORTON HEALTHCARE, KENTUCKYONE HEALTH, UNIVERSITY OF LOUISVILLE HOSPITAL, FLOYD MEMORIAL HOSPITAL, CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, ST VIN CENT HEALTH, UNIVERSITY OF KENTUCKY, UNIVERSITY OF LOUISVILLE AND VARIOUS COMMUNITY-BASED PRACTICES CHILDREN'S HOSPITAL FOUNDATION THE CHILDREN'S HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH, ADVOCACY AND EDUCATION FOR KOSAIR CHILDREN'S HOSPITAL THE CHILDREN'S HOSPITAL FOUNDATION IS PLEASED TO BE ABLE TO PLAY SUC H A LARGE ROLE IN ENSURING THAT CHILDREN IN THE LOUISVILLE AREA HAVE THE MEDICAL CARE THEY NEED WHEN THEY NEED IT THANKS TO SUPPORT FROM THE COMMUNITY, KOSAIR CHILDREN'S HOSPITAL HAS SOME OF THE MOST TALENTED AND DEDICATED PEDIATRIC SPECIALISTS AND CLINICAL AND CAREGIV ING TEAMS IN THE COUNTRY READY TO CARE FOR CHILDREN THIS SUPPORT ENABLED THE HOSPITAL TO PROVIDE CARE TO MORE THAN 156,000 CHILDREN IN 2013 KOSAIR CHILDREN'S HOSPITAL, A 265-BED HOSPITAL IS THE ONLY FULL-SERVICE, LEVEL 1 TRAUMA CENTER AND FREE-STANDING PEDIATRIC HOSPI TAL IN KENTUCKY AND THE PRIMARY TEACHING FACILITY FOR THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS IN ORDER TO CONTINUE TO ADDRESS THE COMMUNITY'S NEED FOR SPECIALIZED PEDIATRIC CARE AND MEET THE EVER-GROWING NEEDS FOR CHILDREN SERVED BY KOS AIR CHILDREN'S HOSPITAL, 2013 BROUGHT SEVERAL SPECIFIC FUNDRAISING INITIATIVES FORWARD TO DONORS AND THE COMMUNITY AT LARGE THESE EFFORTS FOCUSED ON RAISING FUNDS FOR PEDIATRIC CA NCER PREVENTIVE AND CARE, NEONATAL INTENSIVE CARE AND TYPE 1 DIABETES TREATMENT WHILE THE FOUNDATION'S "JUST FOR KIDS" CAMPAIGN CONCLUDED IN 2011, THE THREE GENERAL AREAS OF DEVEL OPMENT FROM THE CAMPAIGN - WORKFORCE, RESEARCH AND FACILITIES - CONTINUE TO GUIDE FUNDRAIS ING GROWTH IN EACH OF THE AFOREMENTIONED PEDIATRIC SERVICES ADDITIONALLY, ONGOING AREAS O F NEED, SUCH AS CHILD ADVOCACY, PEDIATRIC PASTORAL CARE AND BEREAVEMENT PROGRAMS, ENDOWED RESEARCH CHAIRS, AND SPECIALTY THERAPIES, INCLUDING CHILD LIFE, EXPRESSIVE AND MUSIC THERA PIES, CONTINUE TO BE AREAS OF FUNDING AND PRIORITY FOR THE CHILDREN'S HOSPITAL FOUNDATION TO ENSURE A TRULY "JUST FOR KIDS" EXPERIENCE FOR PATIENTS AND FAMILIES THE FOUNDATION CON TINUES TO EXPAND PARTNERSHIPS WITHIN THE COMMUNITY AND ENHANCE THE HOSPITAL'S ABILITY TO S ERVE 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 MANY P ROJECTS IN 2013, INCLUDING *MORE THAN $9 MILLION IN INVESTMENTS GRANTED TO KOSAIR CHILDRE N'S HOSPITAL TO BENEFIT DOZENS OF AREAS OF CARE THROUGHOUT THE FACILITY

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT	CHILDREN'S HOSPITAL FOUNDATION (CONTINUED) *$2 5 MILLION GRANTED TO KOSAIR CHILDREN'S HOSPITAL FOR PHASE III NEONATAL INTENSIVE CARE UNIT EXPANSION CONSTRUCTION IS CURRENTLY UNDERWAY TO PROVIDE PRIVATE AND SEMIPRIVATE ROOMS TO ALLOW ADDITIONAL PRIVACY FOR FAMILIES AND THEIR INFANTS A NEW FAMILY CENTER WITH AMENITIES TO MAKE THE HOSPITAL FEEL MORE LIKE HOME, A MILK LAB, SEVERAL HIGH-TECH ROOMS AND ROOMS FOR MULTIPLES WILL ENHANCE THE UNIT AND PROVIDE A HEALING ENVIRONMENT FOR THE TINY PATIENTS IN THE HOSPITAL'S CARE *ENHANCES PEDIATRIC CARDIOLOGY STUDY ON BASIC SCIENCE AND CLINICAL TRANSLATION *RENOVATIONS TO THE ORTHOPAEDICS ON THE ST MATTHEWS CAMPUS *FUNDED THE PURCHASE OF ADDITIONAL TRANSPORT TEAM EQUIPMENT *FUNDED THE DESIGN OF THE DIABETES OUTPATIENT CENTER AND TELEMETRY BEDS *THE CHILDREN'S HOSPITAL FOUNDATION OFFICE OF CHILD ADVOCACY OF KOSAIR CHILDREN'S HOSPITAL, PROVIDES SAFETY AND OUTREACH INFORMATION AIMED AT KEEPING KIDS OUT OF THE HOSPITAL *ENDOWED RESEARCH CHAIRS IN PEDIATRIC HEMATOLOGY/ONCOLOGY, SLEEP MEDICINE AND ENDOCRINOLOGY *PROVIDED STAFF EDUCATIONAL OPPORTUNITIES AND ADVANCED CERTIFICATIONS THAT CAN LEAD TO IMPROVED PATIENT TREATMENT SUPPORT FROM THE CHILDREN'S HOSPITAL FOUNDATION ALLOWS THE PEDIATRIC SPECIALISTS AT KOSAIR CHILDREN'S HOSPITAL TO CONTINUE TO RESPOND TO THE UNIQUE MEDICAL NEEDS OF CHILDREN FROM BIRTH TO AGE 18 NORTON HEALTHCARE FOUNDATION THE NORTON HEALTHCARE FOUNDATION IS THE PHILANTHROPIC ARM OF THE NOT-FOR-PROFIT NORTON HEALTHCARE ADULT-SERVICE HOSPITALS NORTON AUDUBON HOSPITAL, NORTON BROWNSBORO HOSPITAL, NORTON HOSPITAL AND NORTON SUBURBAN HOSPITAL THE FOUNDATION RAISES FUNDS EACH YEAR FOR PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH AND EDUCATION, ENABLING THE HOSPITALS TO STAY UP-TO-DATE WITH MEDICAL ADVANCES AND TECHNOLOGY, AND MAINTAINING THE COMMUNITY'S ACCESS TO HEALTH CARE. COMMUNITY SUPPORT THROUGH THE NORTON HEALTHCARE FOUNDATION ALLOWS CAREGIVERS TO CONTINUE MAKING A DIFFERENCE FOR PATIENTS SERVED BY NORTON HEALTHCARE INC IN 2013 THAT SUPPORT HELPED THE FOUNDATION PROVIDE FUNDING TO *PROVIDE ENHANCEMENTS FOR THE MARSHALL WOMEN'S HEALTH & EDUCATION CENTER, LOCATED AT NORTON SUBURBAN 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 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 SERIES AND NIXON LECTURESHIP SERIES, WHICH FOCUS ON TOPICS RELATED TO CANCER CARE, PREVENTION AND RESEARCH *ALLOW NURSES TO OBTAIN ONCOLOGY-CERTIFIED NURSE DESIGNATION, ENABLING THEM TO PROVIDE THE MOST ADVANCED AND COMPREHENSIVE CARE TO CANCER PATIENTS *PROVIDE BABY-FRIENDLY HOSPITAL INITIATIVES TO SUPPORT BREASTFEEDING AT NORTON HOSPITAL AND NORTON SUBURBAN HOSPITAL *PROVIDE SUPPORT FOR BREAST CANCER SURVIVORS CAPITAL PROJECTS ARE ALSO FUNDED BY THE NORTON HEALTHCARE FOUNDATION IN 2013, THE FOUNDATION FUNDED THE FOLLOWING PROJECTS *RENOVATION OF THE ADULT INTENSIVE CARE UNIT AND THE NEONATAL INTENSIVE CARE UNIT AT NORTON SUBURBAN HOSPITAL *EXPANSION OF THE LERMAN MUSIC LIBRARY AT NORTON AUDUBON HOSPITAL *RENOVATION OF THE REGISTRATION AREA AT NORTON AUDUBON HOSPITAL *RENOVATION OF THE PAIN CENTER AT NORTON HOSPITAL THE NORTON HEALTHCARE FOUNDATION WILL CONTINUE TO FUND *SCREENINGS AND EDUCATIONAL PROGRAMS FOR PREVENTION AND EARLY DETECTION OF CANCER IN HIGH-RISK AND MEDICALLY UNDERSERVED AREAS OF KENTUCKY AND SOUTHERN INDIANA *INTITIATE AND DESIGNED TO IMPROVE 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

Return Reference	Explanation
FORM 990, PART V, LINE 1A, COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC , EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE, INC , NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON PROPERTIES, INC , NORTON HEALTHCARE FOUNDATION, INC AND THE CHILDREN'S HOSPITAL FOUNDATION INC 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 2013 BY NORTON HEALTHCARE, INC , WAS APPROXIMATELY 519 NORTON HEALTHCARE, INC , HAS APPROXIMATELY 95 INDEPENDENT CONTRACTORS EXCEEDING $100,000 FOR 2013 NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 945 VENDORS ON FORM 1096 FOR 2013

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

Return Reference	Explanation
FORM 990, PART V, LINE 1C, COMMON PAYING AGENT FOR VENDORS	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

Return Reference	Explanation
FORM 990, PART V, LINE 2A, COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC , NORTON PROPERTIES, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON HEALTHCARE FOUNDATION, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION, INC THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THESE NAMED ENTITIES NORTON HEALTHCARE, INC HAS APPROXIMATELY 1,913 EMPLOYEES NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 13,098 EMPLOYEES ON FORM W-3 FOR 2013

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	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

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 2, Family/business relationships amongst interested persons	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 (THROUGH JULY 31, 2013) 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, JAMES FRAZIER, KEY EMPLOYEE, NORTON HEALTHCARE, INC BUSINESS RELATIONSHIP WITH STEVE HEILMAN AND DOUGLAS WINKELHAKE - BUSINESS RELATIONSHIP, STEVE HEILMAN, KEY EMPLOYEE, NORTON HEALTHCARE, INC BUSINESS RELATIONSHIP WITH JAMES FRAZIER AND DOUGLAS WINKELHAKE - BUSINESS RELATIONSHIP, DOUGLAS WINKELHAKE, KEY EMPLOYEE, NORTON HEALTHCARE, INC BUSINESS RELATIONSHIP WITH JAMES FRAZIER AND STEVE HEILMAN - BUSINESS RELATIONSHIP

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	AT THE OCTOBER 9, 2014 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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	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

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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	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 2012 FOR THE 2013 COMPENSATION REVIEW AND MET IN 2013 FOR THE 2014 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

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D), BOARD MEMBER STIPEND PAYMENTS	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 2013

Return Reference	Explanation
FORM 990, PART IX, LINE 11G, INTEREST EXPENSE LINE 20 AND INTEREST ALLOCATION LINE 24D	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 2013, 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

Return Reference	Explanation
Form 990, Part IX, Line 11g, Other Expenses	OUTSIDE SERVICES - TOTAL EXPENSE 54024283, PROGRAM SERVICE EXPENSE 47541367, MANAGEMENT AND GENERAL EXPENSES 6482916, FUNDRAISING EXPENSES , OTHER EXPENSES - TOTAL EXPENSE 423124, PROGRAM SERVICE EXPENSE 356673, MANAGEMENT AND GENERAL EXPENSES 66451, FUNDRAISING EXPENSES , CONTRACT LABOR - TOTAL EXPENSE 274584, PROGRAM SERVICE EXPENSE 214875, MANAGEMENT AND GENERAL EXPENSES 59709, FUNDRAISING EXPENSES , PROFESSIONAL FEES - TOTAL EXPENSE 15239, PROGRAM SERVICE EXPENSE 15239, MANAGEMENT AND GENERAL EXPENSES , FUNDRAISING EXPENSES ,

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	AFFILIATE TRANSFER - -188031, SWAP MARK TO MARKET ADJUSTMENT - -9964772, CHANGE IN MINIMUM PENSION LIABILITY - -9448694,

Return Reference	Explanation
FORM 990, PART XII, LINE 3A, A-133 AUDITS PART XII LINE 3A AND 3B	AS REQUIRED BY THE U S OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFITS ORGANIZATIONS, IN 2013 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NORTON HEALTHCARE INC

Employer identification number
61-1028725

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) NORTON HOSPITALS INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-0703799	PROVIDE HOSPITAL SERVICES	KY	501(C)(3)	3	NA	Yes	
(2) COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1276316	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	9	NA	Yes	
(3) NORTON PROPERTIES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1028724	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(C)(3)	11 - Type I	NA	Yes	
(4) THE CHILDREN'S HOSPITAL FOUNDATION INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-6027530	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NA	Yes	
(5) NORTON HEALTHCARE FOUNDATION INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 31-0914919	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NORTON ENTERPRISES INC 224 E BORADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1054301	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	NA	C CORPORATION	34,888,665	36,849,149	100 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 related 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" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 61-1028725
Name: NORTON HEALTHCARE INC

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NORTON HOSPITALS INC	R	1,284,167,637	FMV
NORTON HOSPITALS INC	S	1,392,945,080	FMV
COMMUNITY MEDICAL ASSOCIATES INC	R	273,468,253	FMV
COMMUNITY MEDICAL ASSOCIATES INC	S	234,956,137	FMV
NORTON PROPERTIES INC	R	37,210,886	FMV
NORTON PROPERTIES INC	S	31,355,352	FMV
THE CHILDREN'S HOSPITAL FOUNDATION INC	R	4,614,116	FMV
THE CHILDREN'S HOSPITAL FOUNDATION INC	S	4,750,569	FMV
NORTON HEALTHCARE FOUNDATION INC	R	1,695,015	FMV
NORTON HEALTHCARE FOUNDATION INC	S	1,439,459	FMV