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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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)

Accounting 224 E Broadway 5th Fl

Room/suite

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

Louisville, KY 40202

F Name and address of principal officer

J Bruce Scott

Accounting 224 E Broadway 5th Fl

Louisville, KY 40202

D Employer identification number

61-1028725

E Telephone number

(502) 629-8249

G Gross receipts \$

540,980,854

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 ▶

H(a) Is this a group return for subordinates?

No

☐ Yes

☒

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

L Year of formation

1983

M State of legal domicile

KY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,056
6 Total number of volunteers (estimate if necessary)	6	1
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	933,224	803,490
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,391,143	161,573,948
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,721,049	45,328,375
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,226,309	9,942,859
	188,271,725	217,648,672

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,452,508	1,579,718
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	125,493,974	135,214,532
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	96,374,567	109,495,914
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	224,321,049	246,290,164
19 Revenue less expenses Subtract line 18 from line 12	-36,049,324	-28,641,492

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,181,601,907	1,259,945,526
21 Total liabilities (Part X, line 26)	1,447,930,702	1,645,334,708
22 Net assets or fund balances Subtract line 21 from line 20	-266,328,795	-385,389,182

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Michael W Gough Treasurer

Type or print name and title

2016-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Rachel Spurlock

Preparer's signature

Rachel Spurlock

Date

Check ☐ if self-employed

PTIN

P00520729

Firm's name ▶ CROWE HORWATH LLP

Firm's EIN ▶ 35-0921680

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

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

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

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

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 \$ 202,672,970 including grants of \$ 1,579,718) (Revenue \$ 171,127,656)
	NORTON HEALTHCARE, INC. (NHI) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY. IN 2015 NHI, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC., HAD A TOTAL OF 1,837 LICENSED BEDS: NORTON HOSPITAL - 605 BEDS, KOSAIR CHILDREN'S HOSPITAL - 300 BEDS, NORTON AUDUBON HOSPITAL - 432 BEDS, NORTON WOMEN'S AND KOSAIR CHILDREN'S 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 200 PHYSICIAN PRACTICE LOCATIONS AND 13 IMMEDIATE CARE CENTERS OPERATING IN SEVENTEEN COUNTIES IN KENTUCKY AND SEVEN COUNTIES IN SOUTHERN INDIANA. (CONTINUED IN SCHEDULE O)

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses ▶	202,672,970
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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)? <i>If "Yes," complete Schedule A</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	510	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	3	
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	2,056	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

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, address, and telephone number of the person who possesses the organization's books and records
 ▶ Helena Schulz Accounting 224 E BROADWAY 5th Fl LOUISVILLE, KY 40202 (502) 629-8263

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

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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	15,615,227	337,418	3,778,499

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

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.

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 ► 89	
---	--

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	803,490				
	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			803,490			
Program Service Revenue	2a	Management fees	Business Code 900099	157,420,956	157,420,956			
	b	Clinical Research Trials	900099	3,996,721	3,996,721			
	c	Education Programs	900099	156,271	156,271			
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			161,573,948			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17,477,543			17,477,543
4		Income from investment of tax-exempt bond proceeds . . .		272,529			272,529	
5		Royalties						
6a		Gross rents	(i) Real 281,133	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)	281,133	0				
d		Net rental income or (loss)		281,133			281,133	
7a		Gross amount from sales of assets other than inventory	(i) Securities 350,910,485	(ii) Other				
b		Less cost or other basis and sales expenses	323,332,182					
c		Gain or (loss)	27,578,303	0				
d		Net gain or (loss)		27,578,303			27,578,303	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . .						
		Miscellaneous Revenue		Business Code				
11a		Credit Card Rebate	900099	1,136,393	1,136,393			
b	Employee Emergency Fund	900099	357,277	357,277				
c	Option A mendment Activity	900099	6,754,892	6,754,892				
d	All other revenue		1,413,164	1,305,146	0	108,018		
e	Total. Add lines 11a-11d			9,661,726				
12	Total revenue. See Instructions			217,648,672	171,127,656	0	45,717,526	

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 domestic organizations and domestic governments. See Part IV, line 21.	1,579,718	1,579,718		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	12,494,146	6,877,256	5,616,890	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	96,264,564	84,970,788	11,293,776	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,070,722	5,627,435	443,287	
9	Other employee benefits.	12,391,070	11,575,946	815,124	
10	Payroll taxes.	7,994,030	6,970,668	1,023,362	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,840,835	2,528,343	312,492	
c	Accounting.	614,004	245,602	368,402	
d	Lobbying.	378,632	151,453	227,179	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	2,005,610		2,005,610	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	42,955,577	38,246,429	4,709,148	0
12	Advertising and promotion.				
13	Office expenses.	2,626,562	2,214,587	411,975	
14	Information technology.				
15	Royalties.				
16	Occupancy.	6,474,147	5,116,605	1,357,542	
17	Travel.	1,421,709	1,140,926	280,783	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	31,486,495		31,486,495	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	17,094,520	19,480	17,075,040	
23	Insurance.	9,393,884	8,362,094	1,031,790	
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.	36,815,357	34,484,824	2,330,533	
b	Recruitment.	1,047,443	938,143	109,300	
c	Interest allocation.	-36,634,615		-36,634,615	
d	Insurance allocation.	-10,088,382	-8,978,660	-1,109,722	
e	All other expenses.	1,064,136	601,333	462,803	0
25	Total functional expenses. Add lines 1 through 24e.	246,290,164	202,672,970	43,617,194	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).				

Part X Balance SheetCheck 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	2,322,855	1	-11,544,487
	2 Savings and temporary cash investments	210,523,477	2	276,468,067
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,598,321	4	8,561,162
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	632,426	8	662,313
	9 Prepaid expenses and deferred charges	22,750,667	9	25,778,351
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 395,217,372		
	b Less accumulated depreciation	10b 317,634,699		
		78,294,484	10c	77,582,673
	11 Investments—publicly traded securities	606,816,843	11	625,315,227
	12 Investments—other securities. See Part IV, line 11	199,167,556	12	218,619,416
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	53,495,278	15	38,502,804	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,181,601,907	16	1,259,945,526	
Liabilities	17 Accounts payable and accrued expenses	178,386,219	17	176,345,745
	18 Grants payable	2,716,753	18	1,842,926
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	870,548,010	20	844,124,150
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	396,279,720	25	623,021,887
	26 Total liabilities. Add lines 17 through 25	1,447,930,702	26	1,645,334,708
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	-266,496,074	27	-385,547,307
	28 Temporarily restricted net assets	167,279	28	158,125
	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	-266,328,795	33	-385,389,182
	34 Total liabilities and net assets/fund balances	1,181,601,907	34	1,259,945,526

Part XI **Reconciliation 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	217,648,672
2	Total expenses (must equal Part IX, column (A), line 25)	2	246,290,164
3	Revenue less expenses Subtract line 2 from line 1	3	-28,641,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-266,328,795
5	Net unrealized gains (losses) on investments	5	-56,821,777
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	-33,597,118
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-385,389,182

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? 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		No
b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
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 0 20 0	X		X				2,599,308	0	135,934
Mana L Bouvette Trustee	1 0 2 5	X						1,600	0	0
Brendan Canavan Trustee	1 0 2 5	X						1,600	0	0
Sue Davis EdD RN Trustee	1 0 2 5	X						1,600	0	0
Craig D Grant Trustee	1 0 2 5	X						1,600	0	0
Louis S Heuser MD Trustee	1 0 2 5	X						1,600	0	0
Martha K Heyburn MD Trustee	3 0 2 5	X						1,600	0	0
Richard R Ivey Trustee	1 0 2 5	X						1,600	0	0
Ronald Lehocky MD Trustee	3 0 2 5	X						1,600	0	0
Gail Lyttle Trustee	1 0 2 5	X						1,600	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key 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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Johnson	50 0									
Sys VP PR-Chief Communication Officer	 0					X		379,080	0	78,066
Adam Kempf	50 0									
Sys VP Finance	 0					X		400,552	0	80,517
Sandra Brooks	0 0									
Former Sys VP Research & Prevention	 0						X	197,990	0	9,313
Kenneth Wilson	0 0									
SYS VP Clinical Effectiveness	 0						X	478,874	0	63,670

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☒

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

4
- g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	4				1,005,033,666	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐						
b 10%-facts-and-circumstances test—2014.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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		No

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	Norton Hospitals, Inc is named as a supported organization in the Articles of Incorporation of Norton Healthcare, Inc , and the other three supported organizations are identified by class or purpose Specifically, the Articles of Incorporation of Norton Healthcare, Inc provide that the organization will support (in addition to Norton Hospitals, Inc) the operations and activities of other affiliated publicly supported organizations that are operated to promote the general health of the community in conjunction with Norton Hospitals
Schedule A, Part IV, Section C, Line 1 Majority director detail	As a supporting organization, Norton Healthcare, Inc is supervised or controlled in connection with the supported organizations, and therefore, is designated as a Type II supporting organization Norton Healthcare, Inc meets this classification because the management of Norton Healthcare, Inc is vested in the same persons that control and manage the supported organizations Specifically, the organizations share the same Chief Executive Officer, Chief Legal Officer, President/Chief Operating Officer, and Chief Financial Officer This common control allows Norton Healthcare, Inc and its four supported organizations to function collectively as a health system, with Norton Healthcare, Inc providing management and administrative support to the supported organizations The fact that the core leadership team of each of the supported organizations is also the core leadership team of Norton Healthcare, Inc assures that Norton Healthcare, Inc is responsive to the needs and demands of the supported organizations and that Norton Healthcare, Inc constitutes an integral part of and maintains a significant involvement in the operations of the supported organizations

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-1028725
Name: Norton Healthcare Inc

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) NORTON HOSPITALS INC	610703799		Yes		738,881,329	0
(A) COMMUNITY MEDICAL ASSOCIATES INC	611276316		Yes		259,431,538	0
(B) NORTON HEALTHCARE FOUNDATION INC	310914919		Yes		1,871,258	0
(C) THE CHILDREN'S HOSPITAL FND INC	616027530		Yes		4,849,541	0

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

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If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Norton Healthcare Inc	Employer identification number 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-
2				
3				
4				
5				
6				

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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-														
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No 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	6,940
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i Other activities?	Yes	378,632
j Total Add lines 1c through 1i		385,572
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, lines 1 and 2 (see instructions), 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, Cassidy & Associates, Inc totaling \$157,382 Part II-B, line 1(g) 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 Healthcare, Inc is not registered to lobby at the federal level Lobbying compensation paid and activities as reported to the Kentucky Legislative Ethics committee is \$6,940

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on 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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

b

If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		2,125,807		2,125,807
b Buildings		50,142,009	37,721,170	12,420,839
c Leasehold improvements				
d Equipment		330,856,147	279,205,408	51,650,739
e Other		12,093,409	708,121	11,385,288
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				77,582,673

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

Complete if the organization answered 'Yes' on 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 (losses) 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' on 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

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

2015**Open to Public
Inspection**

- **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
- **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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** Activities 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		132,373,632
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			132,373,632
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			132,373,632

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, do not file with Form 990)*

☐ 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, do not file with Form 990)*

☐ Yes☒ No

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-1028725
Name: Norton Healthcare Inc

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).

2015

61-1028725

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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

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.

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-1028725
Name: Norton Healthcare Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 KENTUCKYPHARM 789 S LIMESTONE ST LEXINGTON, KY 40536	61-6001218	state of KY	200,000				general program support
JEFFERSON COUNTY PUBLIC SCHOOLS 3332 Newburg Rd Louisville, KY 40218	61-6001316	Jefferson Co	151,000				Program support to ensure that trainers and sports medicine experts are available in the county and support of baseline concussion testing by providing specialized football helmets
WEST END SCHOOL 3628 Virginia Ave Louisville, KY 40211	04-3798875	501(c)(3)	150,000				support of expanding programming at the West End School for the academic, physical and emotional well-being of students

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SHAWNEE CHRISTIAN HEALTHCARE CENTER 234 Amy Ave Louisville, KY 40212	26-4345390	501(c)(3)	75,000				support facility expansion to meet the healthcare needs of residents in the Shawnee-Chickasaw community
LIFEHOUSE INC 2710 Riedling Dr Louisville, KY 40206	20-8514733	501(c)(3)	70,000				support families in need
METRO UNITED WAY INC P O Box 950148 Louisville, KY 40295	61-0444680	501(c)(3)	65,000				support health and human services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	52,900				general program support for educating leaders in community
AMERICAN HEART ASSOCIATION P O Box 841750 Dallas, TX 752841750	13-5613797	501(c)(3)	52,500				support heart health awareness
WHAS CRUSADE FOR CHILDREN 520 W Chestnut St Louisville, KY 40202	23-7075524	501(c)(3)	35,000				promote support for special needs children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	32,500				General program support
HABITAT FOR HUMANITY METRO LOU 2777 S Floyd St Louisville, KY 40209	58-1735528	501(c)(3)	32,000				support home building for those in need
LOUISVILLEJEFFERSON CO METRO 611 WEST JEFFERSON ST Louisville, KY 40202	32-0049006	Jefferson Co	30,000				general program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 RED CROSS 510 E Chestnut Street Louisville, KY 40202	61-0444647	501(c)(3)	26,800				Support health and safety services
HERMITAGE FARM CHARITIES INC 10500 West Hwy 42 Goshen, KY 400269751	47-1507030	501(c)(3)	24,400				general program support
BELLARMINE UNIVERSITY 2001 NEWBURG RD Louisville, KY 40205	61-0482955	501(c)(3)	23,200				General program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	23,195				support youth development & healthy living
CATHOLIC EDUCATION FOUNDATION INC 401 W Main Street Louisville, KY 40202	61-1294640	501(c)(3)	22,000				general event & program support
RONALD MCDONALD HOUSE 550 S 1st St Louisville, KY 40202	31-1053467	501(c)(3)	21,750				support home assistance for families in need

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Place Louisville, KY 40222	62-1242062	501(c)(3)	21,500				General program support
PREGNANCY RESOURCE CENTER 515 WEST OAK ST Louisville, KY 40203	61-1055060	501(c)(3)	20,000				Support for pregnancy center
AMERICAN LUNG ASSOCIATION OF KENTUCKY P O Box 9067 Louisville, KY 40209	61-0444714	501(c)(3)	18,000				support lung health awareness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR WOMEN AND FAMILIES P O Box 2048 Louisville, KY 402012048	61-0444846	501(c)(3)	17,600				support services for victims of domestic abuse
JUNIOR ACHIEVEMENT 1401 W Muhammad Ali Blvd Louisville, KY 40203	61-0476694	501(c)(3)	16,750				General program support
MARCH OF DIMES (PA) P O Box 932852 Atlanta, GA 31193	13-1846366	501(c)(3)	15,500				premature birth support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	15,000				support educational kids camps
WORLD TRIATHLON CORP 2701 North Rocky Point Drive Tampa, FL 33607	59-2965638		15,000				support healthy lifestyle
UNIVERSITY OF LOUISVILLE 2301 S 3rd St Louisville, KY 40292	31-1106941	115(1)	14,950				employee match-general program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 WOMAN'S CHOICE RESOURCE CENT 101 West Market Louisville, KY 40202	61-1142823	501(c)(3)	14,500				Support for pregnancy center
COLON CANCER PREVENTION PROJEC PO Box 4039 Louisville, KY 40204	20-1510713	501(c)(3)	13,500				Support for colon cancer awareness initiatives
KY AND SOUTHERN INDIANA STROKE ASSOCIATION 3425 Stony Spring Circle Louisville, KY 40220	61-1335267	501(c)(3)	12,000				support stroke awareness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 MEDICAL LEGAL 600 West Main Street Louisville, KY 40202	35-2079715	501(c)(3)	12,000				general program support
GREATER LOUISVILLE SPORTS COMMISSION 401 West Main St Louisville, KY 40202	61-1365860	501(c)(3)	12,000				promote healthy lifestyle
HOSPARUS 3532 Ephraim McDowell Dr Louisville, KY 402053224	61-0921718	501(c)(3)	10,500				Pediatric bereavement program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LOUISVILLE 1201 Story Ave Louisville, KY 40206	75-2855046	501(c)(3)	10,500				support breast cancer awareness
AMERICAN DIABETES ASSOCIATION 161 St Matthews Ave 3 Louisville, KY 40207	13-1623888	501(c)(3)	10,000				Program support for African American outreach re diabetes education, prevention
ASSOCIATION OF PROFESSIONAL CHAPLAINS 1701 E Woodfield Road Schaumburg, IL 60173	36-3762667	501(c)(3)	10,000				support pastoral education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Louisville, KY 40222	13-1930701	501(c)(3)	10,000				Cystic Fibrosis patient support
HOSPITAL HOSPITALITY HOUSE 120 W Broadway Louisville, KY 402022110	61-1256969	501(c)(3)	10,000				Support for organization that provides low-cost accomodations to families of hospitalized patients
LEADERSHIP SOUTHERN INDIANA 8204 Hwy 311 Sellersburg, IN 47172	35-1644080	501(c)(3)	10,000				general program support for educating leaders in community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN DEVELOPMENT CORPORATION 556 S 4th Street Louisville, KY 40202	31-0992627	501(c)(3)	10,000				general program support
THE LOUISVILLE ORCHESTRA INC 323 West Broadway Louisville, KY 40202	61-6000384	501(c)(3)	10,000				general program support music therapy
NATIONAL M S SOCIETY 1201 Story Ave Louisville, KY 40208	61-0702202	501(c)(3)	10,000				multiple sclerosis support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
START THE HEART FOUNDATION 7611 Wolfpen Ridge Ct Prospect, KY 40059	46-3998988	501(c)(3)	10,000				promote CPR support, lifesaving education
THE HEALING PLACE 1020 W Market St Louisville, KY 40202	61-1164775	501(c)(3)	9,200				promotes social support and medical assistance to the homeless
FRIEND FOR LIFE 4007 Kresge Way Louisville, KY 40207	61-1139410	501(c)(3)	9,000				Program support for peer-to-peer cancer patient counseling/relationships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	9,000				Support local indian community
U OF K CENTER ON AGING FOUNDATION INC 138 Leader Ave LEXINGTON, KY 40206	31-1496128	501(c)(3)	9,000				general program support
LOUISVILLE URBAN LEAGUE 1535 W Broadway Louisville, KY 40203	61-0444771	501(c)(3)	8,500				support minority groups

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Louisville, KY 40222	61-1128496	501(c)(3)	8,250				Outreach, education and support for patients with brain injuries
LOUISVILLE YOUTH TRAINING CENT 2040 Metal Ln Louisville, KY 402061094	61-1380344	501(c)(3)	8,000				promote healthy lifestyle
CHRIST IN YOUTH INC 2201 N Main Joplin, MO 64801	43-1303328	501(c)(3)	7,500				employee match-general program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 427021621	20-8105293	501(c)(3)	7,500				Contribution to help support military activity and missions as Ft Knox
EPILEPSY FOUNDATION KENTUCKIAN 982 Eastern Pkwy Louisville, KY 40217	61-1314540	501(c)(3)	7,500				Epilepsy support groups and outreach
SUPPLIES OVER SEAS 1500 Arlington Avenue Louisville, KY 40206	27-2624272	501(c)(3)	7,500				support donations of supplies to needy countries

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	7,000				support education initiatives
PARKINSON'S SUPPORT CENTER OF Kentuckiana 315 Townepark Cir Louisville, KY 40243	61-1367576	501(c)(3)	6,800				promote parkinson support
INTEGRATING WOMAN LEADERS FOUNDATION 47 West 96th Street Indianapolis, IN 46260	47-1139202	501(c)(3)	6,700				support woman growth in education and leadership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	6,600				general program support
JM OUTDOORS LLC 131 St Matthews Ave Louisville, KY 40207	61-1021128		6,500				support healthy lifestyle
LEADERSHIP KENTUCKY FOUNDATION 464 Chenault Rd Louisville, KY 406019260	31-1096215	501(c)(3)	6,500				General donation to sustain LKY programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BLESSINGS IN A BACKPACK 4121 Shelbyville Road Louisville, KY 40207	26-1964620	501(c)(3)	5,000				support food resources
CENTER FOR INTERFAITH RELATION 415 W Muhammed Ali Blvd Ste Louisville, KY 40202	61-1149619	501(c)(3)	5,000				General Program support
CEREBRAL PALSY KIDS CENTER 982 Eastern Pkwy Louisville, KY 40217	61-0492378	501(c)(3)	5,000				Support for children with cerebral palsy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LOUISVILL 700 S ENGLISH STATION RD Louisville, KY 40245	61-0907309	501(c)(3)	5,000				General program support
CLOUT 1112 S 4th St Louisville, KY 40203	61-1202173	501(c)(3)	5,000				Program support of interfaith relations and social justice
FAMILY & CHILDREN FIRST INC 525 Zane Street Louisville, KY 40203	61-0549561	501(c)(3)	5,000				general program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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				Support for continuing medical education for KY pediatric physicians
METRO LOUISVILLE HARM REDUCTIO 963 South second street Louisville, KY 40203	47-2915414	501(c)(3)	5,000				promote culture of safety
NATIONAL KIDNEY FND OF KY 8920 Stone Green Way 100 Louisville, KY 402204072	61-0673518	501(c)(3)	5,000				kidney disease awareness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LUNG CANCER ALLIANCE 888 16th St NW Washington, DC 20006	91-1821040	501(c)(3)	5,000				General program support
NEW ALBANY FLOYD CO HABITAT 711 E 8th Street New Albany, IN 47150	35-1817055	501(c)(3)	5,000				Funding for a home build project
OVARIAN AWARENESS OF KENTUCKY 2509 Plantside Dr Louisville, KY 40299	61-1393292	501(c)(3)	5,000				Support education and awareness of ovarian cancer and provide support women with ovarian cancer

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PARK DUVALLE COMMUNITY 3015 Wilson Avenue Louisville, KY 40211	61-0666209	501(c)(3)	5,000				general program support
PRP ALUMNI ASSOCIATION PO Box 58051 Louisville, KY 40268	32-0087730	501(c)(3)	5,000				general education support
THE ALS ASSOCIATION KY CHAPTER 2807 Amsterdam Rd Villa Hills, KY 41017	94-3124729	501(c)(3)	5,000				Support for ALS patient care services program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	5,000				Jubilee Scholarship support
BRIDGEHAVEN P O Box 950270 Louisville, KY 402950270	61-0548949	501(c)(3)	5,000				general programs support
YOUNG PROFESSIONALS 657 S Hurstbourne Pkwy 204 Louisville, KY 40222	45-0483455	501(c)(3)	5,000				provides leadership development, educational opportunities and philanthropic support to Louisville's Young Professionals for the benefit of the local community

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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 on 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued 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" on 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 on 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 in column(B) reported as deferred on 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 2015, 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 ACCUMULATED 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 \$521,674 OF WHICH \$228,989 WAS A GROSS-UP PAYMENT TO COVER THE APPLICABLE TAXES and \$292,686 WAS USED TO PURCHASE THE ANNUITY. THE FULL VALUE OF THIS YEAR'S BENEFIT WAS INCLUDED IN 2015 TAXABLE COMPENSATION of Mr. Williams. DISABILITY COVERAGE (AND ASSOCIATED GROSS-UP) FOR MR. WILLIAMS - DURING 2015 NET DISABILITY COVERAGE PREMIUMS TOTALED \$30,131, AND THE ASSOCIATED GROSS-UP OF SUCH PREMIUMS TOTALED \$29,416. THUS, THE TOTAL OF THESE AMOUNTS - \$59,547 - WAS INCLUDED IN THE TAXABLE COMPENSATION OF MR. WILLIAMS IN 2015.
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 2015: Stephen A. Williams - \$32,427; 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; Charles Bohn - 17,500; Mary Corbett - 13,846; Steve Ready - 10,000; James Frazier - 10,000; Steve Heilman - 10,000; Kenneth Wilson - 10,000; Douglas Winkelhake - 17,500; Dana Allen - 10,000; Thomas Johnson - 10,000; Mary Jo Bean - 10,000; Adam Kempf - 10,000.
Schedule J, Part I, Line 4a Severance or change-of-control payment	SEVERANCE PAYMENT WAS RECEIVED DURING 2015 BY KEY EMPLOYEE Sandra Brooks IN THE AMOUNT OF \$201,678, OTHER COMPENSATION, INCLUDED IN SCHEDULE J COLUMN B(III). MS Brooks will RECEIVE SEVERANCE PAYMENT THROUGH June 2015. SEVERANCE PAYMENT WAS RECEIVED DURING 2015 BY Highly Compensated Employee Mary Corbett IN THE AMOUNT OF \$37,453, OTHER COMPENSATION, INCLUDED IN SCHEDULE J COLUMN B(III). MS Corbett will RECEIVE SEVERANCE PAYMENT THROUGH February 2017.
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 - \$ 36,519; Russell F. Cox - 525,793; Michael W. Gough - 352,351; Robert Azar - 85,695; Mary Lynn Meyer - 67,681; Dana Allen - 38,972; Mary Jo Bean - 44,057; Charles Bohn - 69,913; Maureen Capalbo - 20,389; Mary Corbett - 14,739; Alfonso Cornish - 13,808; Michael Esposito - 53,145; James Frazier - 63,141; Steven Heilman - 101,260; Steven Hester - 178,844; Thomas Johnson - 37,794; Adam Kempf - 43,205; Steve Ready - 63,637; Scott Watkins - 71,034; Tracy Williams - 66,475; Kenneth Wilson - 24,788; Douglas Winkelhake - 114,640. THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2015 AND CAN BE COMPRISED OF CURRENT AND OR PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS. NAME - PAYMENT RECEIVED: Stephen A. Williams - \$ 145,012; Russell F. Cox - 120,308; Michael W. Gough - 93,801; Robert Azar - 62,719; Mary Lynn Meyer - 44,412; Dana Allen - 85,100; Mary Jo Bean - 34,857; Charles Bohn - 53,830; Maureen Capalbo - 86,779; Mary Corbett - 33,276; Alfonso Cornish - 75,461; Michael Esposito - 39,390; James Frazier - 51,906; Steven Heilman - 51,809; Steven Hester - 74,132; Thomas Johnson - 31,301; Adam Kempf - 31,934; Steve Ready - 113,421; Scott Watkins - 45,990; Tracy Williams - 44,968; Kenneth Wilson - 39,416; Douglas Winkelhake - 80,331.
Schedule J, Part I, Line 7 Non-fixed payments	In 2015, 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: 15000238

Software Version: 2015v2.1

EIN: 61-1028725

Name: Norton Healthcare Inc

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

(A) Name 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Stephen A Williams CEO/Trustee	(i)	1,108,698	670,607	820,002	108,581	27,353	2,735,241	35,455
	(ii)	0	0	0	0	-0	-0	0
1Russell F Cox President	(i)	782,057	323,406	266,228	733,119	30,817	2,135,627	102,524
	(ii)	0	0	0	0	-0	-0	0
2Michael W Gough Sys Sr VP CFO/Treasurer	(i)	642,297	273,025	226,152	531,021	29,787	1,702,282	83,860
	(ii)	0	0	0	0	-0	-0	0
3Robert B Azar Sys VP Chief Legal Officer/Secretary	(i)	414,691	137,280	101,531	105,560	11,955	771,016	54,508
	(ii)	0	0	0	0	-0	-0	0
4Sandra Brooks Former Sys VP Research & Prevention	(i)	0	0	197,990	874	8,439	207,303	187,273
	(ii)	0	0	0	0	-0	-0	0
5Kenneth Wilson SYS VP Clinical Effectiveness	(i)	316,233	87,013	75,628	44,885	18,785	542,544	9,854
	(ii)	0	0	0	0	-0	-0	0
6Dana Allen Sys VP Chief Marketing Officer	(i)	261,618	61,792	88,487	55,194	17,230	484,321	0
	(ii)	0	0	0	0	-0	-0	0
7Mary Jo Bean Sys VP Planning & Bus Analysis	(i)	283,941	69,173	48,606	67,691	8,022	477,434	30,248
	(ii)	0	0	0	0	-0	-0	0
8Charles Bohn SYS VP Chief HR Officer	(i)	368,337	118,891	95,362	85,813	25,583	693,986	47,032
	(ii)	0	0	0	0	-0	-0	0
9Michael Esposito SYS VP Business Development	(i)	305,199	84,124	73,241	77,080	24,721	564,365	35,608
	(ii)	0	0	0	0	-0	-0	0
10James Frazier SYS VP Medical Affairs	(i)	379,163	96,831	82,522	79,192	26,093	663,802	43,432
	(ii)	0	0	0	0	-0	-0	0
11Steve Heilman Sys VP CMIO	(i)	368,368	100,753	81,997	117,319	27,089	695,526	42,972
	(ii)	0	0	0	0	-0	-0	0
12Steve Hester Sys Sr VP, CMO	(i)	593,863	763,904	114,005	201,555	28,453	1,701,779	74,132
	(ii)	0	0	0	0	-0	-0	0
13Mary Lynn Meyer Sys VP and CDO	(i)	195,481	0	0	0	0	195,481	0
	(ii)	142,924	128,170	66,324	91,352	-16,973	-445,743	44,412
14Steve Ready Sys VP CIO	(i)	392,248	88,694	145,695	78,333	25,597	730,567	90,342
	(ii)	0	0	0	0	-0	-0	0
15Scott Watkins Division VP COO	(i)	385,789	111,593	77,263	94,743	27,005	696,393	42,244
	(ii)	0	0	0	0	-0	-0	0
16Tracy Williams Sys Sr VP, CNO	(i)	328,210	114,090	91,020	86,204	17,445	636,968	44,968
	(ii)	0	0	0	0	-0	-0	0
17Douglas Winkelhake Division President Adult Services	(i)	519,226	167,649	119,916	138,678	28,690	974,159	65,800
	(ii)	0	0	0	0	-0	-0	0
18Maureen Capalbo Sys VP Nursing Systems	(i)	256,481	70,490	103,272	42,850	13,191	486,284	22,638
	(ii)	0	0	0	0	-0	-0	0
19Mary Corbett SYS VP CHIEF GOV'T RELATIONS OFFICER	(i)	253,424	27,119	91,494	404,603	18,376	795,016	8,136
	(ii)	0	0	0	0	-0	-0	0

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

(A) Name 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Alfonso Cornish Sys VP Learning & Org Dev	(i)	226,031	56,248	99,148	33,256	10,410	425,093	35,314
	(ii)	0	0	0	0	0	0	0
1Thomas Johnson Sys VP PR-Chief Communication Officer	(i)	259,310	70,797	48,974	53,694	24,372	457,146	0
	(ii)	0	0	0	0	0	0	0
2Adam Kempf Sys VP Finance	(i)	275,453	63,399	61,700	62,498	18,019	481,068	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Norton Healthcare Inc

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

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	1,810,000		0		8,335,000		10,200,000	
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					
		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▶	2 06 %		2 07 %					
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 63 %		0 63 %					
6	Total of lines 4 and 5	2 69 %		2 70 %		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X		X		X	
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to 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								
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		NONE		NONE		NONE	
c	Term of GIC	320 %							
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
Schedule K, Part IV, Line 5c 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)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Norton Healthcare Inc

► 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.

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

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	200,060,571									
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	31,048									
10	Capital expenditures from proceeds	200,029,160									
11	Other spent proceeds	0									
12	Other unspent proceeds	362									
13	Year of substantial completion	2014									
		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 4 %							
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 63 %							
6	Total of lines 4 and 5	2 03 %							
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to 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								
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	NONE							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		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).

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 990-EZ 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

2015

Open to Public Inspection

Name of the organization Norton Healthcare Inc	Employer identification number 61-1028725
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Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	(Continued from Part III) In 2015, Norton Healthcare's hospitals, diagnostic centers and Norton Cancer Institute served 67,549 inpatients, 480,725 outpatients, and 242,036 emergency room visits. In addition Norton Healthcare hospitals' operating rooms cared for 19,950 inpatient surgical patients and 33,599 outpatient surgical patients. Additionally, 8,335 babies were delivered at Norton Healthcare birthing centers. As part of our commitment to improving the health of our community, Norton Healthcare provides funding for a wide array of practical life-saving and life-enhancing services that benefit the communities we serve. In 2015, under its charity care program, NHI provided free care to 19,005 patients, at a cost of \$8.1 million. Also, NHI grants patients a discount from billed charges to any individuals that have no access to private health insurance or do not qualify for government assistance or charity care. Under this program, 12,587 patients were provided care at discounted rates. Other contributions to the community were the unpaid cost of Medicaid services of \$74.8 million, community health improvement services totaled \$10.8 million, contributions to community groups were \$1.8 million, pastoral care and counseling programs were \$1.8 million, the Kentucky Poison Control Center was \$2.0 million and the Child Guidance and Advocacy programs was \$877,000. Our employees donated 86,458 hours of community service, a benefit valued at more than \$1.2 million. Norton Healthcare provides programmatic support to the University of Louisville School of Medicine through funding and facilities. During the 2015 calendar year, 498 residents completed clinical rotations in 45 specialties at Norton Healthcare facilities. Residency programs are part of the \$38.2 million in education support and clinical funding provided to the school. In addition, many employees self-reported personal volunteer activities, which totaled nearly 4,000 hours of service. Contributions to the Community. * Norton Healthcare employees and physicians gave more than \$950,000 to the 2015 Combined Giving Campaign to help support the WHAS Crusade for Children, Metro United Way, Fund for the Arts, Children's Hospital Foundation, Norton Healthcare Foundation and Kosair Charities. * Norton Healthcare employees "Raised the Roof" on a Habitat for Humanity house in the Hazelwood neighborhood in Louisville, Ky. This is the ninth Habitat home Norton Healthcare employees have built. * In 2015, more than 600 Norton Healthcare employees donated time and funds to plan, purchase and deliver gifts, food and clothing for the Caring Tree program. The program assisted 329 employees and their 719 children by providing for their families at Christmas. * More than 31,483 pounds of usable surplus medical supplies and other items were salvaged for donation to be used around the world through the Supplies Over Seas organization. The dollar value of these items was \$504,000. In addition, \$8,000 in equipment was donated. As one of Kentucky's largest healthcare systems, Norton Healthcare, Inc. has established a culture of continual, lifelong learning through the departments of Workforce Development, Norton Institute for Nursing and Norton University. Workforce Development, encourages continuing education, improves job performance and provides financial assistance for designated educational programs related to the business operations of the organization. Norton Healthcare encourages and supports employees and dependents' career goals by providing financial assistance and scholarships as well as other advancement opportunities. In 2015, Workforce Development financially supported more than 700 students with nearly \$5 million in educational assistance programs. * Workforce Development was nominated for recognition at the White House UpSkill Summit. * Workforce Development Career Center served over 1,300 students. Each program participant worked directly with a Certified Career Management Coach, offering services in resume writing, career and educational exploration, financial assistance opportunities for educational pursuit, interviewing skills and mentoring. * Nurse Extern Program is a seven-week summer program that provides a hands-on learning opportunity for exceptional nursing students to work directly with medical professionals at Norton Healthcare. In 2015, this program had 61 participants. * Tuition assistance program is offered to employee students seeking to advance their education with a healthcare-related degree. In 2015, 344 employees participated. * Norton Scholars Accelerated Program, a student loan program, for employees and non-employees, provides educational funding to students interested in pursuing designated healthcare careers. It is an affiliation between Norton Healthcare and over 100 colleges and universities nationally. This program has 2,361 graduates and 1,855 of these graduates have continued their careers with Norton Healthcare. * Norton Healthcare, through Workforce Development, continues to partner with the city of Louisville through a summer job and internship program known as the Mayor Summers Work Program, to give young adults an opportunity to be employed in our healthcare environment during the summer months. In 2015, 35 young adults participated in this program. Norton University provides learning opportunities to enhance the professional, educational, and personal development of all employees. Norton University's Value Proposition states "Norton University nurtures learning and relations to inspire change that leads to exceptional experiences for both patients and employees." In 2015, Norton University held 245,525 learning events, an average of 18.3 trainings per employee. In 2015, Norton University provided 250 instructor-led and 1,585 on-line courses for leaders and staff of all disciplines. * Elevating the First Line Employee, School at Work and College at Work programs expose entry-level staff to healthcare careers and help them obtain a higher level position, GED or college degree. * Leadership development programs that support the development of leaders (Nursing, Physician Practices, Physician and System) across the continuum. * Organizational development activities that assist in creating a more effective and efficient workplace with highly engaged employees. The Office of Church and Health Ministries provides free education, resources and services to faith community nurses and others working in congregational health ministries. Through participation in events around the community, the office has partnered with the Mid-Kentucky Presbytery, United Methodist Church Kentucky Conference, Central District Baptist Association, United Church of Christ Ministerium, African American Episcopal Church Conference and the Episcopal Diocese of Kentucky Annual Convention. In 2015, the office mentored and served nearly 200 faith communities with active health ministries programs, and assisted many others with health and wellness efforts. Norton Healthcare is leading the way in workplace health and wellness with N Good Health - the organization's internal wellness program. N Good Health is designed to help you improve or maintain employee's health through department support, discounts on popular wellness programs, participation incentives and more. N Good Health continually strives to increase employee engagement and improve the participant experience. In 2015, * 75 percent of employees (6,748) and 64 percent of covered spouses (2,413) completed the 4 steps of the N Good Health wellness program. * Norton Healthcare was ranked the 11th healthiest workplace in America. * Norton Healthcare was named one of Business First's Healthiest Employers in Greater Louisville. * Norton Healthcare received the Fleur de Lis Worksite Wellness Award from the Mayor's Healthy Hometown movement. * Our employee population had a decrease in pre-diabetes, high cholesterol and tobacco use. * Employees participating in our free or reduced-cost programs have an average weight loss ranging from 8 to 24 pounds. Norton Heart Care provides the region's most comprehensive screening, education and prevention program and is committed to educating our community about heart health and risk factor management. In 2015, * Norton Healthcare Centers for Prevention & Wellness screened 4,170 people and provided various services for 9,562 people for high blood pressure, diabetes, high cholesterol and osteoporosis and provided information about smoking cessation, diet and exercise. * Norton Women's Heart & Vascular Center, the region's only center dedicated to education, prevention and treatment of heart disease for women, provided 46 participants heart disease risk assessments and education.

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	* Norton Women's Heart & Vascular Center offered its free Circle of Hearts program, a quarterly heart disease and prevention class that focuses on heart health education and other wellness issues of interest to women. Circle of Hearts had 115 attendees in four classes. In addition, Yoga Nidra had 54 attendees, and Tai Chi for Health had 110 attendees. * Norton Women's Heart & Vascular Center attended heart health community events, including health fairs, presentations and speaking engagements held at 24 locations and reached 1,946 individuals representing businesses, churches, women's groups and health care professionals. * A registered nurse visited 223 new mothers at Norton Women's and Kosair Children's Hospital to provide heart health education, resource referrals and a baby blanket, including a Go Red for Women message. The women had all experienced pregnancy-related complications. * Norton Women's Heart & Vascular Center offers the only WomenHeart Support group in Kentucky, and Norton Heart Care is the only hospital in Kentucky to be a WomenHeart National Hospital Alliance Member. WomenHeart is the national coalition for women living with cardiovascular disease and is the only patient-centered program offering support and education for women living with cardiovascular disease. Norton Heart Care supported two women heart survivors and sent them to the Mayo Clinic to be trained at the WomenHeart Symposium to provide support and education to our Norton Heart Care patients and to the women in our community living with cardiovascular disease. In 2015, the WomenHeart program provided: * The monthly WomenHeart Support Group is offered at the Marshall Women's Health and Education Center. It is led by the WomenHeart Champions and a nurse from the Women's Heart and Vascular Center. - In 2015, 84 women heart patients attended 9 classes which provided emotional support as well as education on healthy nutrition, exercise, and stress management. * The WomenHeart Champions visited women at all three Norton Heart Care Cardiac Rehabilitation locations to provide support and education to 48 women who were in the recovery phase of their cardiac surgery or procedure. - The WomenHeart Champions visited 28 women at Norton Audubon Hospital to provide support, education, Red Bags of Courage, and HeartScarves to women undergoing cardiac surgeries or procedures. - o The WomenHeart Champions reached 601 people by attending community events, health fairs, and providing educational presentations to businesses, churches, women groups, and healthcare professionals. Norton Cancer Institute * In 2015, the Norton Cancer Institute Mobile Prevention Center served 226 locations in collaboration with more than 400 community partners, 50 percent of which were in underserved communities. This outreach resulted in 3,523 people being screened for cancer. Of these, approximately 40 percent either had never been screened for cancer or had not been screened in the past five years. - In 2015, 17 of the screened individuals were diagnosed and treated for preinvasive and invasive cancer. * Norton Cancer Institute's Genetic Counseling Services provided services to 560 new patients in 2015. This department specializes in cancer genetics and hereditary cancer syndromes. Norton Orthopaedic Care * Norton Orthopaedic Care earned The Joint Commission's Gold Seal of Approval for knee and hip replacement. This recognition 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 excellence throughout Norton Healthcare hospitals and doctors' offices. * Norton Orthopaedic & Hand Center near the campus of Norton Brownsboro Hospital is a state-of-the-art facility with specialists of Norton Orthopaedic Care, Norton Sports Health and Norton Healthcare to provide a multidisciplinary approach to innovative orthopaedic care. The facility supports research, training and education. It also offers patients subspecialized trained orthopaedists, a Norton Immediate Care Center with a focus on orthopaedics, rehabilitation services, advanced sports training and primary care services with an emphasis on orthopaedics. Women's services * In 2015, Norton Women's Care birthing facilities at Norton Hospital and Norton Women's and Kosair Children's Hospital provided the care and medical services for 8,335 deliveries. * In 2015, free childbirth education classes were provided to 5,675 attendees at Norton Hospital and Norton Women's and Kosair Children's Hospital. Pediatric services and the Office of Child Advocacy * The pediatric specialists at Kosair Children's Hospital, Kosair Children's Medical Center and Norton Women's and Kosair Children's Hospital had 162,366 total patient encounters in 2015 (inpatient admissions, outpatient visits, & emergency room visits). * Kosair Children's Hospital is home to the Kentucky Regional Poison Control Center. In 2015, the center received 52,700 calls and made 44,196 follow-up calls to concerned families from all 120 counties in Kentucky. The center provided treatment consultation and education about how to correctly handle exposures to poisons. In addition, the center distributed more than 25,000 prevention education resources to physicians' offices, health departments and schools and more than 2,000 packets of materials to individuals who called the toll-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 828 car and booster seats and provided 90 car seats and 179 booster seats at free checkup clinics statewide. The booster seats were provided through a grant from the Kentucky Highway Safety Office. * Kosair Children's Hospital's Bike Rodeo Program saw 17,500 students in 2015 from grades three through five throughout Kentucky participated in 117 bike safety "rodeos." * Approximately 350 middle school students and 20 teachers participated in "Safe Kids Walk This Way," a program led by Kosair Children's Hospital. The program is designed to reduce dangerous distraction behaviors of teen pedestrians. * Kosair Children's Hospital's "Just for Kids" Transport Team made 2,103 trips to transport babies and children from across the region to Kosair Children's Hospital in 2015. Transportation was provided by airplane, helicopter and specially equipped ambulances (mobile intensive care units). * More than 5,000 kindergarten students, 200 teachers, 520 chaperones and 250 nursing students attended the 32nd 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 teach safe decisions and behaviors and help lessen the fear and anxiety children may have about coming to a hospital. Norton Neuroscience Institute is continuing its quest to be the regional and national leader in treatment, research and academic training for adult and pediatric neuroscience disciplines. Norton Neuroscience Institute allows patients to be treated for neurological disorders without having to leave the region for care. More than two dozen subspecialty fellowship-trained neurosurgeons, neurologists and other neurological-related specialists have joined the growing practice. These physicians provide expertise in stroke care, epilepsy, Parkinson's disease, multiple sclerosis, ALS, brain tumors, headaches, concussions and many other neurological conditions. The following services also are available to our community as a result of Norton Healthcare's significant commitment to the best neurological care: * 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 region. * 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 Neuroscience Institute's multidisciplinary approach to epilepsy care, the Norton Brownsboro Hospital epilepsy monitoring unit is a specialized inpatient unit designed to evaluate and diagnose 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 educational, therapeutic and exercise programs. In addition, patients have access to National Institutes of Health clinical trials through the center.

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	* The region's first rehabilitation program focused solely on treating patients with neurological and spine disorders has the only Lokomat system available to Louisville-area patients. Lokomat assists with walking movements for patients receiving therapy for paralysis or movement disorders. Community Medical Associates * Norton Healthcare's employed provider group treated more than 1.7 million patients in 2015, a 9 percent increase over 2014. Community Medical Associates consists of more than 200 physician practices, 13 immediate care providers, including physicians, physician assistants and advance practice providers. * Provided physicians and a chaplain who make house calls for elderly patients who have difficulty leaving home for medical care. * Physicians are involved in medical screening, community outreach and community education activities to promote wellness and early interventions. Research * In 2015, Norton Healthcare participated in more than 725 community benefit research projects. Our research benefits Norton Healthcare patients and develops results that will become generalizable to and shared with a wide number of patient populations and medical professionals. These new, innovative treatments expand the medical community's knowledge and potentially improve the quality of medical care now and in the future. * Norton Healthcare Office of Research Administration partnered with Norton University to offer research education to all researchers in Metro Louisville and beyond. In 2015, seven programs were offered. Attendees included Norton Healthcare, KentuckyOne Health, University of Louisville Hospital, Floyd Memorial Hospital, Cincinnati Children's Hospital Medical Center, St. Vincent Health, University of Kentucky, University of Louisville and various community-based practices. The Children's Hospital Foundation raises funds to support programs, equipment and facilities, research, advocacy and education for Kosair Children's Hospital, Norton Women's and Kosair Children's Hospital - and Kosair Children's Medical Center. The Children's Hospital Foundation is motivated to ensure that children in the Louisville area have the medical care they need when they need it, while keeping kids as close to home as possible. Thanks to support from the community, Kosair Children's Hospital has some of the most talented and dedicated pediatric specialists and clinical and caregiving teams in the country ready to care for children. This 265-bed hospital is the only full-service, free-standing pediatric hospital in Kentucky, level 1 pediatric trauma center in Kentucky, and the primary teaching facility for the University of Louisville School of Medicine Department of Pediatrics. In order to continue to exceed the community's need for specialized pediatric care and meet the ever-growing needs at Kosair Children's Hospital, 2015 brought several specific fundraising initiatives forward to donors and the community at large. These efforts focused on raising funds for pediatric cancer, neurology and neurosurgery, neonatal intensive care, Type I diabetes, trauma and emergency care to name a few. While the foundation's "Just for Kids" campaign concluded in 2011, the three general areas of development from the campaign - workforce, research and facilities - continue to guide fundraising growth in each of the aforementioned pediatric services. Additionally, ongoing areas of need, such as child advocacy, pediatric pastoral care and bereavement programs, endowed research chairs, and specialty therapies, including child life, expressive and music therapies, 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 continues to expand partnerships within the community and enhance the hospital's ability to serve all children regardless of their families' ability to pay. The strength and value of the community's support for the hospital are visible through funding and support of many projects in 2015, including: * More than \$11 million in investments granted to Kosair Children's Hospital, to benefit dozens of areas of care. * The Children's Hospital Foundation Office of Child Advocacy of Kosair Children's Hospital, which helps provide safety and outreach information aimed at keeping kids out of the hospital. * Funding for the Wendy L. Novak Diabetes Care Center at Kosair Children's Hospital for expansion of technology and accreditation. * Construction of the Baby Bistro, where moms and their families can find everything they need from supplies to support for breastfeeding once they are heading home from the hospital, at Norton Women's and Kosair Children's Hospital. * Renovations of "Safety City," a model city serving as an educational program aimed at helping second grade students learn and practice the skills and knowledge necessary to avoid preventable. For more than two decades, more than 121,000 students have experienced a full day of lessons in bicycle, pedestrian, school bus, stranger-danger and traffic safety while visiting Safety City. * Expansion of Kosair Children's Hospital Medical Associates in Shelbyville, Ky. * Endowed research chairs in pediatric hematology/oncology, sleep medicine and endocrinology. * Cardiorespiratory monitors to support critically ill pediatric patients. * Replacement of a "Just for Kids" ambulance. * 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. It also helps the hospital work to keep children out of the hospital. The Norton Healthcare Foundation is the philanthropic arm of the not-for-profit Norton Healthcare adult-service hospitals: Norton Audubon Hospital, Norton Brownsville Hospital, Norton Hospital and Norton Women's and Kosair Children's Hospital. The foundation raises funds each year to improve 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. The Norton Healthcare Foundation is the philanthropic arm of the not-for-profit Norton Healthcare adult-service hospitals: Norton Audubon Hospital, Norton Brownsville Hospital, Norton Hospital and Norton Women's and Kosair Children's Hospital. The foundation raises funds each year to improve 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.

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	Community support through the Norton Healthcare Foundation allow s caregivers to continue making a difference for patients served by Norton Healthcare Inc In 2015, that support helped the foundation provide funding to * Norton Healthcare Foundation funds granted more than \$5 million to benefit dozens of areas of care throughout the facilities * Renovations of the Pat Harrison Cancer Resource Center in Southern Indiana * Support Norton Cancer Institute initiatives that provide early detection screenings, education and clinical research * Provide enhancements and programming for the Marshall Women's Health & Education Center, located at Norton Women's and Kosair Children's Hospital, w hich provides a healing and educational gathering space for expectant mothers, w omen at all stages of life and their families to learn how they can live their healthiest * 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, w ith 166 attendees and Nixon Lectureship series w ith 345 attendees, w hich focus on topics related to cancer care, prevention and research * Support nurses to obtain oncology-certified nurse designation, enabling them to provide the most advanced and comprehensive care to cancer patients * Renovate and expand Norton Women's and Kosair Children's Hospital, including the Surgery Center Waiting Room * Renovations and upgrades to Norton Hospital, including a Healing Garden and operating room equipment * Provide baby-friendly hospital initiatives to support breastfeeding at Norton Hospital and of Norton Women's and Kosair Children's Hospital * Program support for Integrative Medicine initiatives for the Norton Neuroscience Institute * Provide support for breast cancer survivors 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 2015 BY NORTON HEALTHCARE, INC , WAS APPROXIMATELY 510 NORTON HEALTHCARE, INC , HAS APPROXIMATELY 89 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2015 NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 951 VENDORS ON FORM 1096 FOR 2015

Return Reference	Explanation
Form 990, Part V, Line 1b W-2 G COMMON PAYING AGENT	NORTON HEALTHCARE INC , AS THE COMMON PAYING AGENT, FILED THREE 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 2,056 EMPLOYEES NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 14,830 EMPLOYEES ON FORM W-3 FOR 2015

Return Reference	Explanation
Form 990, Part VI, 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, Line 2 Family/business relationships amongst interested persons	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, Line 11b Review of form 990 by governing body	At the October 6, 2016 Norton Healthcare, Inc (Norton) Finance Committee meeting and at the October 13, 2016 Norton Board of Trustees meeting , the 990s w ere discussed and committee members and Trustees had an opportunity to ask questions Coinciding with the Finance Committee meeting, electronic copies of the 990s w ere 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, 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, 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, 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 2014 for the 2015 compensation review and met in 2015 for the 2016 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, 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 tow n 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 2015

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Misc Income - Total Revenue 1305196, Related or Exempt Function Revenue 1305196, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Purchase Discounts - Total Revenue -50, Related or Exempt Function Revenue -50, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Fitness Center - Total Revenue 108018, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 108018,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Outside Services - Total Expense 41892942, Program Service Expense 37458565, Management and General Expenses 4434377, Fundraising Expenses , Other expenses - Total Expense 625260, Program Service Expense 482645, Management and General Expenses 142615, Fundraising Expenses , Contract Labor - Total Expense 432201, Program Service Expense 300045, Management and General Expenses 132156, Fundraising Expenses , Professional Fees - Total Expense 5174, Program Service Expense 5174, 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 - -163483, SWAP MARK TO MARKET ADJUSTMENT - 11189123, CHANGE IN MINIMUM PENSION LIABILITY - -44622758,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Norton Healthcare Inc

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

OMB No 1545-0047

2015

Open to Public Inspection

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	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	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) Disproportionate 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	33,367,422	54,580,607	100 %	Yes	

Part V

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

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

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

Yes

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			

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-1028725
Name: Norton Healthcare Inc

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Norton Hospitals Inc	R	738,881,329	FMV
(1)	Norton Hospitals Inc	S	1,010,681,399	FMV
(2)	Community Medical Associates Inc	R	259,431,538	FMV
(3)	Community Medical Associates Inc	S	212,479,041	FMV
(4)	Norton Properties Inc	R	39,079,922	FMV
(5)	Norton Properties Inc	S	34,088,209	FMV
(6)	The Children's Hospital Foundation Inc	R	4,849,541	FMV
(7)	The Children's Hospital Foundation Inc	S	5,976,993	FMV
(8)	Norton Healthcare Foundation Inc	R	1,871,258	FMV
(9)	Norton Healthcare Foundation Inc	S	2,092,747	FMV
(10)	Norton Properties Inc	K	6,224,928	FMV