Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		
Department of Labor Employee Benefits Security Administration	 Complete all entries in accordance with the instructions to the Form 5500. 	2009
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ider	tification Information	
For calendar plan year 2009 or fiscal	plan year beginning 01/01/2009 and ending 12/31/2	2009
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
	a single-employer plan; a DFE (specify)	
B This return/report is:	the first return/report; the final return/report;	
	an amended return/report; a short plan year return/report (less t	han 12 months).
C If the plan is a collectively-bargain	ed plan, check here	▶□
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;
	special extension (enter description)	
Part II Basic Plan Inform	nation—enter all requested information	
1a Name of plan NORTON HEALTHCARE 403B RETI	·	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 06/17/1983
2a Plan sponsor's name and addres (Address should include room or s	s (employer, if for a single-employer plan) suite no.)	2b Employer Identification Number (EIN) 61-1028725
		2c Sponsor's telephone number 502-629-8025
PO BOX 35070 LOUISVILLE, KY 40232-5070	224 E BROADWAY 2ND FLOOR LOUISVILLE, KY 40232-5070	2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	DAWN PRICE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

	Form 5500 (2009) Page 2		
NC PC	Plan administrator's name and address (if same as plan sponsor, enter "Same") ORTON HEALTHCARE INC 9 BOX 35070 UISVILLE, KY 40232-5070	61- 3c Ad	Iministrator's EIN 1028725 Iministrator's telephone Imber 2-629-8025
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, the plan number from the last return/report: Sponsor's name	EIN and	4b EIN 4c PN
	·		
5 6	Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	5	5253
a b	Active participants Retired or separated participants receiving benefits		10372
с	Other retired or separated participants entitled to future benefits	6c	544
d	Subtotal. Add lines 6a , 6b , and 6c	6d	10918
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	12
f	Total. Add lines 6d and 6e	6f	10930
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	5859
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h	52
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).	······ 7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L 2M 2F 2G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a	Plan fur	nding	arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)			
	(1)	×	Insurance		(1)	Х	Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are a			plicable boxes in 10a and 10b to indicate which schedules are a	ttache	ed, and, w	here	e indicated, enter the number attached. (See instructions)
	a Pension Schedules			b General Schedules			
а	Pensio	n Sci	hedules	b	General	Scl	hedules
а	Pensio (1)	n Sci	hedules R (Retirement Plan Information)	b	General (1)	Scl	hedules H (Financial Information)
а		n Sci X		b		Scl	
а	(1)	n Sci X	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	Scl	H (Financial Information)
а	(1)	n Sci X	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Sci X X X	H (Financial Information)I (Financial Information – Small Plan)
а	(1)	n Sci	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	Sci X X X	 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information)

SCHEDULE		Insuranc	ce Information	า		ON	IB No. 1210-0110
(Form 5500 Department of the Treas Internal Revenue Serv	sury	This schedule is required				2009	
Internal Revenue Service Employee Retirement Income Security Act of 1974 (ERISA). Department of Labor File as an attachment to Form 5500.).		2003	
Pension Benefit Guaranty Co		 Insurance companies al pursuant to E 	re required to provide th RISA section 103(a)(2).		ion	This For	m is Open to Public Inspection
For calendar plan year 20	09 or fiscal plar	vyear beginning 01/01/2009		and er	nding 12/	31/2009	
A Name of plan NORTON HEALTHCARE	403B RETIRE	MENT SAVINGS PLAN			e-digit number (PN	l) ►	002
C Plan sponsor's name a NORTON HEALTHCARE		e 2a of Form 5500.		D Emplo 61-102	•	ation Number	(EIN)
		ing Insurance Contract C Individual contracts grouped as a					
(a) Name of insurance ca	rrier						
TRANSAMERICA FINAN	CIAL LIFE INS	URANCE COMPANY					
	(-))(4)0		(e) Approximate nu	mber of		Policy or c	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at policy or contract		(f)	From	(g) To
36-6071399	70688	TT069177	585	59	01/01/20	09	12/31/2009
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	I commissions paid. Li	st in item 3	the agents,	brokers, and	other persons in
(a) Total a	amount of comr			(b) To	otal amount o	of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all p	persons).			
	(a) Name a	nd address of the agent, broker, o	or other person to whor	n commiss	ions or fees	were paid	
	1						
(b) Amount of sales ar			s and other commission	•			
commissions pa	Id	(c) Amount		(d) Purpose	9		(e) Organization code
		nd address of the areat burley	or other percents where	n nomeric -	iono orfere	wara natal	
	(a) mame a	nd address of the agent, broker, o	or other person to whor	II COMINISS	IONS OF IEES	were paid	

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Devenue all Deduction Act Natio		ees the instructions for Form FF00	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schere			edule A (Form 5500) 2009 v.092308.1

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Na	ne and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi- this report.	idual contracts with each carrier ma	ay be treated as a u	nit for purposes of
4 (Current	value of plan's interest under this contract in the general account at year	end		148532
_		value of plan's interest under this contract in separate accounts at year er		_	21992420
6	Contract	ts With Allocated Funds:			
		ate the basis of premium rates			
	b Pre	emiums paid to carrier		6b	
	c Pre	emiums due but unpaid at the end of the year		6c	
		he carrier, service, or other organization incurred any specific costs in cor ention of the contract or policy, enter amount		6d	
	Sp	ecify nature of costs			
	е тур	pe of contract: (1) individual policies (2) group deferred	d annuity		
	(3)	other (specify)			
	f If c	contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here		
7 (Contract	ts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)		
	а тур		te participation guarantee		
		(3) X guaranteed investment (4) d other ►			
	L 5			76	280046
		lance at the end of the previous year			389916
		Iditions: (1) Contributions deposited during the year	. 7c(1)		
	. ,	Dividends and credits	7c(2) 7c(3)	21001	
	. ,	Interest credited during the year Transferred from separate account	7c(3) 7c(4)	21001	
			7c(5)	61235	
		Other (specify below) FORFEITURE ACTIVITY		01200	
	,				
				7.(0)	82236
	. ,	Total additions		7c(6)	472152
		al of balance and additions (add b and c(6))			472102
		ductions:	70(1)		
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
	. ,	Administration charge made by carrier	= (0)		
	. ,	Transferred to separate account Other (specify below)	7e(3) 7e(4)	323620	
	• • •	FORFEITURE ACTIVITY			
	•				
	. ,	Total deductions			323620
	f Ba	lance at the end of the current year (subtract e(5) from d)		7f	148532

Schedule A (Form 5500) 2009

|--|

Pa	art II	Welfare Benefit Contract Informat	ion				
		If more than one contract covers the same gr information may be combined for reporting pu					
		the entire group of such individual contracts					is cover individual employees,
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	e	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h Prescription drug
	iΓ	Stop loss (large deductible)	i HMO contract	k	PPO contract	-	I Indemnity contract
	m	Other (specify)	, []]		
	Г						
9	Expe	rience-rated contracts:					
	aF	Premiums: (1) Amount received		9a(1)			7
		(2) Increase (decrease) in amount due but unpaid	I	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		. 9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			7
		(B) Administrative service or other fees		9c(1)(B)			7
		(C) Other specific acquisition costs		9c(1)(C)			7
		(D) Other expenses		9c(1)(D)			7
		(E) Taxes		9c(1)(E)			7
		(F) Charges for risks or other contingencies		9c(1)(F)			7
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1					
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in c(2) .)		. 9e	
10	No	nexperience-rated contracts:				•	
	а	Total premiums or subscription charges paid to c	arrier			10a	
	-	If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo				10b	

Specify nature of costs

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	

12 If the answer to line 11 is "Yes," specify the information not provided.

(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation For calendar plan year 2009 or fiscal plan A Name of plan NORTON HEALTHCARE 403B RETIRE		ty Act of 1974 (ERISA).		2009		
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation For calendar plan year 2009 or fiscal plan A Name of plan	Retirement Income Securi File as an attachm	ty Act of 1974 (ERISA).				
Employee Benefits Security Administration Pension Benefit Guaranty Corporation For calendar plan year 2009 or fiscal plan A Name of plan		nent to Form 5500		2009		
For calendar plan year 2009 or fiscal plan A Name of plan	04/04/2000	tachment to Form 5500.		This Form is Open to Public Inspection.		
A Name of plan	vear beginning 01/01/2009	and ending 12/31	/2009			
		B Three-digit plan number (PN)	•	002		
C Plan sponsor's name as shown on line NORTON HEALTHCARE INC	D Employer Identificati 61-1028725	1				
Part I Service Provider Infor	mation (see instructions)					
or more in total compensation (i.e., mo plan during the plan year. If a person i	lance with the instructions, to report the in oney or anything else of monetary value) received only eligible indirect compensa include that person when completing the r	in connection with services rendered to tion for which the plan received the req remainder of this Part.	the plan or	the person's position with the		
b If you answered line 1a "Yes," enter th received only eligible indirect compens	an received the required disclosures (see ne name and EIN or address of each per- ation. Complete as many entries as nee e and EIN or address of person who pro	son providing the required disclosures f eded (see instructions).	or the servic	ce providers who		
DIVERSIFIED INVESTMENT ADVISOR						
13-3689044						
(b) Enter nam	e and EIN or address of person who pro	wided you disclosure on eligible indirec	compensat	tion		
(b) Enter name	e and EIN or address of person who prov	vided you disclosures on eligible indired	t compensa	tion		
(b) Enter nam	e and EIN or address of person who prov	vided you disclosures on eligible indirec	t compensa	tion		

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or	address (see instructions)
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DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	55407	Yes 🛛 No 🗌	Yes 🕺 No 🗌	0	Yes 🛛 No 🗌		
	(a) Enter name and EIN or address (see instructions)							
NATIONAL FINANCIAL SERVICES								
04-3523567	7				-			

(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0			
33	SECURITIES BROKER	0	Yes 🛛 No 🗌	Yes 🗌 No 🛛	0	Yes 🛛 No 🗌		
	(a) Enter name and EIN or address (see instructions)							

LOCKTON INVESTMENT ADVISORS, LLC

PO BOX 877579 KANSAS CITY, MO 64187-7579

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
33	SECURITIES BROKER	0	Yes 🛛 No 🗌	Yes 🗌 No 🛛	17697	Yes 🗌 No 🗙

	(a) Enter name and EIN or address (see instructions)							
		(N		(4)		(1)		
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
			Yes No	Yes No		Yes 🗌 No 🗌		
		(a) Enter name and EIN or	address (see instructions)				
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
			Yes 🗌 No 🗍	Yes 🗌 No 🗌		Yes 🗌 No 🗍		
		(a) Enter name and EIN or	address (see instructions)				
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
			Yes No	Yes 🗌 No 🗍		Yes No		

Page	5-	1
гауе	J -	1

(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT	ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter nam	e and EIN (address) of source of indirect compensation	for or the amount of th	he service provider's eligibility e indirect compensation.
NEUBERGER BERMAN	605 THIRD AVENUE 36TH FLOOR NEW YORK, NY 10158	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT	ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter nam	ne and EIN (address) of source of indirect compensation		pmpensation, including any he service provider's eligibility e indirect compensation.
PAX WORLD	30 PENHALLOW ST STE 400 PORTSMOUTH, NH 03801	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
NATIONAL FINANCIAL SERV	ICES	33	0
(d) Enter nam	e and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
ALLIANZ	PO BOX 8050 BOSTON, MA 02266	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)

(a) Enter	service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT AD	VISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name a	and EIN (address) of source of indirect compensation	for or the amount of th	he service provider's eligibility e indirect compensation.
AMERICAN FUNDS	5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Enter	service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT AD	VISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name a	and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
ROYCE	745 FIFTH AVENUE NEW YORK, NY 10151	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Enter	service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICE	ES	33	0
(d) Enter name a	and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
AHA	400 NORTH ROXBURY DRIVE BEVERLY HILLS, CA 90210	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)

(a) Ente	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT /	ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name	e and EIN (address) of source of indirect compensation		pmpensation, including any he service provider's eligibility e indirect compensation.
CALVERT	4550 MONTGOMERY AVE SUITE 1000N BETHESDA, MD 20814	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Ente	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT A	ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name	e and EIN (address) of source of indirect compensation		pmpensation, including any he service provider's eligibility e indirect compensation.
EATON VANCE	TWO INTERNATIONAL PLACE BOSTON, MA 02110	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Ente	er service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
NATIONAL FINANCIAL SERV	ICES	(see instructions)	compensation 0
(d) Enter nam	e and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
SCUDDER	210 W. 10TH STREET KANSAS CITY, MO 64105	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT	ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	2 0
(d) Enter nam	e and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility ne indirect compensation.
COLUMBIA	245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
NATIONAL FINANCIAL SERV	ICES	33	0
(d) Enter nam	e and EIN (address) of source of indirect compensation	formula used to determine	ompensation, including any the service provider's eligibility he indirect compensation.
		REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)

605 THIRD AVENUE 36TH FLOOR NEW YORK, NY 10158		
onvice provider name as it appears on line 2	(b) Sonvice Codes	(c) Enter amount of indirect
ervice provider name as it appears on line 2	(see instructions)	(C) Enter amount of indirect compensation
S	33	0
nd EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
30 PENHALLOW ST STE 400 PORTSMOUTH, NH 03801	REVENUE SHARING SEE A	TTACHMENT TO LINE 2(H)
	36TH FLOOR NEW YORK, NY 10158 ervice provider name as it appears on line 2 S and EIN (address) of source of indirect compensation 30 PENHALLOW ST STE 400	36TH FLOOR NEW YORK, NY 10158 ervice provider name as it appears on line 2 (b) Service Codes (see instructions) S 33 and EIN (address) of source of indirect compensation (e) Describe the indirect formula used to determine for or the amount of 30 PENHALLOW ST STE 400

Page 5-	5
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	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVE	STMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d)	Enter name and EIN (address) of source of indirect compensation		pmpensation, including any he service provider's eligibility e indirect compensation.
ALLIANZ	PO BOX 8050 BOSTON, MA 02266	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
	(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect

	ervice provider frame as it appears of fine 2	(see instructions)	compensation
NATIONAL FINANCIAL SERVICE	S	33	0
(d) Enter name a	nd EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
AMERICAN FUNDS	5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE /	ATTACHMENT TO LINE 2(H)
(a) Enter s	ervice provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICE	S	33	0
(d) Enter name a	nd EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
ROYCE	745 FIFTH AVENUE NEW YORK, NY 10151	REVENUE SHARING SEE A	ATTACHMENT TO LINE 2(H)

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(a) Ent	ter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT	ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter nam	e and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
АНА	400 NORTH ROXBURY DRIVE BEVERLY HILLS, CA 90210	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
NATIONAL FINANCIAL SERV	/ICES	33	0
(d) Enter nam	e and EIN (address) of source of indirect compensation		 ompensation, including any he service provider's eligibility e indirect compensation.
CALVERT 4550 MONTGOMERY AVE SUITE 1000N BETHESDA, MD 20814		REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
(a) Ent	er service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
NATIONAL FINANCIAL SERV	'ICES	33	0
(d) Enter nam	e and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
EATON VANCE	TWO INTERNATIONAL PLACE BOSTON, MA 02110	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)

	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
DIVERSIFIE	D INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
	(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
SCUDDER	210 W. 10TH STREET KANSAS CITY, MO 64105	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL F	FINANCIAL SERVICES	33	0
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine t	bompensation, including any he service provider's eligibility e indirect compensation.
COLUMBIA	245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE AT	TACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
LOCKTON INVESTMENT ADVISORS, LLC	33	17697
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
DIVERSIFIED INVESTMENT ADVISORS	REVENUE SHARING	
13-3689044		

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Part II Service Providers Who Fail or Refuse to Provide Information		
4 Provide, to the extent possible, the following information for ea this Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

Page	7-	1
i ugo	•	

Part III	Termination Information on Accountants and Enrolled (complete as many entries as needed)	d Actuaries (see instructions)
a Nam		b EIN:
C Posi	tion:	
d Add	ress:	e Telephone:
Explanat	ion:	
a Nam	¢.	b EIN:
C Posi		
d Add		e Telephone:
Explanat	ion:	
∟лріана		
a Nam	e:	b EIN:
C Posi	tion:	
d Add	ess:	e Telephone:
Explanat	ion:	
a Nam		b EIN;
C Posi		O Telephone:
d Addı	ess.	e Telephone:
Explanat	ion:	

а	Name:	b EIN;
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE D DFE/Participating Plan Information (Form 5500)			OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service	2009				
Department of Labor Employee Benefits Security Administration				This Form is Open to Public Inspection.	
For calendar plan year 2009 or fiscal	l plan year beginning	01/01/2009	and ending 12/3	31/2009	
A Name of plan NORTON HEALTHCARE 403B RETIR	REMENT SAVINGS PL	AN	B Three-digit plan numb	er (PN) 🕨 002	
C Plan or DFE sponsor's name as she NORTON HEALTHCARE INC	own on line 2a of Form	n 5500	D Employer lo 61-102872	lentification Number (EIN) 5	
	entries as needed	CTs, PSAs, and 103-12 IEs (to b to report all interests in DFEs)	e completed by pla	ans and DFEs)	
b Name of sponsor of entity listed in	TDANCAMED	ICA FINANCIAL LIFE INSURANCE CC	MPANY		
C EIN-PN 36-6071399-005	d Entity P	e Dollar value of interest in MTIA, 103-12 IE at end of year (see ins		21992420	
a Name of MTIA, CCT, PSA, or 103-	-12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, 103-12 IE at end of year (see ins			
a Name of MTIA, CCT, PSA, or 103-	-12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, 103-12 IE at end of year (see ins			
a Name of MTIA, CCT, PSA, or 103-	·12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, 103-12 IE at end of year (see ins			
a Name of MTIA, CCT, PSA, or 103-	·12 IE:				
b Name of sponsor of entity listed in	< <i>,</i>				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, 103-12 IE at end of year (see ins	, ,		
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, 103-12 IE at end of year (see ins			
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
b Name of sponsor of entity listed in	(a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, 103-12 IE at end of year (see inst or for the instructions for form 5500		Schedule D (Form 5500) 2000	

s, ons for Form 5500.

Schedule D (Form 5500)	2009	Page 2- 1					
a Name of MTIA, CCT, PSA, or 103-	a Name of MTIA, CCT, PSA, or 103-12 IE:						
b Name of sponsor of entity listed in (a):							
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103-	12 IE:						
b Name of sponsor of entity listed in	(a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					

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F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan na			
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		С	EIN-PN

SCHEDULE H	Financial In	formatio	on			OMB No. 1210	0-0110
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed u Retirement Income Security Act of 1974 Internal Revenue C File as an attachm	2009 This Form is Open to Public Inspection					
For calendar plan year 2009 or fiscal pl	an year beginning 01/01/2009		and	ending 12/31	/2009	mopeour	
A Name of plan NORTON HEALTHCARE 403B RETIR	EMENT SAVINGS PLAN			B Three-dig plan num	•	•	002
C Plan sponsor's name as shown on I NORTON HEALTHCARE INC				D Employer 61-102872		ion Number (I	EIN)
the value of the plan's interest in a lines 1c(9) through 1c(14). Do not e benefit at a future date. Round off	bilities at the beginning and end of the plan commingled fund containing the assets of n enter the value of that portion of an insuranc amounts to the nearest dollar. MTIAs, C is also do not complete lines 1d and 1e. Se	nore than one e contract wh CTs, PSAs, a	plan on a iich guarar nd 103-12	line-by-line basi itees, during this	s unless t s plan yea	he value is re r, to pay a spe	portable on ecific dollar
As	sets		(a) B	eginning of Yea	r	(b) End	of Year
a Total noninterest-bearing cash		1a					
b Receivables (less allowance for do	ubtful accounts):						
(1) Employer contributions		1b(1)					
(2) Participant contributions		1b(2)					
(3) Other		1b(3)					
	money market accounts & certificates	1c(1)					
(2) U.S. Government securities		1c(2)					
(3) Corporate debt instruments (o	ther than employer securities):						
(A) Preferred		1c(3)(A)					
		1c(3)(B)					
(4) Corporate stocks (other than e	employer securities):						
(A) Preferred		1c(4)(A)					
(B) Common		1c(4)(B)					
(5) Partnership/joint venture intere	ests	1c(5)					
(6) Real estate (other than employ	/er real property)	1c(6)					
(7) Loans (other than to participar	nts)	1c(7)					
(8) Participant loans		1c(8)		273	84454		3352529
(9) Value of interest in common/co	ollective trusts	1c(9)					
(10) Value of interest in pooled sep	arate accounts	1c(10)		2733	8718		21992420
(11) Value of interest in master trus	t investment accounts	1c(11)					
(12) Value of interest in 103-12 invo	estment entities	1c(12)					
funds)	investment companies (e.g., mutual	1c(13)		8049	95371		137245895
	ce company general account (unanocated	1c(14)		38	89916		148532
(15) Other		1c(15)					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	110958459	162739376
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	110958459	162739376

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5920349	
	(B) Participants	2a(1)(B)	18873955	
	(C) Others (including rollovers)	2a(1)(C)	1636178	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		26430482
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	172076	
	(F) Other	2b(1)(F)	1712	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		173788
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2741275	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		2741275
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

_

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1718285
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		27051719
С	Other income	2c		
d	Total income. Add all income amounts in column (b) and enter total	2d		58115549
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6502367	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6502367
f	Corrective distributions (see instructions)	2f		9667
g	Certain deemed distributions of participant loans (see instructions)	2g		44901
h	Interest expense	2h	Γ	
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	55407	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		55407
j	Total expenses. Add all expense amounts in column (b) and enter total	2j		6612342
-	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		51503207
T	Transfers of assets:			
	(1) To this plan	2l(1)		277710
	(2) From this plan	21(2)		
	art III Accountant's Opinion Complete lines 3a through 3c if the opinion of an independent qualified public ad		attached to this Form FEOD Comp	lata lina 2d if an aninian is not
;	attached.		•	
a	The attached opinion of an independent qualified public accountant for this plan	, 1	uctions):	
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	8 and/or 103	3-12(d)?	X Yes No
C	Enter the name and EIN of the accountant (or accounting firm) below:	_		
_	(1) Name: ERNST & YOUNG LLP		(2) EIN: 34-6565596	
ď	The opinion of an independent qualified public accountant is not attached beca (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach		xt Form 5500 pursuant to 29 CFR	2520.104-50.

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Pa	't IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g, 	4h, 4k, 4	m, 4n, or 5.		
	During	g the plan year:		Yes	No	Amou	unt
а	period	here a failure to transmit to the plan any participant contributions within the time I described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were close secure	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is			x		
C	Were	ed.)any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4b 4c		X		
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
е	Was t	his plan covered by a fidelity bond?	4e	Х			5000000
f	Did th	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		x		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	X			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4i		x		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
L	Has th	ne plan failed to provide any benefit when due under the plan?	41		Х		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		x		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	No	Amount:		
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), erred. (See instructions.)	identi	fy the pla	n(s) to which	assets or liabil	ities were
	5b(1)	Name of plan(s)			5b(2) EIN(s)		5b(3) PN(s)

	SCH	EDULE R	R	etirement Pl	an Informa	tion			OMB No. 7	1210-0110	0	
	•	rm 5500)	This schedule	e is required to be file	d under section 10	4 and 4065 of	the		20	09		
		ent of the Treasury I Revenue Service	Employee Ret	tirement Income Secu 58(a) of the Internal R	urity Act of 1974 (E	RISA) and sec						
E	mployee Bene	artment of Labor fits Security Administration		File as an attacl	,	,		This	Form is C Inspe		Public	C
For		fit Guaranty Corporation lan year 2009 or fiscal p	l plan vear beginning	01/01/2009		and ending	a 12/3	1/2009				
ΑN	lame of pla			PLAN		В	Three-dig plan nu (PN)		00	12		
										-		
		or's name as shown on li THCARE INC	line 2a of Form 5500)		D	Employe 61-102		ation Num	nber (EIN	1)	
		stributions										
Allı	references	to distributions relate	e only to payments	of benefits during t	he plan year.							
1		e of distributions paid in						1				0
2		EIN(s) of payor(s) who			icipants or benefic	iaries during th	e year (if i	more thar	n two, ente	er EINs o	of the t	two
	payors w	no paid the greatest doll	lar amounts of benef	fits):								
	EIN(s):	13-3689044		_								
	Profit-sh	aring plans, ESOPs, ar	nd stock bonus pla	ıns, skip line 3.								
3		of participants (living or c						3				
Pa	art II	Funding Informati ERISA section 302, skip		ot subject to the mini	mum funding requi	rements of sec	tion of 412	2 of the Ir	nternal Re	venue C	ode o	r
4	Is the plar	administrator making an	n election under Code	section 412(d)(2) or E	RISA section 302(c	l)(2)?		Yes		No		N/A
	If the pla	n is a defined benefit p	plan, go to line 8.									
5		r of the minimum fundin , see instructions and er				te: Month		Day		Year		
		mpleted line 5, comple						s schedu	le.			
6	_	the minimum required c										
		the amount contributed					6	b				
		act the amount in line 6b a minus sign to the left					6	c				
	lf you co	mpleted line 6c, skip li	ines 8 and 9.									
7	Will the m	iinimum funding amount	t reported on line 6c	be met by the fundin	g deadline?			Yes		No		N/A
8	automatio	e in actuarial cost meth approval for the change hange?	e or a class ruling le	etter, does the plan sp	onsor or plan adm	inistrator agree	9	Yes		No		N/A
Pa	rt III	Amendments										
9	If this is a	defined benefit pension	n plan, were any ame	endments adopted du	uring this plan							
		increased or decreased f no, check the "No" box				Increase	De	ecrease	Bo	oth	N	No
Pa	rt IV	ESOPs (see instr skip this Part.	ructions). If this is no	ot a plan described un	der Section 409(a) or 4975(e)(7)	of the Inte	ernal Reve	enue Code	е,		
10	Were una	llocated employer secu	irities or proceeds fro	om the sale of unalloc	cated securities us	ed to repay an	y exempt l	oan?		Yes		No
11		s the ESOP hold any pre								Yes		No
	b If the (See	e ESOP has an outstand instructions for definition	ding exempt loan wit on of "back-to-back"	th the employer as lead to an.)	nder, is such loan	part of a "back	to-back" lo	ban?		Yes		No
12		ESOP hold any stock th								Yes		No
For	Paperwor	k Reduction Act Notic	e and OMB Contro	I Numbers, see the	instructions for F	orm 5500.		S	Schedule	R (Form	5500) 2009

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Page **2-**1

Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans
13			billowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in
·	aoi a	,	See instructions. Complete as many entries as needed to report all applicable employers. of contributing employer
	b	EIN	C Dollar amount contributed by employer
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box
	ŭ	and se	ee instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
	е	compl (1)	bution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, lete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):
		()	
	а		of contributing employer
	b	EIN	C Dollar amount contributed by employer
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box
	e	compl (1)	bution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>lete items 13e(1) and 13e(2).)</i> Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name	of contributing employer
	b	EIN	C Dollar amount contributed by employer
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box
	e	compl (1)	bution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, lete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name	of contributing employer
	b	EIN	C Dollar amount contributed by employer
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box
	e	Contri <i>compl</i> (1)	bution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, lete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly
	а	Name	of contributing employer
	b	EIN	C Dollar amount contributed by employer
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box
	e	compl (1)	bution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, lete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):
	а	Name	of contributing employer
	b	EIN	C Dollar amount contributed by employer
	d	Date o	collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box
	e	Contri compl (1)	bution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, lete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):

14	Enter the number of participants on whose behalf no contributions wer	re made by an employer as an employer of the
----	---	--

	participant for:		
	a The current year	. 14a	
	b The plan year immediately preceding the current plan year	. 14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to me employer contribution during the current plan year to:	ake an	
	a The corresponding number for the plan year immediately preceding the current plan year	. 15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, o supplemental information to be included as an attachment.		
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Bener	iit Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see i information to be included as an attachment	nstruction	s regarding supplemental
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	 a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 0 3-6 years 0 6-9 years 0 9-12 years 1 12-15 years 1 15-18 years 1 18-18 		_
	C What duration measure was used to calculate item 19(b)?		



FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Norton Healthcare, Inc. 403(b) Plan December 31, 2009 and 2008, and the Year Ended December 31, 2009 With Report of Independent Auditors

Ernst & Young LLP

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Financial Statements and Supplemental Schedule

December 31, 2009 and 2008, and the Year Ended December 31, 2009

Contents

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Ernst & Young LLP Suite 2400 400 West Market Street Louisville, KY 40202 Tel: +1 502 585 1400 Fax: +1 502 584 4221 www.ey.com

Report of Independent Auditors

The Board of Trustees Norton Healthcare, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of the Norton Healthcare, Inc. 403(b) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that State Street Bank and Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Additionally, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements and supplemental schedule may have been affected by these conditions.

Because of the significance of the information that we did not audit, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole.

Ernst + Young LLP

October 14, 2010

Statements of Net Assets Available for Benefits

	December 31
	2009 2008
Assets	
Investments, at fair value:	
Participant loans	\$ 3,352,529 \$ 2,734,454
Mutual funds	137,245,895 80,495,371
Guaranteed investment contract	21,992,420 27,338,718
General insurance account	148,532 389,916
Total investments, at fair value	162,739,376 110,958,459
Participant contributions receivable	732,741 –
Employer contributions receivable	6,810,117 5,920,349
Net assets available for benefits, reflecting investments	
at fair value	170,282,234 116,878,808
Adjustment from fair value to contract value for fully	
benefit-responsive investment contract	(131,168) 787,535
Net assets available for benefits	\$ 170,151,066 \$ 117,666,343

See accompanying notes.

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2009

Additions	
Participant contributions	\$ 19,606,696
Employer contributions	6,810,117
Rollovers	1,636,178
Interest and dividends	2,915,063
	30,968,054
Deductions	
Benefits paid to participants	6,512,034
Deemed distributions	44,901
Administrative expenses	55,407
1	6,612,342
	, ,
Net appreciation in fair value of investments	27,851,301
Net appreciation in fair value of investments Transfers of assets to the Plan	27,851,301 277,710
Transfers of assets to the Plan	277,710
Transfers of assets to the Plan Net increase Net assets available for benefits:	<u>277,710</u> 52,484,723
Transfers of assets to the Plan Net increase Net assets available for benefits: Beginning of year	<u>277,710</u> 52,484,723 <u>117,666,343</u>
Transfers of assets to the Plan Net increase Net assets available for benefits:	<u>277,710</u> 52,484,723

Notes to Financial Statements

December 31, 2009

1. Description of Plan

The Norton Healthcare, Inc. 403(b) Plan (the Plan) was established September 17, 1983, and was amended and restated with an effective date of January 1, 2009. The following description of the Plan provides only general information about the Plan's provisions. Participants should refer to the Summary Plan Description for a more comprehensive description of the Plan's provisions, copies of which may be obtained from the Human Resources Department of Norton Healthcare, Inc. (the Company and the Plan Sponsor).

General

The Plan is a qualified defined contribution plan covering all employees of Norton Healthcare, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Diversified Investment Advisors (DIA) acts as record-keeper and administrator of the Plan.

Contributions

Participants may elect to contribute up to the maximum allowed by the Internal Revenue Service. Participants who have attained age 50 before the end of the plan year are eligible to make catchup contributions. The Company contributes 50% of the first 4% of the base compensation that a participant contributes to the Plan. Participants direct their elective contributions into various investment options offered by the Plan. The Company's contributions are allocated in the same manner as that of the participant's elective contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options.

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of service.

Forfeitures

Upon termination of employment, participants forfeit their nonvested balances. If a participant is rehired within a five-year period, the forfeited contributions are reinstated. Forfeited balances of terminated participant's nonvested accounts are used to reduce future company contributions. Unallocated forfeitures balances as of December 31, 2009 and 2008, were approximately \$62,000 and \$324,000, respectively, and forfeitures used to reduce company contributions for 2009 were approximately \$324,000.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lessor of \$50,000 or 50% of their vested account balance. Loan terms range from 1-5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or any other reason, a participant whose vested account balance is \$5,000 or less will receive a lump-sum distribution equal to their vested account balance. A participant whose vested account balance exceeds \$5,000 may elect to receive a lump-sum payment to the vested value of the participant's account or receive installment payments on a monthly, quarterly, semiannual, or annual basis.
Notes to Financial Statements (continued)

1. Description of Plan (continued)

In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the Internal Revenue Service (IRS) and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Administrative Expenses

The Company pays certain administrative expenses of the Plan. The Plan is not charged for administrative services performed on its behalf by the Company.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting. Benefit payments are recorded when paid.

Investments

Except for the investment contract, the Plan's investments are stated at fair value which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion of fair value measurements.

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

The Guaranteed Pooled Fund invests in fully benefit-responsive investment contracts. These investment contracts are recorded at fair value (see Note 5); however, since these contracts are fully benefit-responsive, an adjustment is reflected in the statements of net assets available for benefits to present these investments at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

New Accounting Pronouncements

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 supersedes FSP 157-3 and amends Statement of Financial Accounting Standards (SFAS) 157 (codified as Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability. FSP 157-4 also provides additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities in meeting the disclosure requirements of ASC 820. The Plan adopted FSP 157-4 effective January 1, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

In September 2009, the FASB issued Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009, and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Note 4 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued ASU 2010-06, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Notes to Financial Statements (continued)

3. Investments

Other than the fair value of the Transamerica Financial Life Insurance Company (TFLIC) Guaranteed Pooled Fund and the adjustment from fair value to contract value for fully benefitresponsive investment contracts, all investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2009 and 2008, and net appreciation in fair value of investments and investment income for the year ended December 31, 2009, was obtained or derived from information supplied to the plan administrator, and is certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. The contract value of the guaranteed investment contract was certified as complete and accurate by the trustee.

	December 31				
	2009 2008		2008	_	
TFLIC Guaranteed Pooled Fund, at fair value	\$	21,992,420	\$	27,338,718	
TFLIC Guaranteed Pooled Fund, at contract value		21,861,252		28,126,253	

The following investments represent 5% or more of the Plan's net assets available for benefits:

	December 31			
		2009		2008
American Funds EuroPacific Growth Fund	\$	21,938,792	\$	7,679,161
American Funds Growth Fund of America Fund		22,163,432		13,160,107
Columbia Acorn A		9,590,901		4,241,820*
TFLIC Guaranteed Pooled Fund, at fair value		21,992,420		27,338,718
TFLIC Guaranteed Pooled Fund, at contract value		21,861,252		28,126,253
Eaton Vance Large Cap Value Fund		16,821,423		_
Transamerica Core Bond Fund		24,112,380		17,310,947
American Funds Washington Mutual		-		6,536,929

*Not over 5%, but presented for comparative purposes.

Notes to Financial Statements (continued)

3. Investments (continued)

During 2009, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as follows:

Guaranteed investment contract	\$ 799,582
Mutual funds	27,051,719
	\$ 27,851,301

4. Fair Value Measurements

ASC 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). ASC 820 includes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
 - quoted prices for similar assets and liabilities in active markets
 - quoted prices for identical or similar assets or liabilities in markets that are not active
 - observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

• Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: valued based on quoted market prices, which represent the NAV of shares held by the Plan at year-end.

Participant loans: valued at cost, which approximates fair value.

Guaranteed investment contract: valued at fair value by discounting related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 5).

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2009 and 2008:

	2009	2008	Level
Mutual funds:			
Fixed income	\$ 31,233,897	\$ 19,577,374	1
Large cap growth	28,673,770	16,063,653	1
Large cap value	16,821,423	6,536,929	1
Mid-cap growth	9,590,901	6,135,315	1
Small cap growth	2,313,859	_	1
Small cap value	7,617,229	5,162,996	1
International	22,206,793	9,283,138	1
Fixed income/equity blend	-	5,672,248	1
Indexed	5,812,304	1,931,455	1
Large cap value	-	2,753,913	1
Mid-cap value	8,317,316	5,514,327	1
Real estate	4,658,403	1,864,023	1
Total mutual funds	137,245,895	80,495,371	
Guaranteed investment contract:			
General account	148,532	389,916	2
Guaranteed pooled fund ^(a)	21,992,420	27,338,718	2
Total guaranteed investment contract	22,140,952	27,728,634	
Participant loans	3,352,529	2,734,454	3
Total investments at fair value	\$ 162,739,376	\$ 110,958,459	

(a) This category includes a guaranteed investment contract in the TFLIC Guaranteed Pool Fund. The fund's principal objective is to protect principal while providing a higher rate of return than shorter maturity investments. The fund invests in instruments which are not expected to experience significant price fluctuation in most economic or interest rate environments. The fund primarily invests in investment grade securities with a minimum credit rating of BBB or Baa3, including assetbacked securities, corporate notes, bonds and debentures, federal agency securities, money market instruments, mortgage-backed securities; private placements; and treasury notes and fixed income instruments.

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

	Participant Loans
Balance, beginning of year	\$ 2,734,454
Purchases, sales, issuances, settlements (net)	618,075
Balance, end of year	\$ 3,352,529

5. Investment Contract With Insurance Company

In 2005, the Plan entered into a fully benefit-responsive investment contract with TFLIC. TFLIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract (GIC) issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the GIC is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract value, as reported to the Plan by TFLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 2.05%. Such interest rates are reviewed on a quarterly basis for resetting.

Notes to Financial Statements (continued)

5. Investment Contract With Insurance Company (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

	2009	2008
Average yields:		
Based on actual earnings	3.23%	5.55%
Based on interest rate credited to participants	3.83%	4.17%

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

7. Income Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the Code). The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain its qualification under Section 403(b). The plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related accounts are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Notes to Financial Statements (continued)

8. Related Party Transactions

The Plan holds units of mutual funds managed by Diversified Investment Advisers, the recordkeeper and administrator of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. Differences Between Financial Statements and Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31		
	2009	2008	
Net assets available for benefits per the financial			
statements	\$ 170,151,066	\$ 117,666,343	
Less: Participant contributions receivable	(732,741)	_	
Less: Employer contributions receivable	(6,810,117)	(5,920,349)	
Add: Adjustment from fair value to contract value for			
fully benefit-responsive investment contract	131,168	(787,535)	
Net assets available for benefits per the Form 5500	\$ 162,739,376	\$ 110,958,459	

The following is a reconciliation of employer contributions per the financial statements to the Form 5500 for the year ended December 31, 2009:

Employer contributions per the financial statements	\$ 6,810,117
Plus: Employer contributions receivable at prior year-end	5,920,349
Less: Employer contributions receivable at end of year	(6,810,117)
Employer contributions per the Form 5500	\$ 5,920,349

The following is a reconciliation of participant contributions per the financial statements to the Form 5500 for the year ended December 31, 2009:

Participant contributions per the financial statements	\$ 19,606,696
Less: Participant contributions receivable at end of year	(732,741)
Participant contributions per the Form 5500	\$ 18,873,955

Notes to Financial Statements (continued)

9. Differences Between Financial Statements and Form 5500 (continued)

The following is a reconciliation of net appreciation in fair value of investments per the financial statements to net investment gain per the Form 5500:

	December 31, 2009
Net appreciation in fair value of investments Add: Adjustment from fair value to contract value for fully	\$ 27,851,301
benefit-responsive investment contract at prior year-end Add: Adjustment from fair value to contract value for fully	787,535
benefit-responsive investment contract at year-end Net investment gain per the Form 5500	131,168 \$ 28,770,004

10. Subsequent Events

Management evaluated subsequent events for the Plan through October 14, 2010, the date the financial statements were available to be issued.

Supplemental Schedule

EIN: 61-1028725; Plan No.: 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan Year Ended: December 31, 2009

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value		Current Value
*	Transamerica Financial Life Ins. Co.	TFLIC Guaranteed Pooled Fund	\$	21,992,420
	Transamerica Financiai Life ins. Co.	Guaranteed investment contract total	φ	21,992,420
*	Transamerica Financial Life Ins. Co.	Insurance Comments/Consult Account		149 522
	Transamerica Financiai Life Ins. Co.	Insurance Company/General Account General insurance account total		148,532 148,532
*	Transamerica Partners Funds Group	Core Bond Fund		24,112,380
*	1	High Yield Bond Fund		4,029,225
*		Mid-Cap Value Fund		8,317,316
*	Transamerica Partners Funds Group	Stock Index Fund		5,812,304
	CNI Charter	CNI Charter Limited Maturity Fixed Income Fund		3,092,292
	Allianz	Allianz NFJ Small Cap Value Fund		7,617,229
	American Funds	American Funds EuroPacific Growth Fund		21,938,792
	American Funds	American Funds Growth Fund of America Fund		22,163,432
	Columbia	Columbia Acorn A		9,590,901
	Scudder	DWS RREEF Real Estate Securities		4,658,403
	Eaton Vance	Eaton Vance Large Cap Value Fund		16,821,423
	Neuberger Berman	Neuberger Berman Socially Responsive Trust		6,510,338
	PAX	Pax World Balanced Fund		268,001
	Royce	Royce Value Plus Fund		2,313,859
		Mutual funds total		137,245,895
*	Participants	Participant loans with interest rates of		
		5.00% to 9.25%, varying maturities		3,352,529
		Total investments	\$	162,739,376

*Indicates party-in-interest to the Plan

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Schedule C, Line 2(h) Formula Descriptions

Norton Healthcare 403(b) Retirement Savings Plan EIN No.: 61-1028725, Plan No. 002 Plan Year Ending: 12/31/2009

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

Diversified Investment Advisors (13-3689044) National Financial Services (04-3523567) Mid Atlantic Capital Corporation (25-1409618)

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

				Revenue to		
				Diversified		Revenue to Mid
				Investment	Revenue to National	Atlantic Capital
Fund Family	Fund Name	Start Date	End Date	Advisors	Financial Services	Corporation
NEUBERGER BERMAN	NEUBERGER BERMAN SOCIALLY RESP	1/1/2009	12/31/2009	38.68	1.32	
AMERICAN FUNDS	AMERICAN NEW PERSPECTIVES	1/1/2009	12/31/2009	28.043	0.957	
AMERICAN FUNDS	AMERICAN WASHINGTON MUTUAL	1/1/2009	12/31/2009	28.043	0.957	
AMERICAN FUNDS	AMERICAN FUNDS - EUROPACIFIC	1/1/2009	12/31/2009	29.01	0.99	
AMERICAN FUNDS	AMERICAN FUNDS-THE GROWTH FUND	1/1/2009	12/31/2009	29.01	0.99	
CALVERT	CALVERT SOCIAL INVESTMENT FUND	1/1/2009	12/31/2009	43.515	1.485	
COLUMBIA	COLUMBIA ACORN A	1/1/2009	12/31/2009	48.35	1.65	
ALLIANZ	ALLIANZ CCM MID-CAP FUND, A	1/1/2009	12/31/2009	48.35	1.65	
AHA	CNI DIVERSIFIED EQUITY FUND I	1/1/2009	12/31/2009	21.758	0.743	
ALLIANZ	ALLIANZ NFJ SMALL CAP VALUE	1/1/2009	12/31/2009	48.35	1.65	
SCUDDER	DWS RREEF Real Estate Sec, A	1/1/2009	12/31/2009	58.02	1.98	
AHA	CNI LIMITED MATURITY FXD INC I	1/1/2009	12/31/2009	14.505	0.495	
PAX WORLD	PAX WORLD BALNCED FUND	1/1/2009	12/31/2009	38.68	1.32	
ROYCE	ROYCE VALUE PLUS, SERVICE	1/1/2009	12/31/2009	38.68	1.32	
EATON VANCE	EATON VANCE LARGE CAP VALUE	1/1/2009	12/31/2009	48.35	1.65	

Schedule C, Line 2(h) Formula Descriptions

Norton Healthcare 403(b) Retirement Savings Plan EIN No.: 61-1028725, Plan No. 002 Plan Year Ending: 12/31/2009

Diversified Investment Advisors (13-3689044) receives dealer concessions (Finder's Fees) on the following funds:

Fund Family	Fund Name	Fund Name Formula for Calculating the Dealer Concessions	
COLUMBIA	COLUMBIA ACORN A	Up to 1% of net assets deposited into this fund.	
SCUDDER	DWS RREEF Real Estate Sec, A	Up to 1% of net assets deposited into this fund.	

Norton Healthcare 403(b) Retirement Savings Plan EIN No.: 61-1028725, Plan No. 002 Schedule H, Line 4i - Schedule of Assets Plan Year Ending: 12/31/2009

	(b)	(C)			
	Identity of Issue, Borrower,	Description of Investment, Including Maturity Date,	e, (e)		
(a)	Lessor or Similar Party	Rate of Interest, Par or Maturity Value		CURRENT VALUE	
	Transamerica Financial Life Ins. Co.	Insurance Company/General Account	\$	148,532	
	CNI Charter	CNI Charter Limited Maturity Fixed Income I	\$	3,092,292	
	Allianz	Allianz NFJ Small Cap Value A	Ψ	7,617,229	
	American Funds	American Funds EuroPacific Gr A		21,938,792	
	American Funds	American Funds Growth Fund of Amer A		22,163,432	
	Columbia	Columbia Acorn A		9,590,901	
	DWS Investments	DWS RREEF Real Estate Securities A		4,658,403	
	Eaton Vance	Eaton Vance Large-Cap Value A		16,821,423	
	Neuberger Berman	Neuberger Berman Socially Resp Tr		6,510,338	
	Pax World	Pax World Balanced		268,001	
	Royce	Royce Value Plus Svc		2,313,859	
	Transamerica Partners Funds Group	Core Bond Fund		24,112,380	
	Transamerica Partners Funds Group	High Yield Bond Fund		4,029,225	
	Transamerica Partners Funds Group	Mid Value Fund		8,317,316	
	Transamerica Partners Funds Group	Stock Index Fund		5,812,304	
		Mutual Fund Total	\$	137,245,895	
	Transamerica Financial Life Ins. Co.	Guaranteed Pooled Fund		21,861,252	
		Separate Account Total	\$	21,861,252	
*	Participants	Notes Receivable with interest rates of 4.25% to 9.25%	\$	3,352,529	
		TOTAL PLAN ASSETS	\$	162,608,208	

* Indicates Party-In-Interest to the Plan