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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

		2010			2011				
		2010 calendar year, or tax		nning 07-01-2010 and ending 06-3	30-2011		D Empl	loyer i	identification number
	eck if a dress ch	StJoseph Hospital 8		er Inc			25.0	992	717
_		Doing Business As					35-0	1992.	/1/
_	me cha						E Telep	hone	number
_	tial retu	1007 W Sucamore		if mail is not delivered to street address)		Room/suite	(765	3)456	5-5304
Tei	mınate	1 1907 W Sycamore	Street						
M Am	ended	eturn City or town, state Kokomo, IN 4690		nd ZIP + 4			G Gross	receip	ots \$ 138,225,455
Г Арі	olication	pending Rokomo, in 4090	1						
		F Name and a	address of p	principal officer		H(a) Isthisa	group return	for affili	rates? Yes Vo
		Dennis E Ress 1907 W Sycar					5		
		Kokomo, IN 4				H(b) Are all			
						•			t (see instructions)
I Ta	x-exen	pt status 🔽 501(c)(3) 🔽	501(c)()	◀ (insert no)	7	H(c) Grou	p exempt	ion n	umber ► 0928
	ebsite	: • www.stjosephhospital	net						
<u> </u>					I	1 V 6 6		T	M Chata of land dominate. The
		anization Corporation Ti	rust J Associ	ation Other -		L Year of for	mation 19	913	M State of legal domicile IN
Pa	rt I	Summary							
	1			sion or most significant activities to providing healthcare that leaves	no one l	nehind			
3		ve are a nonpront nospitar	dedicated	to providing healthcare that leaves	no one i	Jenniu			
ŧ									
≣									
Activities & Governance	2	Check this box 🚩 if the o	rganızatıon	discontinued its operations or disp	osed of	more than 2	5% of its	neta	assets
es Ses	3	lumber of voting members	of the gov	erning body (Part VI, line 1a)				3	15
$\widetilde{\mathfrak{R}}$	4	lumber of independent vot	ting membe	rs of the governing body (Part VI, li	ne 1b)			4	10
Ě	5	otal number of individuals	employed	ın calendar year 2010 (Part V, lıne	2a) .			5	1,057
ਹਿੰ	6	otal number of volunteers	(estimate	ıfnecessary)				6	160
4	7a	otal unrelated business re	evenue fron	n Part VIII, column (C), line 12 .				7a	26,916
	b	let unrelated business tax	cable incom	e from Form 990-T, line 34				7b	15,969
						Prio	r Year		Current Year
	8	Contributions and grants	(Part VIII	, lıne 1 h)			218,	480	7,110,047
Revenue	9	9 Program service revenue (Part VIII, line 2g)							121,062,506
e Ac	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						597	8,767,922
ď	11	Other revenue (Part VII	I, column (λ), lines 5, 6d, 8c, 9c, 10c, and 11 α	e)		520,	024	838,357
	12			11 (must equal Part VIII, column (31,427,	003	127 770 022
	13			art IX, column (A), lines 1–3).		1			137,778,832
	13						1,548,	000	6,787,776
	14			rt IX, column (A), line 4)				-4	U
\$	15	10)	ation, empi	oyee benefits (Part IX, column (A),	lines 5 –		57,019,	723	56,801,283
Expenses	16a	Professional fundraising	fees (Part 1	X, column (A), line 11e)				0	0
훘	ь	Total fundraising expenses (Pa	art IX. column	(D), line 25) ▶0					
ш	17), lines 11a-11d, 11f-24f)	. .		54,534,	940	53,115,123
	18			nust equal Part IX, column (A), line		1	13,102,	_	116,704,182
	19			ne 18 from line 12			18,325,		21,074,650
ъ°		*				Beginning	of Curre	nt	End of Year
8							ear		End of Teaf
Net Assets or Fund Balances	20					1	47,742,	167	171,263,656
g g	21						39,179,	-	34,081,976
	22		ces Subtra	ct line 21 from line 20		1	08,562,	933	137,181,680
	rt II	Signature Block							
know				nined this return, including accompan te. Declaration of preparer (other than					
							12-05-10		
Sigr		Signature of officer				Da	te		
Her	е	Dennis E Ressler CFO							
	·	Type or print name and title	e 						
		Print/Type preparer's name	ımenez	Preparer's signature Shawna Jimenez	Dat		Check if se employed		PTIN
Paid	}	Firm's name Deloitte Tax LLP		J. S.Idwiid Simelicz				· I	Firm's FIN h
Prep	arer	Fırm's address 🕨 111 Monumen			Firm's EIN				
Use (Only		N 462045108						Phone no (317) 464- 8600

May the IRS discuss this return with the preparer shown above? (see instructions)

FUIII	90 (2010)	,e ⊿
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
the l with the p	pph Hospital & Health Center (SJHHC) is dedicated to providing spiritually-centered, holistic healthcare that sustains and improves with of those served, with special attention to the poor and vulnerable. Both inpatient and outpatient health services are provided cregard to patient race, creed, national origin, economic status, insurance status or ability to pay. This mission extends well beyon vision of core medical services to encompass medical and scientific research programs, the training and educating of health care sionals and active support of community-based partnerships and programs to improve health and quality of life	
		_
2	old the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ?	
	f "Yes," describe these new services on Schedule O	
3	old the organization cease conducting, or make significant changes in how it conducts, any program ervices?	
	f "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and illocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 91,652,773 including grants of \$ 6,787,776) (Revenue \$ 121,055,885)	
	St Joseph Hospital & Health Center (SJHHC) is a 167-bed hospital serving Howard and contiguous counties and providing services without regard to patient race creed, national origin, economic status, or ability to pay During fiscal year 2011, SJHHC treated 5,440 adults and children for a total of 26,789 inpatient days of service. The hospital also provided services for 150,077 outpatient visits, including 7,002 outpatient surgeries and 26,870 emergency room and minor care visits. See Schedule O for a non-exhaustive list of community benefit programs and descriptions	·
	(Code) (Expenses \$ 8,240,408 including grants of \$) (Revenue \$)	
	During the fiscal year ending June 30, 2011, the unreimbursed cost of free or discounted services provided to patients who were deemed indigent under state, county, or hospital guidelines was \$8,240,408, which included \$2,246,071 of traditional charity care and \$5,994,337 in unpaid costs of care for those qualifying 10 Medicaid or other public programs for the poor (Note that SJHHC also provides a substantial portion of its services to the elderly, but in keeping with Catholic Healthcare Association guidelines, the total of unreimbursed cost of free or discounted services does NOT include \$10,405,711 in unpaid costs of care for elderly covered through Medicare) See Schedule O for a non-exhaustive list of community benefit programs and descriptions	or
	(Code) (Expenses \$ 473,052 including grants of \$) (Revenue \$)	
	In addition to core medical services, St Joseph Hospital & Health Center (SJHHC) partners with its community to assess community assets and needs and to wo together to address issues impacting health and quality of life, with special emphasis on the poor and vulnerable. In fiscal year 2011, SJHHC provided \$473,052 unbilled services to the poor and to the broader community (When combined with the costs of free or discounted services for the poor listed in Line 4b, SJHHC provided a total community benefit of \$8,713,460 in fiscal year 2011.) SJHHC serves and supports its community through such programs as Clinic of Hope, Den Delivering Smiles, and Healthy Heart Screenings. See Schedule O for a non-exhaustive list of community benefit programs and descriptions.	ın
<u></u>	Ohlan musana samusaa (Dasamba in Cabadula O.)	_
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
_		—
4e	Total program service expenses►\$ 100,366,233	

Part IV Checklist of Required Sched	lules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <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? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable .			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1 00	
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		l N
b	,			'
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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	7a		N
_	services provided to the payor?	_		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		N
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)........			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	•		
а	Is the organization licensed to issue qualified health plans in more than one state?	43.		
	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			
c	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schodule O	1/16	1	i

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.

	question in this Part VI					

Se	ection 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			
ь	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			_
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		.,	
		16b	Yes	
	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed►IN			
17	List the States with which a copy of this Form 990 is required to be ined FIN			

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 make these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Dennis E Ressler

1907 W Sycamore Street Kokomo, IN 46901

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

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

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

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

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

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

(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) Thomas J Sheehan Chair	50	Х		Х				0	0	0
(2) Stephen J Daily Vice Chair	50	Х		х				0	0	0
(3) Robert A Lee Secretary	50	Х		х				0	0	0
(4) Ronald J Metz Treasurer	50	х		х				0	0	0
(5) Jill S Dunn Director	50	х						0	0	0
(6) Karam F Abbası Dırector	40 00	х						219,514	0	9,220
(7) Stephen C Healy Director	50	х						0	0	0
(8) Robert K Lutz Director	50	х						0	0	0
(9) Ronald T Maus MD Director	50	х						0	0	0
(10) Larry D Rolland Director	50	х						0	0	0
(11) E P Severns Director	50	х						0	0	0
(12) Laura M Sheets Director	50	х						0	0	0
(13) Kevin P Speer JD Director	50	Х						0	442,400	41,472
(14) David L Williams MD Director	50	Х						0	0	0
(15) Ian G Worden Director	50	х						0	605,645	43,348
(16) Kathy A Young CEO	40 00	Х		х				0	275,984	25,921

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

(A) Name and Title	(B) A verage hours	1	tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) Dennis E Ressler CFO	40 00			Х				219,434	0	35,146
(18) Kathleen K Peoples Chief Nursing Officer	40 00				х			161,375	0	63,077
(19) Heath A Spence Physician	40 00					х		461,381	0	33,844
(20) Lılı Ann Leavell-Hayes Physician	40 00					Х		409,121	0	38,137
(21) Todd W Ussery Physician	40 00					х		401,911	0	49,062
(22) Huan Pu Cui Physician	40 00					Х		394,090	0	21,569
(23) Firas X Barrow Physician	40 00					х		280,837	0	14,303
1b Sub-Total							▶			
c Total from continuation sheets						<u> </u>	-	2 547 662	1 224 020	375.000
d Total (add lines 1b and 1c) . 2 Total number of individuals (inc						•	-	2,547,663	1,324,029	375,099

\$100,000 in reportable compensation from the organization >23

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than $100,\!000$ of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Eric Tuchscherer MD 3064 Emerald Court Kokomo, IN 46902	Physician services	302,850
Panchapakesan P Haran MD 3310 Timber Valley Drive Kokomo, IN 46902	Physician services	293,582
Kokomo Histology Inc 1907 W Sycamore Kokomo, IN 46901	Lab services	254,544
Kokomo Surgical Group LLC 2000 W Boulevard Kokomo, IN 46902	Physician services	195,275
Fresenius Medical Services 16343 Collections Center Dr Chicago, IL 60693	Physician services	154,627
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►10	who received more than	

art V	444	2010)					Pag	
	/ 1 1	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclude from tax under section 512, 513, o
2.22	1a	Federated campaigns	1a					514
and other similar amounts		Membership dues	1b					
∑ह		Fundraising events						
		Related organizations		7,077,343				
ŽΕΙ		Government grants (contributions)	1e	32,303				
2 S		All other contributions, gifts, grants, ar		401				
€		similar amounts not included above Noncash contributions included in lines						
2	_				7 110 047			
-	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		7,110,047			
Program Service Revenue	2a	Net patient revenues		Business Code 621990	88 134 356	88,134,356		
94.e	b	Net Medicare/Medicaid		621990		32,928,150		
- e3	c							
Ē	d		<u></u>					
Ē	e		_					
<u> </u>	f	All other program service rever	nue					
Ě	g	Total. Add lines 2a-2f			121,062,506			
	3	Investment income (including o			0.767.022	6.634		0 774 5
	_	and other similar amounts). Income from investment of tax-exem			8,767,922	-6,621		8,774,5
	4 5	Royalties		-				
	,	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	578,515					
	b	Less rental expenses	446,623					
	c	Rental income or (loss)	131,892					
	d	Net rental income or (loss)			131,892			131,8
	_	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory						
	_	Less cost or other basis and sales expenses Gain or (loss)						
		Net gain or (loss)						
Ī		Gross income from fundraising						
		(not including						
		of contributions reported on line	e 1c)					
		See Part IV, line 18	a					
	b	Less direct expenses	. b					
	С	Net income or (loss) from fundr	aısıng events 🟲					
	9a	Gross income from gaming acti	vities See Part IV, line 19 . a					
		Less direct expenses		b				
		•	n = n = tt . = = = = = = = = = = = = = =					
	С	Net income or (loss) from gami	ng activities					
	С	•	ng activities					
	c 10a	Net income or (loss) from gami Gross sales of inventory, less returns and allowances	a					
	c 10a b	Net income or (loss) from gami Gross sales of inventory, less returns and allowances Less cost of goods sold	a b					
	c 10a b	Net income or (loss) from gami Gross sales of inventory, less returns and allowances	a b	Business Code				
-	c 10a b c	Net income or (loss) from gami Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales	a b	Business Code 722210	628,199			628,1
-	c 10a b c	Net income or (loss) from gami Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	a b		628,199 51,350			·
-	t 10a b c 11a b	Net income or (loss) from gami Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	a b	722210	<u> </u>		26,916	628,1
-	10a b c	Net income or (loss) from gami Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales Miscellaneous Revenue Cafeteria revenue	a b of inventory ►	722210 446110	51,350		26,916	51,3
-	b c late the condition of the condition	Net income or (loss) from gami Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales Miscellaneous Revenue Cafeteria revenue Associate pharmacy rev Lab services	a b cofinventory •	722210 446110	51,350 26,916		26,916	51,3
-	b c late de e	Net income or (loss) from gami Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales Miscellaneous Revenue Cafeteria revenue Associate pharmacy rev Lab services	a b of inventory ►	722210 446110	51,350		26,916	51,3

	990 (2010)				Page 10
Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must			(D)	
	Il other organizations must complete column (A) but are not required to a		(B), (C), and ((D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,787,776	6,787,776		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	643,210		643,210	
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	42,982,711	36,234,339	6,748,372	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,698,480	2,274,813	423,667	
9	Other employee benefits	7,460,792	6,289,433	1,171,359	
10	Payroll taxes	3,016,090	2,542,558	 	
а	Fees for services (non-employees) Management	2,829,810	2,385,524	,	
ь	Legal	150,815	127,137	23,678	
С	Accounting	639	539	100	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g g	Other	483,146	407,291	75,855	
12	Advertising and promotion	403,140	407,231	73,033	
13	Office expenses				
14	Information technology	2,903,980	2,448,049	455,931	
15	Royalties	2,903,900	2,440,049	455,951	
16		2.022.044	1 706 191	217.762	
	Occupancy	2,023,944	1,706,181	317,763	
17 18	Payments of travel or entertainment expenses for any federal,				
19	state, or local public officials	226,726	191,130	35,596	
20	Interest	,	<u>'</u>	<u> </u>	
21	Payments to affiliates	653,835	551,182	102,653	
22		4 747 470	4 002 108	745 262	
22	Depreciation, depletion, and amortization	4,747,470 593,920	4,002,108 593,920	· · · · · · · · · · · · · · · · · · ·	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of	393,920	593,920		
_	line 25, column (A) amount, list line 24f expenses on Schedule O) Income taxes	599	599		
_	Supplies				
b	- ''	15,264,518	12,867,958	 	
C C	Community benefit	8,713,460	8,713,460		
d	Purchased services	5,127,508	4,322,479	805,029	
e	Maintenance and repairs	2,947,299	2,484,567	462,732	
f 	All other expenses	6,447,454	5,435,190		
25	Total functional expenses. Add lines 1 through 24f	116,704,182	100,366,233	16,337,949	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	116,704,182	100,366,233	16,337,949	

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 1 6.130.846 2 7,460,395 2 Savings and temporary cash investments 3 3 13,924,045 14,145,015 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 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) 4ssets 6 7 8 1,161,349 1,374,555 Prepaid expenses and deferred charges 312,718 435,081 10a Land, buildings, and equipment cost or other basis Complete 144,526,367 10a Part VI of Schedule D 10b 108,270,647 34.870.369 ь Less accumulated depreciation 10c 36.255.720 11 11 368,072 12 361,451 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 90.974.768 15 111,231,439 15 16 147,742,167 16 171,263,656 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 10.347.898 17 11.706.756 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 28.831.336 25 22,375,220 Other liabilities Complete Part X of Schedule D 39,179,234 34,081,976 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 108,434,696 27 137,039,698 Temporarily restricted net assets 128,237 141,982 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 108,562,933 33 137, 181, 680 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 147,742,167 171,263,656

Pal	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		137,7	778,832
2	Total expenses (must equal Part IX, column (A), line 25)	2		116,7	704,182
3	Revenue less expenses Subtract line 2 from line 1	3		21,0	74,650
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		108,5	562,933
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,5	544,097
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		137,1	181,680
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readult or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization StJoseph Hospital & Health Center Inc

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

35-0992717

Pa	rt I	Reas	on for Pu	blic Charity Stat	t us (All org	anızatıons	must comp	lete this p	art.) See ın	structions	
The	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	ox)		
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	굣	A hospi	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medic	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	Γ	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 federa	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Γ	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	Г			described in section	•	A)(vi) (Com	nplete Part II)			
9	Ė		•	it normally receives			•	•	butions, mem	bership fees	. and gross
_	•	_		ities related to its ex							_
		ıts supp	ort from gro	oss investment incor	me and unrela	ated busine:	ss taxable ind	come (less	section 511 t	ax) from bus	inesses
		acquire	d by the org	anızatıon after June	30,1975 S	ee section 5	09(a)(2). (Co	omplete Par	tIII)		
10	Γ	An orga	nızatıon org	janized and operated	exclusively	to test for p	ublic safety	See section	509(a)(4).		
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a									
e f g	ı	other the section of the or check to Since A following (i) a pe	an foundati 509(a)(2) rganization his box ugust 17, 2 g persons? rson who dii	ox, I certify that the on managers and oth received a written de 2006, has the organicectly co	ner than one of etermination zation accep ontrols, eithe	or more pub from the IRS ted any gift er alone or to	licly supporte 5 that it is a l or contribution ogether with p	ed organizat Type I, Typo on from any	cions describe	d in section	509(a)(1) or g organization, Yes No
		and (III)	below, the	governing body of th	e the support	ted organıza	ition?			11g(i)
		(ii) a fa	mıly membe	er of a person describ	oed in (i) abo	ve?				11g (i	ii)
		(iii) a 3	5% control	led entity of a persor	n described ii	n (ı) or (ıı) a	bove?			11 g(i	ii)
h		Provide	the followin	ng information about	the supporte	d organizati	on(s)				
(i) Name suppoi organiza		of rted	(iii) Type of Organization (described on EIN lines 1- 9 above Or IRC section (iv) Is the Organization in col (i) listed in your governing document?		on in ed in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) org in the U	ion in anized	(vii) A mount of support	
				(see instructions))	Yes	No	Yes	No	Yes	No	1
				,							
									1		1
Tota											
	-						1				1

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.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Political Campaign and Lobbying Activities

DLN: 93493131008002

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

◆ Section 527 organizations Complete Part I-A only

. Se . Se	ction $501(c)(3)$ organizations that ction $501(c)(3)$ organizations that	t have filed Form 5768 (election under thave NOT filed Form 5768 (election	er section 501(h)) (under section 501	Complete Part II-A Do not cor (h)) Complete Part II-B Do n	mplete Part II-B ot complete Part II-A
	e organization answered "Ye ction 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (I zations Complete Part III	Proxy Tax) or For	m 990-EZ, Part V, line 35a	(Proxy Tax), then
Na	me of the organization			Employer iden	tification number
StJo	oseph Hospital & Health Center Inc			35-0992717	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t T=3 Complete if the or	ganization is exempt unde	r section 501(c)(3).	_
1		e tax incurred by the organization u			 \$
2	·	tax incurred by organization mana			\$
3	•	ection 4955 tax, did it file Form 47	-		☐ Yes ☐ No
4a	Was a correction made?	,	•		☐ Yes ☐ No
ь	If "Yes," describe in Part IV				, ,
Par		ganization is exempt unde	r section 501(c) except section 501	l(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganization's funds contributed to	other organization	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC)	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 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 \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total					
2a	Lobbying non-taxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
С	Total lobbying expenditures										
d	Grassroots non-taxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

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

		(a	1)	(b)
		Yes	No	A mount
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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		2,628
j	Total lines 1c through 1i			2,628
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

	· ·		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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	
3	raxable amount of forbying and ponitical expenditures (see instructions)	וטו	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
Explanation of Other Lobbying Activities		Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

1 1

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DLN: 93493131008002

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Attaci	to Form 330. F See separate instructions.		Hispe	
Name of the organization StJoseph Hospital & Health Center Inc		Employ	yer identification numb	er
		35-09	92717	
Part I Organizations Maintaining Dono organization answered "Yes" to Form	or Advised Funds or Other Similar m 990 Part IV line 6	Funds or	Accounts. Comple	ete if the
organization answered res to ron	(a) Donor advised funds	(b)	Funds and other acco	unts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor funds are the organization's property, subject to		donor advise	Yes	☐ No
Did the organization inform all grantees, donors used only for charitable purposes and not for th conferring impermissible private benefit	•		ourpose Yes	┌ No
art II Conservation Easements. Comp	lete if the organization answered "Yes	" to Form !	990, Part IV, line 7.	
Preservation of land for public use (e g , red Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	Preservation of	a certified h	ally importantly land are	e a
			Held at the End of the	e Year
a Total number of conservation easements		2a		
b Total acreage restricted by conservation easen		2b		
c Number of conservation easements on a certific	• •	2c		
d Number of conservation easements included in	(c) acquired after 8/17/06	2d		
Number of conservation easements modified, tr the taxable year ▶			organization during	
Number of states where property subject to con				
Does the organization have a written policy regard enforcement of the conservation easements it h		andling of vi	olations, and Yes	┌ No
Staff and volunteer hours devoted to monitoring				
A mount of expenses incurred in monitoring, ins			ne year 🕶 🕽	
Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			√Yes	┌ No
In Part XIV, describe how the organization repo balance sheet, and include, if applicable, the te the organization's accounting for conservation of	xt of the footnote to the organization's financ			
	ections of Art, Historical Treasure red "Yes" to Form 990, Part IV, line 8.		er Similar Assets.	
If the organization elected, as permitted under sart, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to	held for public exhibition, education or rese	arch in furth		e,
If the organization elected, as permitted under shistorical treasures, or other similar assets hell provide the following amounts relating to these	d for public exhibition, education, or researc		•	
(i) Revenues included in Form 990, Part VIII, I	line 1		► \$	
(ii) Assets included in Form 990, Part X			► \$	
If the organization received or held works of art following amounts required to be reported under		s for financia		
a Revenues included in Form 990. Part VIII. line	1		▶ - \$	

b Assets included in Form 990, Part X

сII	Til Organizations Maintaining Co	illections of Art	t, His	tori	<u>cai ire</u>	asu	res, or O	tne	r Simila	r Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ıy of th	ne foll	lowing th	at are	a significa	ant u	se of its co	ollectio	n	
а	Public exhibition		d	\sqcap	Loan or	exch	ange progr	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w the	y further	the o	rganızatıon	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990	0,	
	Part IV, line 9, or reported an an											
a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for c	ontributi	ons o	r other ass	ets i	not	Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing t	able		_					
							-	_		A mou	unt	
C	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year						_	1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior `	Year ((c) Two	Years Back	(d)	Three Years	Back (e	e)Four Ye	ears Back
а	Beginning of year balance							-				
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
,	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
_	·											
b	Permanent endowment 🕨											
c a	Term endowment ► Are there endowment funds not in the posses	asian af the arganiz		+ h = + =	ara bald s	- nd -	dministoro	d f or	+h o			
а	organization by	ssion of the organiz	ation	tiiat e	are neiu a	allu at	ullillistere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		_
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio									3b		
	Describe in Part XIV the intended uses of th											
aı	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990	<u>0, Pa</u>	rt X, line	10.				
	Description of investment				Cost or ot		(b) Cost or of basis (othe		(c) Accumu depreciat		(d) Bo	ok value
а	Land						1,422	,671				1,422,671
b	Buildings		•				64,979	,750	42,1	65,412	2	2,814,338
c	Leasehold improvements						2,340	,007	1,7	01,305		638,702
d	Equipment						74,219	,894	64,4	03,930		9,815,964
e	Other						1,564	,045				1,564,045

36,255,720

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
o thei			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(a) Bescription of investment type	(D) Book value	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
(1) Intercompany receivable			163,853
(2) Physician guarantees			61,171
(3) Due from third party programs			660,082
(4) Health System Depository Account			110,204,351
(5) Restricted by donor or grantor			141,982
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u>.</u>	111,231,439
Part X Other Liabilities. See Form 990, Part X			111,231,439
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Intercompany payables	2,346,008		
	1,599,238		
Other Payables to third party programs			
Payables to third party programs Intercompany debt to Assension Health	1,375,719		
Intercompany debt to Ascension Health	17,054,255		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	22,375,220		
	, 5,0		

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

StJoseph Hospital & Health Center Inc

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

Hospitals

Employer identification number

Рa	rt I Financial Assista	nce and (Certain Oth	er Community Be		0992717			
	i muncial Assista	ince and t	zertuin Oth	or community be	nonts at cost			Yes	No
1a	Did the organization have a fi	nnancıal ass	istance policy	during the tax year? I	f "No," skip to questio	n 6a .	1a	Yes	—
Ь	If "Yes," is it a written policy	·					1b	Yes	
2	If the organization has multip assistance policy to its vario				describes application (of the financial			
	A pplied uniformly to all ho Generally tailored to indiv	ospitals vidual hospita	als	Applied uniformly	to most hospitals				
3	Answer the following based o organization's patients during			nce eligibility criteria t	hat applied to the large	st number of the			
а	Does the organization use Fe income individuals? If "Yes,"		-	=	· · · · · -		3a	Yes	
	Γ _{100%} Γ _{150%}	▽ 2	。。。	Other	%	-		103	
b	Does the organization use FP "Yes," indicate which of the fo	G to determi	ne eligibility f	or providing <i>discounted</i>		dıvıduals? If	3b	Yes	
	Г _{200%} Г _{250%}	Г 3		350%	0%	%	- 30	163	
c	If the organization does not u determining eligibility for free test or other threshold, regan	or discounte	ed care Inclu	oility, describe in Part 'description w	– VI the income based c hether the organizatior	riteria for			
4	Did the organization's financi provide for free or discounted				•	uring the tax year	4	Yes	
5a	Did the organization budget amount	ts for free or dis	counted care pro	vided under its financial ass	sistance policy during the ta	k year?	5a	Yes	
b	If "Yes," did the organization	's financial a	ssistance exp	enses exceed the bud	geted amount?		5b	Yes	
С	If "Yes" to line 5b, as a resul care to a patient who was elig					or discounted	5c		No
6a	Does the organization prepartyear?			ort during the tax		L	6a	Yes	
6b	If "Yes," did the organization			ublic?		[6b	Yes	
	Complete the following table worksheets with the Schedule		rksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these			
7	Financial Assistance and C	ertain O ther	Community I	Benefits at Cost					
ı	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero total ex	
а	Financial Assistance at cost (from Worksheets 1 and 2)			2,246,071		2,246	5,071	1	920 %
b	Unreimbursed Medicaid (from Worksheet 3, column a)			5,994,337		5,994			140 %
c	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			5,52 1,537		3,33	,		
d	Total Financial Assistance and Means-Tested Government Programs			8,240,408		8,240),408	7	060 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)		9,215	356,461	23,705	332	2,756	0	290 %
f	Health professions education (from Worksheet 5)		1	20			20		0 %
g	Subsidized health services			20			20		0 70
h	(from Worksheet 6) Research (from Worksheet 7)								
i	Cash and in-kind contributions to community groups (from Worksheet 8)		8,621	112,963			2,963		100 %
-	Total Other Benefits		17,837	469,444	23,705	8,686	739		390 %
K	Total. Add lines 7d and 7i	I	17,837	8,709,852	23,705	8.686). 14 / l	/	450 %

	rt II Community Buildin									ıldıng	'age ∡
	activities during the of the communities i					•		·			
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) D	irect offse revenue	etting	(e) Net community building expense		(f) Perco	
1	Physical improvements and housing										
2	Economic development										
3	Community support		8	4	8				48		0 %
4	Environmental improvements		-		_						
5	Leadership development and training										
6	for community members Coalition building										
7	Community health improvement				+						
8	advocacy		900	3,56	0			3	,560		0 %
9	Workforce development Other				+						
10	Total		908	3,60	8			3	,608		
Paı	Bad Debt, Medicar	e, & Collec	tion Practic	es	•		<u>'</u>		, ,		
C4	ion A. Rad Daht Evnance										
sect 1	ion A. Bad Debt Expense Did the organization report bad	d daht avnans	ın accordance	with Heathcare Fir	ancial M	anagem	ant Ac	sociation		Yes	No
-	Statement No 15?					,			1		Νo
2	Enter the amount of the organi					2		3,179,183			
3	Enter the estimated amount of attributable to patients eligible	-			olicv .	з		953,755			
	activations to patients engine	e under the org	,41112411011 5 11110	metar assistance p	,						!
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portio	ng methodolog	ıy used ın deter	mining the amounts							
Sect	ion B. Medicare			,							
5	Enter total revenue received fi	rom Medicare ((including DSH	and IME)		5		36,224,117			
6	Enter Medicare allowable cost	s of care relati	ng to payments	s on line 5		6		46,629,828			
7	Subtract line 6 from line 5 Th	ıs ıs the surplu	ıs or (shortfall)			7		-10,405,711			
8	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	osting method	ology or source								
	Cost accounting system	r c∘	st to charge rat	tio Γ	Other						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt co	llection policy?						9a	Yes	
b	If "Yes," does the organization patients who are known to qua								9b	Yes	
Pa	rt IV Management Com									1	
	(a) Name of entity	(b) Description of pr	, , , , , , , , , , , , , , , , , , ,	(c) Organı profit % c			Officers, directors, trustees, or key		e) Physic ofit % or	
			activity of entity	′	ownersh		em	ployees' profit %		ownershi	
1							or :	stock ownership%			
									_		
2											
3											
4											
5											
6											
7											
8											
9											
10		1									
									+		
11											
12											
12		1									

Part \	Y Facility Information									-
Section A. Hospital Facilities (list in order of size, measured by total revenue per facility, from largest to smallest)		Licensed hospital	General medical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	
	any hospital facilities did the organization operate during year? 1	ospital	dical & surgical	ospital	epital	ess hospital	cility			
Name a	and address									Other (Describe)
1	StJoseph Hospital & Health Center Inc 1907 W Sycamore Street Kokomo, IN 46901	×	х					х		
	·									
		-			<u> </u>					
		1		+	1					
					+					
					<u> </u>					
		-		1	<u> </u>					
				1	1					
					1					
					†					
					1	1				

low many non-nospital facilities did the organization	on operate during the tax year?
ame and address	Type of Facility (Describe)
-	
0	Schedule H (Form 9

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page 8

Part VI Supplemental Information

Complete this part to provide the following information

Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 3c The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status. The hospital uses a percentage of federal poverty level (FPL) to determine free and discounted care. At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to the national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 400% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them

Identifier	ReturnReference	Explanation
		Part I, Line 7 The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

Identifier	ReturnReference	Explanation
		Part II While most of St Joseph Hospital & Health Center's community benefit activities directly impact the health of its communities as reported in Part I, SJHHC also invests in community building activities that indirectly improve health by improving quality of life within the community Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also positively impacts health In fiscal year 2011, SJHHC's community-building activities included the STAR Intensive and Black Business

Identifier	ReturnReference	Explanation
		Part III, Line 4 The organization is a part of the St Vincent
		Health System consolidated audit. The provision for bad debts
		is based upon management's assessment of expected net
		collections considering economic conditions, historical
		experience, trends in health care coverage, and other collection
		indicators Periodically throughout the year, management
		assesses the adequacy of the allowance for uncollectible
		accounts based upon historical write-off experience by payor
		category, including those amounts not covered by insurance
		The results of this review are then used to make modifications
		to the provision for bad debts to establish an appropriate
		allowance for uncollectible accounts After satisfaction of
		amounts due from insurance and reasonable efforts to collect
		from the patient have been exhausted, the Corporation follows
		established guidelines for placing certain past-due patient
		balances within collection agencies, subject to the terms of
		certain restrictions on collection efforts as determined by
		Ascension Health Accounts receivable are written off after
		collection efforts have been followed in accordance with the
		Corporation's policies The share of the bad debt expense in
		fiscal year 2011 was \$10,996,827 at charges (\$3,179,183 at
		cost)
	_	

Identifier	ReturnReference	Explanation
		Part III, Line 8 Ascension Health and related health ministries follow the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Identifier	ReturnReference	Explanation
		Part III, Line 9b The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply

Identifier	ReturnReference	Explanation
		St Joseph Hospital & Health Center (SJHHC) and its related St Vincent Health affiliates file a community benefit report in the state of Indiana A copy of the full report (including the SJHHC section) is available at http://www.stvincent.org

Identifier	ReturnReference	Explanation
		Part VI, Line 2 Communities are dynamic systems in which multiple factors interact to impact quality of life and health status. St Joseph Hospital & Health Center (SJHHC) helps to lead a community roundtable called Community Impact Group whose purpose is to periodically assess assets and needs within the community, prioritize action and work in partnership to address identified challenges. As part of the St Vincent Health System, the goal of SJHHC is to work with its community to conduct an assessment at least every three years. Assessments may include primary survey data, secondary data, focus group input, community leaders' survey and other data. Results are made available to organizations and individuals throughout the community. These needs assessments are also utilized in creating the hospital's Integrated Strategic Financial and Operational Plan.

Identifier ReturnReference Explanation			
		Part VI, Line 3 St Joseph Hospital & Health Center communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's charity care program as well as their potential eligibility for local, state or federal programs. Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program. In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify	

Identifier	ReturnReference	Explanation
		Part VI, Line 4 St Joseph Hospital & Health Center (SJHHC) is located in Kokomo, Indiana and serves Howard and contiguous counties, in north Central Indiana Howard County has a population of 82,752, with a poverty rate higher than the state average Per capita personal income and median household income are below state averages and have been significantly impacted by losses to the state's major manufacturing job base

Identifier	ReturnReference	Explanation				
		Part VI, Line 6 To provide the highest quality healthcare to all persons in the community, and in keeping with its not-for-profit status, St Joseph Hospital & Health Center - delivers patient services, including emergency department services, to all individuals requiring healthcare, without regard to patient race, ethnicity, economic status, insurance status or ability to paymaintains an open medical staff that allows credentialed physicians to practice at its facilities- trains and educates health care professionals- participates in government-sponsored programs such as Medicaid and Medicare to provide healthcare to the poor and elderly- is governed by a board in which independent persons who are representative of the community comprise a majority				

Identifier	ReturnReference	Explanation
		Part VI, Line 7 As part of the St Vincent Health System, St Joseph Hospital & Health Center (SJHHC) is dedicated to improving the health status and quality of life for the communities it serves. While designated associates at SJHHC devote all or a significant portion of their time to leading and administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach. They are assisted and supported by designated St Vincent Health community development and service staff who work with each of its healthcare facilities to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide programs, community programs sponsored by St Vincent Health in which SJHHC participates

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	IN

Schedule H (Form 990) 2010

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493131008002 OMB No 1545-0047

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

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

Open to Public **Inspection**

lame of the organization	T					Employer Identifi	cation number
tJoseph Hospital & Health Cen	terinc					35-0992717	
Part I General Inform	nation on Grants	s and Assistance				•	
Does the organization mainstrain the selection criteria usedDescribe in Part IV the organization	to award the grants	or assistance?					▽ Yes ┌
Form 990, Part IV	V, line 21 for any	o Governments and recipient that received eded.	d more than \$5,000.	Check this box if r	no one recipient recei	ved more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Ascension HealthPO Box 45998 St Louis, MO 63145	31-1662309	501(c)(3)	4,000,000				Net asset transfer for operating expenses
(2) StV incent Health Inc 10330 N Meridian St Ste 430N Indianapolis, IN 46290	35-2052591	501(c)(3)	2,787,776				O perating grant
2 Enter total number of sect	ıon 501(c)(3) and go	overnment organizations					. ► ;

Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the organization	answered "Yes	s" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	· · · · · ·			

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring	Part I, Line 2	Schedule I, Part I, Line 2 The finance committee ensures that funds are distributed appropriately according to Ascension
Grants in the U S		Health's strategic business plan and consistent with corporate policies and procedures

DLN: 93493131008002

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

300	oseph Hospital & Health Center Inc	3	5-0992717			
Pa	rt I Questions Regarding Compensation	<u> </u>				
			_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide					
	First-class or charter travel	ousing allowance or residence for pe	ersonal use			
	Travel for companions	ayments for business use of person	al residence			
		ealth or social club dues or initiatio				
	Discretionary spending account P	ersonal services (e g , maid, chauffe	eur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described abov			1b	Yes	
2	Did the organization require substantiation prior to reimbursin officers, directors, trustees, and the CEO/Executive Director,			2	Yes	
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply					
	·	/ritten employment contract ompensation survey or study				
		pproval by the board or compensati	on committee			
	, rollings of other organizations	pproval by the board or compensati	on committee			
4	During the year, did any person listed in Form 990, Part VII, Sor a related organization	Section A, line 1a with respect to the	e filing organization			
а	Receive a severance payment or change-of-control payment f	rom the organization or a related org	janization?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental nonqu	alified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-based comp	pensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the		Part III			
	0.h. F04/-)/2) F04/-)/4)	E				
5	Only 501(c)(3) and 501(c)(4) organizations only must comple For persons listed in form 990, Part VII, Section A, line 1a, di compensation contingent on the revenues of		,			
а	The organization?			5a		Νo
b	Any related organization?		ļ	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, di compensation contingent on the net earnings of	d the organization pay or accrue any	,			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III		ļ			
7	For persons listed in Form 990, Part VII, Section A, line 1a, d payments not described in lines 5 and 6? If "Yes," describe in		fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or acc subject to the initial contract exception described in Regs sec in Part III			8		No
9	If "Yes" to line 8 did the organization also follow the rebuttable	e presumption procedure described	in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns		
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Karam F Abbası	(I) (II)	211,764 0	7,750 0	0	2,579	6,641 0	228,734 0		
(2) Kevin P Speer JD	(1) (11)	0 382,499	0 59,901	0	0 16,935	0 24,537	0 483,872		
(3) Ian G Worden	(I) (II)	0 526,970	0 78,675	0	0 31,814	0 11,534	0 648,993		
(4) Kathy A Young	(I) (II)	0 247,129	0 28,855	0	0 20,870	0 5,051	0 301,905		
(5) Dennis E Ressler	(I) (II)	207,412 0	12,022 0	0	22,074 0	13,072 0	254,580 0		
(6) Kathleen K Peoples	(1) (11)	151,491 0	9,884 0	0	51,266 0	11,811 0	224,452		
(7) Heath A Spence	(I) (II)	414,381 0	47,000 0	0	22,360	11,484 0	495,225 0		
(8) Lili Ann Leavell- Hayes	(I) (II)	404,815 0	4,306 0	0	20,524	17,613 0	447,258 0		
(9) Todd W Ussery	(I) (II)	386,506 0	15,405 0	0	20,352	28,710 0	450,973 0		
(10) Huan Pu Cui	(1) (11)	373,977 0	20,113	0	13,567	8,002 0	415,659 0		
(11) Fıras X Barrow	(I) (II)	207,837 0	73,000 0	0	7,754 0	6,549 0	295,140 0		
(12)									
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	·	St Joseph Hospital & Health Center paid for cell phone usage, deminimus gift, and vehicle expense for eight of the compensated officers/directors, key, and highest compensated employees listed in Part VII St Joseph Hospital & Health Center will only reimburse a business expense when all three (3) of the following IRS requirements are met 1 The expense must have a business connection (i.e., the expenses must be incurred while performing services on behalf of a SVH Entity), 2 The expense must be adequately substantiated by the Associate within a reasonable period of time, and 3 The Associate must return any excess reimbursement or allowance within a reasonable period of time. St Joseph Hospital & Health Center "grossed up" the above applicable non-business expenses and included in the employees' W-2 as additional taxable compensation.
	,	The following individuals participated in, or received payment from a supplemental non-qualified retirement plan Lili Ann Leavell-Hayes - \$16,500 Heath A Spence - \$16,500 Huan Pu Cui - \$16,500 Ian G Worden - \$16,500

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493131008002

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization
StJoseph Hospital & Health Center Inc

Employer identification number

35-0992717

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		St Joseph Hospital & Health Center, Inc. has a single corporate member, St Vincent Health, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St Joseph Hospital & Health Center, Inc. has a single corporate member, St Vincent Health, Inc. who has the ability to elect members to the governing body of St Joseph Hospital & Health Center, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to St Joseph Hospital & Health Center, Inc 's financial information or corporation as a whole are subject to approval by its sole corporate member, St Vincent Health, Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committee with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax exempt purpose

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Iine 15	In determining compensation of the organization's CEO, executive director, or top management official, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, review ed and approved the compensation. In review of the compensation, the CEO, executive director, and top management were compared to other hospitals in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individuals were not present when their compensation was decided. In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In the review of the compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The organization will provide any documents open to public inspection upon request

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A	The average hours per week that was devoted to related organizations during the year Kevin P Speer - 40 hours lan G Worden - 40 hours

ldentifier	Return Reference	Explanation	
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 7,544,097	

ldentifier	Return Reference	Explanation
Total Number of Volunteers	Part I, Line 6	The total number of volunteers for the organization is 160. This consists of volunteers participating in multiple areas throughout the hospital such as hospitality services. Some volunteers also participate in the various community service programs that the hospital performs within the community.

ldentifier	Return Reference	Explanation
Tax Exempt Bond Issuance	Part IV, Line 24A	St Joseph Hospital & Health Center, Inc. is a health facility that is part of Ascension Health System Ascension Health is the borrower for tax exempt hospital revenue bonds. St Joseph Hospital & Health Center, Inc. holds an intercompany note payable with Ascension Health, and this information is reported on the balance sheet.

ldentifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, Line 4a, 4b and 4c	SJHHC provides inpatient and outpatient health care services that include emergency department services, obstetrics services (LDRP Suites), new born nursery, CT radiology services, MRI radiology services, sleep lab services, surgery services, orthopedic services, health clinic services and a Health Access coordinator. Some of these services operate at a loss in order to ensure that comprehensive services are available to the community. SJHHC provides a substantial portion of its core health services to the poor, uninsured or underinsured and has proactively taken steps to address the accessibility, financing, and delivery of healthcare to the underserved. Such community focused programs improve access to healthcare, advocate for the poor and vulnerable, promote health through free education and screenings and help build better communities by improving quality of life.

ldentifier	Return Reference	Explanation
Community Benefit Overview		St Joseph Hospital & Health Center (SJHHC) is part of St Vincent Health, a non-profit healthcare system consisting of 20 locally-sponsored ministries serving over 47 counties throughout Central Indiana. Sponsored by Ascension Health, the nation's largest Catholic healthcare system, St Vincent Health is one of the largest healthcare employers in the state. As part of St Vincent Health, the SJHHC vision is to deliver a continuum of holistic, high-quality health services and improve the lives and health of Indiana individuals and communities, with special attention to the poor and vulnerable. This is accomplished through strong partnerships with businesses, community organizations, local, state and federal government, physicians, St Joseph associates and others. Community benefit is not the work of a single department or group within St Joseph, but is part of the St Vincent mission and cultural fabric. It is initiated and implemented at all levels of the organization, by each ministry, and in every community.

Identifier	Return Reference	Explanation					
Charity Care and Certain Other Community Benefits at Cost		Patient Services for Poor and Vulnerable Hospital and outpatient care is provided to patients that cannot pay for services, including hospitalizations, surgenes, prescription drugs, medical equipment and medical supplies Patients with income less than 200% of the Federal Poverty level (FPL) are eligible for 100% charity care for services Patients with incomes at or above 200% of the FPL, but not exceeding 400% of the FPL, receive discounted services based on an income-dependent sliding scale. Hospital financial counselors and health access workers assist patients in determining eligibility and in completing necessary documentation SJHHC is committed to 100% access, and is proactive in providing healthcare that leaves no one behind. Public Program Participation SJHHC participates in government programs including Medicaid, SCHIP (Hospital Public Program Participation SJHHC) and Medicare and assists patients in enrolling for programs for which they are eligible. Per Catholic Health Association guidelines and St Vincent Health's conservative approach, Medicare shortfall is not included as community benefit. Community Assessment St Joseph hospital & Health Center is dedicated to spiritually-centered, holistic care, which sustains and improves the health of individuals and communities. St Joseph collaborated with community organizations, local businesses, and government agencies to complete the latest needs assessment which resulted in prioritized needs in the areas of access to health care, affordable child care, senior care, mental health care for all ages and transportation. Clinic of Hope Providing quality out patient care for the past 16 years, the Clinic of Hope serves adults ages 18 to 64 who have low /no income, and who are uninsured St Joseph Hospital collaborates with other healthcare providers and health and human service agencies to help patients find the services they need to improve their health and well-being. The Clinic staff includes a Nurse Practitioner and Social Worker Volunteer supports in provid					

ldentifier	Return Reference	Explanation					
		Healthy Heart Screenings During fiscal year 2011, St Joseph Hospital welcomed more than 600 members of the community to the hospital for a free heart screening that helped participants know their 'numbers' for key health indicators, including cholesterol, glucose, and BMI. Trained counselors reviewed the screening results with participants, advising when additional follow-up was recommended, and providing free educational materials to help participants get healthy or stay healthy. Let's Pretend Hospital More than 1,400 Kindergarten students visited. St Joseph Hospital as part of Let's Pretend Hospital, a fun and educational program that helps children understand what happens in a hospital so that they will not be afraid should they or a loved one be hospitalized. Children participate in hands-on demonstrations of how an X-ray works, how to avoid germs, and what their own heart sounds like through a stethoscope. At the end of their visit, children get to help Dr. Doolittle treat Scooby-Doo's broken arm. Each child was given a Let's Pretend Hospital t-shirt, which some children said was the only piece of new clothing they had received that year. Boot Camp for Dads Boot Camp for New Dads is a free eight week course geared for the soon to be new dad to ask questions in an informal setting while observing new dads' interacting with their babies. New dads' are invited to return with their baby and to ask questions about caring for their baby. New Mom's Meeting/Support Group St Joseph Obstetrics/Gynecological Center provides mothers with exceptional care after their pregnancy. Meetings and support groups, for moms and babies only, are essential in providing a secure and comfortable place to discuss their personal topics in raising their new child and a time for the child to be weighed. Meetings are held every Wednesday for mothers and babies from new borns up to one year old or walking. The first Wednesday of every month, mothers have the opportunity to listen to a guest speaker on numerous subjects. Prenatal Classes					

T

ldentifier	Return Reference	Explanation
Community Building Activities		Research shows that social determinants and quality of life play a major role in the health status of individuals and communities. Community building activities, which focus on improving the quality of life within a community, ultimately influence and improve health status. St Vincent Health STAR Intensive Program The St Vincent STAR (Special Talents to Achieve and Rise) Program is a highly successful, life-transforming job and life skills development program that reaches out to individuals with significant barriers to employment. In response to requests from other St Vincent ministries to clone the Indianapolis based program to serve individuals in their communities, the staff developed the STAR Intensive pilot program in 2009. Each participating St Vincent ministry worked with community organizations and STAR staff to select candidates to participate in the eight-week program with two weeks of in-class training in Indianapolis, and six weeks mentorship at their local St Vincent ministry. STAR graduates are not guaranteed positions with St Vincent ministries. Last fiscal year, twelve individuals from St Vincent communities in Central Indiana enrolled in the STAR Intensive pilot program, including three individuals from Kokomo They mentored in the Clinic of Hope, Food & Nutritional Services, and Housekeeping at St Joseph Hospital. One STAR has been hired as an associate in the St Joseph Food & Nutritional Service department. Black Business Fair In honor of Black History. Month, St Joseph Hospital hosted its second Kokomo Black Business Fair Fifteen Kokomo businesses owned by African-Americans exhibited, and hundreds of St Joseph associates and community members attended. The event brought together many community members who learned more about each other, and made new connections. Local media provided extensive coverage of the event, helping to generate business for the local economy. The Black Business Fair became a celebration of diversity and of making good things happen, even in the worst economic recession

DLN: 93493131008002

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of	t he orgar	nizat ion	
StJoseph H	ospital & H	ealth Cente	er Inc

Employer identification number

35-0992717

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CIHS Newco LLC 8425 Harcourt Road Indianapolis, IN 46260 35-2174403	Land holding company	IN	787,753		Central Indiana Health System Cardiac Services Inc
(2) Endoscopy Center LLC 3755 E 82nd St Ste 270 Indianapolis, IN 46240 32-0029881	Endoscopy center	IN	873,755	90,669	StVincent Carmel Hospital Inc
(3) StJoseph Primary Care LLC 1907 W Sycamore Street Kokomo, IN 46901 74-2979291	Physician practices	IN	2,350,871		StJoseph Hospital & Health Center Inc
(4) Quality Healthcare Solutions LLC 8425 Harcourt Road Indianapolis, IN 46260 27-2818049	Health care consulting	IN	16,091,347	28,977,876	StVincent Health Inc
(5) StVincent Physician Network LLC 10330 N Meridian Ste 300 Indianapolis, IN 46290 20-1338729	Physician practices	IN	69,212,649	19,206,791	StVincent Health Inc

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		12(b)(13) rolled ızatıon
						Yes	No
See Additional Data Table							

(q)

Part III Identifi because	ication of Relat	ed Orga ore relate	nnizations Taxal ed organizations t	ble as a Partners reated as a partne	ship (Co rship dui	mplete if ring the ta	the org	janization)	answe	ered "\	res" on Fo	rm 990,	Part	IV, lu	ne 34
(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)	Share of t	(f) otal income		(g) f end-of-year assets	(h Disprop allocat	ortionate	(i) Code V– amount in b Schedule (Form 10	ox 20 of K-1	(j Gene mana part	agıng	(k) Percentage ownership
									Yes	No			Yes	No	
See Additional Data Table															
				ble as a Corpora ations treated as a							nswered "\	res" on	Form	990,	Part IV,
Name, address, an	(a) d EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct con entit	itrolling	(e) Type of er (C corp, S or trust	corp,	Share o	(f) f total income	end-o	j) re of f-year sets		(h) Percentage ownership

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

	Note. Complete line 1 if any entity is listed in Parts II, III or IV
L D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
b	Gift, grant, or capital contribution to other organization(s)
c	Gift, grant, or capital contribution from other organization(s)

- d Loans or loan guarantees to or for other organization(s)e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- h Exchange of assets
- $i \quad \text{Lease of facilities, equipment, or other assets to other organization} (s) \\$
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

1a		No
1b	Yes	
1 c	Yes	
1d		No
1e		No
1f		No
1 g		No
1h		No
1i		No
1j		No
1k		No
11		No
1m		No
1n		No
10		No
1р		No
1 q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relative	tionships and transaction thresholds
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(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Ascension Health	В	4,000,000	Fair market value
(2) StJoseph Foundation of Kokomo Indiana Inc	С	190,565	Fair market value
(3) StVincent Health Inc	С	6,886,778	Fair market value
(4) StVincent Health Inc	В	2,787,776	Fair market value
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Part VII Supplemental Information

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

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: **Software Version:**

EIN: 35-0992717

Name: StJoseph Hospital & Health Center Inc

Form 990, Schedule R, Part II - Identification of Rel	ated Tax-Exempt Org	anizations					
(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 (b)(i contro	n 512 13) olled
						Yes	No
Ascension Health							
PO Box 45998 St Louis, MO 63145 31-1662309	National health system	МО	501(C)(3)	11A,I	N/A		No
Central Indiana Health System Cardiac Services Inc					StV incent Hospital &		
2001 W 86th Street Indianapolis, IN46260 35-1869951	Freestanding outpatient center	IN	501(C)(3)	11C, III-FI	Health Care Center Inc	Yes	
Jubilee Partnerships Inc					StV incent Hospital &		
2301 N Park Avenue Indianapolis, IN46205 35-2060765	Outreach activities	IN	501(C)(3)	1	Health Care Center Inc	Yes	
Rehabilitation Hospital of Indiana Inc							
4141 Shore Drive Indianapolis, IN46254 35-1786005	Rehabilitation hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StJohn's Foundation Inc					StV incent Madison		
2015 Jackson Street Anderson, IN46016 35-2053693	Supporting organization	IN	501(C)(3)	11A,I	County Health System Inc	Yes	
StJoseph Foundation of Kokomo Indiana Inc					StJoseph Hospital &		
1907 W Sycamore Street Kokomo, IN46901 23-7313206	Supporting organization	IN	501(C)(3)	11A,I	Health Center Inc	Yes	
StV incent Carmel Hospital Inc							
13500 N Meridian Street Carmel, IN46032 74-3107055	Hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StV incent Clay Hospital Inc							
1206 E National Avenue Brazil, IN47834 35-2112529	Critical access hospital	IN	501(C)(3)	3	StV Incent Health Inc	Yes	
StV incent Dunn Hospital Inc							
1600 23rd Street Bedford, IN47421 27-2192831	Critical access hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StV incent Frankfort Hospital Inc							
1300 S Jackson Frankfort, IN46041 35-2099320	Critical access hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StV incent Frankfort Hospital Foundation Inc					StV incent Frankfort		
1300 S Jackson Frankfort, IN46041 35-1531734	Supporting organization	IN	501(C)(3)	11A,I	Hospital Inc	Yes	
StV incent Health Inc							
8425 Harcourt Road Indianapolis, IN46260 35-2052591	Parent company	IN	501(C)(3)	11C, III-FI	Ascension Health		Νο

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 Sectio (b)(i contr organiz	n 512 13) olled
StV incent Hospital and Health Care Center Inc						Yes	No
2001 W 86th Street Indianapolis, IN46260 35-0869066	Hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StV Incent Hospital Foundation Inc 10330 N Meridian Street Ste 430N Indianapolis, IN46290 35-6088862	Supporting organization	IN	501(C)(3)	11A,I	StV incent Hospital & Health Care Center Inc	Yes	
StVincent Jennings Hospital Inc 301 Henry Street North Vernon, IN47265 35-1841606	Critical access hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StV Incent Madison County Health System Inc 1331 South A Street Elwood, IN46036 35-0876389	Hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StVincent Medical Group Inc 8425 Harcourt Road Indianapolis, IN46260 27-2039417	Physician professional services	IN	501(C)(3)	9	StV incent Health Inc	Yes	
StVincent Mercy Hospital Foundation Inc 1331 South A Street Elwood, IN46036 31-1066871	Supporting organization	IN	501(C)(3)	11A,I	StV incent Madison County Health System Inc	Yes	
StV Incent New Hope Inc 8450 N Payne Road Indianapolis, IN46260 35-1733591	Intermediate care facility	IN	501(C)(3)	9	StV incent Health Inc	Yes	
StV Incent Pediatric Rehab Center Inc 1707 W 86th Street Indianapolis, IN46260 35-2048898	Specialty hospital	IN	501(C)(3)	3	StV incent Hospital & Health Care Center Inc	Yes	
StV Incent Randolph Hospital Inc 473 Greenville Avenue Winchester, IN47394 35-2103153	Critical access hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StVincent Randolph Hospital Foundation Inc 473 Greenville Avenue Winchester, IN47394 35-2133006	Supporting organization	IN	501(C)(3)	11A,I	StV incent Randolph Hospital Inc	Yes	
StV Incent Salem Hospital Inc 911 N Shelby Street Salem, IN47167 27-0847538	Critical access hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StV incent Seton Specialty Hospital Inc 8050 Township Line Road Indianapolis, IN46260 35-1712001	Long term care hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 (b)(1 contro organiz	n 512 13) olled
						Yes	No
StV incent Williamsport Hospital Inc 412 N Monroe Street Williamsport, IN47993 35-0784551	Critical access hospital	IN	501(C)(3)	3	StV incent Health Inc	Yes	
StV incent Williamsport Hospital Foundation Inc 412 N Monroe Street Williamsport, IN47993 74-3130159	Supporting organization	IN	501(C)(3)	11A,I	StV incent Williamsport Hospital Inc	Yes	
SVSM Inc 2001 W 86th Street Indianapolis, IN46260 81-0607827	Holding company	IN	501(C)(3)	11A,I	StV incent Health Inc	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	allocat	prtionate ions?	(i) Code V - UBI amount on Box 20 of K-1 (\$)	Ger Mana Part	j) ieral or aging ner?	(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
Breast MRI Leasing Company LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 42-6662493	Sale and rental services	IN	StV incent Hospital & Health Care Center Inc	Related	121,068	65,456		No			Νο	50 000 %
Care Group Cardiovascular Management LLC 8333 Naab Road Ste 200 Indianapolis, IN46960 22-3937477	Management of cardiovascular service lines	IN	Central Indiana Health System Cardiac Services Inc	Related	219,289			No			Νο	0 %
Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0014795	Ambulatory surgery center	IN	StV incent Carmel Inc	Related	5,760,736	1,334,486		No			Νο	45 000 %
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN46250 35-1985233	Home care IV/infusion services	IN	StV incent Hospital & Health Care Center Inc	Related	21,300			No			No	0 %
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN46250 35-1999227	Case management	IN	StV incent Hospital & Health Care Center Inc	Unrelated	122,350	1,421,132		No			No	50 000 %
Endoscopy Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0029881	Endoscopy center	IN	StV incent Carmel Inc	Related	873,755	220,530		No			Νο	60 000 %
Fishers Ambulatory Surgery Center LLC 136914 E State Road 238 Fishers, IN46037 26-2001288	Ambulatory surgery center	IN	StV incent Hospital & Health Care Center Inc	Related	-277,774	532,587		No			Νο	80 000 %
Hancock Physician Network LLC 801 N State Street Greenfield, IN46140 35-2051598	Primary care physician practices	IN	StV incent Hospital & Health Care Center Inc	Related	-2,365,413	1,101,907		No			No	50 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	allocat	ortionate ions?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Gen Mana Part	or aging ner?	(k) Percentage ownership
UBU GVU B. LE				512-514)			Yes	No		Yes	No	I
HRH SVH Real Estate Development Co LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 27-2933470	Real estate holding		StV incent Hospital & Health Care Center Inc	Related	3,131	3,131		No			Νo	100 000 %
Lafayette Heart Program Holding LLC 11515 W Dragoon Trail Mishawaka, IN46544 38-3750811	Cardiac care services		Central Indiana Health System Cardiac Services Inc	Related		7,800,000		No			Νo	49 000 %
Meridian Heights Associates LLC 6100 W 96th Street Ste 250 Indianapolis, IN46278 26-4020296	Real estate holding	IN	StV incent Carmel Inc	Related	-497,691	2,030,813		No			Νο	50 000 %
Neuro Oncology Equipment LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 74-3103803	Sale and rental services	IN	StV Incent Hospital & Health Care Center Inc	Related	312,355	271,453		No			Νο	50 000 %
Northside Cardiac Cath Lab Partnership 2001 W 86th Street Indianapolis, IN46260 35-1854388	O utpatient cath lab	IN	Central Indiana Health System Cardiac Services Inc	Related	59,307			No			Νο	6 820 %
Saint John's Ambulatory Surgery Center LLC 2015 Jackson Street Anderson, IN46016 01-0822977	Surgery center	IN	StV incent Madison County Health System Inc	Related	-18,650			No			Νο	0 %
StV incent Heart Center of Indiana LLC 10580 N Meridian Street Indianapolis, IN46290 36-4492612	Heart hospital	IN	Central Indiana Health System Cardiac Services Inc	Related	15,885,142	27,774,130		No			Νο	74 040 %
StV incent Northwest Radiology LLC 5756 W 71st Street Indianapolis, IN46278 35-2047427	MRI facilities		StV incent Hospital & Health Care Center Inc	Related	-8,834			No			Νo	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income (\$)	Chara of and of	(h) Disprop allocat	ortionate ons?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Gen o Mana Part	eral r agıng	(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
■ 2001 W 86th Street	O utpatient vascular lab	IN	Central Indiana Health System Cardiac Services Inc	Related	158,226	663		No			Νo	35 080 %

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493131008002

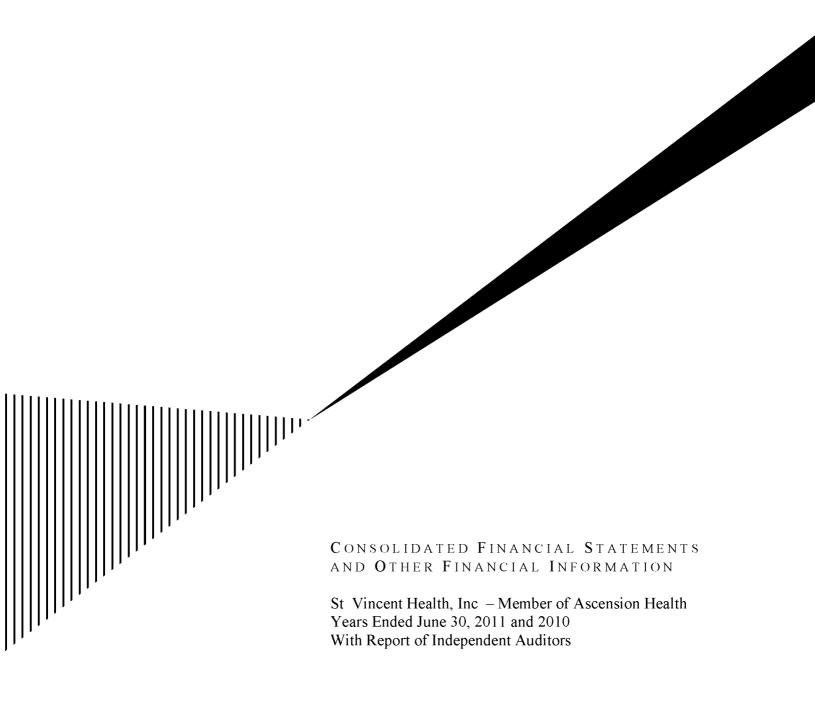
OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)	•	eturn.		Attachment Sequence No 67				
Name(s) shown on return StJoseph Hospital & Heali	th Center Inc		Business	or activity to w	hich this form	n relates		Ident if ying number
				Page 10				35-0992717
	To Expense (•			andata Dant I		
	ou have any li					ipiete Part I.		T 500.000
1 Maximum amount See		_					1	500,000
2 Total cost of section 1			•	•			2	
3 Threshold cost of sect	tion 179 propert	y before reduct	ion in limit	atıon (see ınstr	uctions) .		3	2,000,000
4 Reduction in limitation	n Subtract line 3	from line 2 If	zero or les	s, enter -0-			4	
5 Dollar limitation for ta	x year Subtract	line 4 from line	1 Ifzero	or less, enter - (O- If married	filing		
separately, see instru	ctions						5	
6 (a)	Description of p	roperty		(b) Cost (bu		(c) Elected c	ost	
7 Listed property Enter	the amount from	ı lıne 29 .			. 7			
8 Total elected cost of s	section 179 prop	ertv Addamoi	ınts ın colu	ımn (c). lınes 6	and 7		8	
9 Tentative deduction	•	•		(0),			9	
			-				H-	
10 Carryover of disallowe		•					10	
11 Business income limitation							11	
12 Section 179 expense	deduction Add I	ines 9 and 10,	but do not	enter more tha	n line 11 •		12	
13 Carryover of disallowe	d deduction to 2	011 Add lines	9 and 10,	less line 12	.▶ 13			
Note: Do not use Part								
							ropei	rty) (See instructions)
14 Special depreciation a tax year (see instruction)		lified property (other than	listed property) placed in se	rvice during the	14	
15 Property subject to se	ction 168(f)(1)	election .					15	
16 Other depreciation (in							16	
	preciation (Do not includ	de listed c	roperty.) (Se	e instructio	ns.)		
				ction A		,		
17 MACRS deductions fo	r assets placed ı	n service in tax	x years beg	jinning before 2	010 .		17	
18 If you are electing		•	ın service	e during the to	ax year into	one or more		•
general asset acco						⊳ l		
Section B-Ass	ets Placed in			<u>lO Tax Year</u>	Using the	General Dep	reci	ation System
(a) Classification of property	(b) Month and year placed in service	(c) Bası: deprecia (business/inv use	ition restment	(d) Recovery period	(e) Convent	ion (f) Metho	od	(g)Depreciation deduction
		only—see inst						
19a 3-year property								
b 5-year property								
c 7 - year property								
d 10-year property								
e 15-year property								
f 20-year property	_							
g 25-year property				25 yrs		S/L		
h Residential rental				27 5 yrs	ММ	S/L		
property				27 5 yrs	ММ	S/L		
i Nonresidential real				39 yrs	ММ	S/L		
property					ММ	S/L		
	on C—Assets Pla∈	ced in Service [Ouring 2010) Tax Year Using	gthe Alterna	tive Depreciation	ı Sys	tem
20a Class life	4					S/L		
b 12-year	1			12 yrs		S/L		
c 40-year		tions)		40 yrs	MM	S/L		
	ry (see instruc							T
21 Listed property Enter							21	
22 Total. Add amounts from and on the appropriate							22	4,747,470
23 For assets shown about portion of the basis at	•	_		t year, enter the	23			

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	Caution	: See	the i	nstruct	tions fo	or limi	its fo	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment u	ise claime	d? ┌ Yes	Гпо		24	lb If "Ye	s," is th	e ev i	dence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas	rother	(busines	(e) r deprecia ss/investr se only)		(f) Recovery period	(c Meth Conve	nod/	С	(h) Depreck deduc	ation/		(i) Electe section 1 cost	179
25 Special depreciation allo 50% in a qualified busi			rty placed	ın service (during the	tax year	and u	ised more	e than	25						
26 Property used more	e than 50%		business	use												
		%												+-		
		%														
27 Property used 50%	orless in a		ıness us	е					la u							
		%							S/L - S/L -					-		
		%							S/L -							
28 Add amounts in c	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on lı	ne 21, _l	page	1 .	28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	ere and o	n line 7,	page 1							29				
				_Infor												
Complete this section If you provided vehicles to														e vehic	les	
30 Total business/in	vestment mi	les driven dur	ung the	_	a))		(c)		(d)	-	-	≘)		f)
year (do not inclu			•	Vehi	icle 1	Vehi	cle 2	V e	hicle 3		ehic	le 4	Vehi	cle 5	Vehi	cle 6
31 Total commuting	milas drivan	during the ve	25							+						
32 Total other person																
33 Total miles driver	•															
through 32																
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u		by a more th	nan 5%													
owner or related p 36 Is another vehicle		r porconal uc	• •		1						\dashv					+
		stions for		vore W	ho Dro	vida \	/ohi	clas f	or He	hy 7	Γha	ir En	anlov			
Answer these questio 5% owners or related	ns to determ	ine if you mee	et an exc												not mo	re thai
37 Do you maintain a employees?		y statement											our •	Y	es	No
30 D											I			_		
38 Do you maintain a employees? See t												, our				
39 Do you treat all us	se of vehicle:	s by employee	es as per	sonal us	e? .											
40 Do you provide movehicles, and reta		•	•	oyees, o	btaın ınfo	ormatio •	n froi	m your e	employe	ees ab	out t	he us	e of the	3		
41 Do you meet the r	equirements	concerning q	ualified a	automobi	ıle demoi	nstratio	n us	e? (See	ınstruc	tions)) .					
Note: If your ansv	ver to 37, 38	, 39, 40, or 4	1 is "Yes	s," do no	t comple	te Sect	ion E	for the	covere	d vehi	cles					
	rtization	, , ,		,	•											
(a) Description of c		(b) Date amortization begins	1	(c A mort a mo	ızable		((d) Code ection	p.	(e) ortizat eriod o rcentai	r			(f) rtızatıc hıs yea		
42 A mortization of co	sts that beg		ur 2010	tax year	(see ins	truction	ns)									
				•	-		-									
43 A mortization of co	sts that beg	an before you	ır 2010 t	ax year		•				4	3					
44 Total. Add amoun	ts ın column	(f) See the in	nstructio	ns for wh	ere to re	port				4	4					



Ernst & Young LLP



Consolidated Financial Statements and Other Financial Information

Years Ended June 30, 2011 and 2010

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Report of Independent Auditors

The Board of Directors St Vincent Health, Inc

We have audited the accompanying consolidated balance sheets of St Vincent Health, Inc. as of June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of St Vincent Health, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of St. Vincent Health, Inc.'s internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of St. Vincent Health, Inc.'s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of St Vincent Health, Inc. at June 30, 2011 and 2010, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The accompanying consolidating balance sheet as of June 30, 2011, consolidating statement of operations and changes in net assets, and schedule of net cost of providing care of persons living in poverty and community benefit programs for the years ended June 30, 2011 and 2010, are presented for purposes of additional analysis and are not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in our audit of the basic consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic consolidated financial statements taken as a whole

September 13, 2011

1106-1266218

Ernst + Young LLP

Consolidated Balance Sheets (Dollars in Thousands)

	June 30				
		2011		2010	
Assets					
Current assets					
Cash and cash equivalents	\$	119,068	\$	98,272	
Short-term investments		37,093		35,402	
Accounts receivable, less allowances for uncollectible account	S				
(\$78,503 and \$54,282 in 2011 and 2010, respectively)		248,265		211,121	
Assets limited as to use		2,200		1,962	
Estimated third-party payor settlements		6,022		5,979	
Inventories		20,881		22,207	
Other		31,393		42,687	
Total current assets		464,922		417,630	
Investments, including Board-designated		1,748,905		1,466,448	
Property and equipment					
Land and improvements		59,481		59,788	
Building and equipment		1,407,510		1,407,262	
Construction in progress		14,600		16,868	
Less accumulated depreciation		986,472		970,649	
Total property and equipment, net		495,119		513,269	
Other assets					
Goodwill and other intangible assets		182,121		98,189	
Investment in unconsolidated entities		75,854		75,506	
Notes and other receivables		13,154		5,000	
Investments in land		4,263		4,263	
Other		13,842		8,722	
Total other assets		289,234		191,680	
Total assets	\$	2,998,180	\$	2,589,027	

	June 30					
	2011	20	010			
Liabilities and net assets						
Current liabilities						
Current portion of long-term debt	\$ 2,419	\$	2,768			
Accounts payable and accrued liabilities	239,995	5 2	204,613			
Estimated third-party payor settlements	28,136	5	27,412			
Self-insurance liabilities	3,217	1	3,259			
Other	14,279)	6,032			
Total current liabilities	288,046	5 2	244,084			
Noncurrent liabilities						
Long-term debt	343,044	. 3	336,296			
Pension and other postretirement liabilities	78,365	;	121,334			
Other	38,901		35,436			
Total noncurrent liabilities	460,310) 2	193,066			
Total liabilities	748,356		737,150			
Net assets						
Unrestricted	2,183,135	5 1,5	792,823			
Temporarily restricted	40,468	3	31,626			
Permanently restricted	16,449)	15,955			
Total net assets, excluding noncontrolling interest	2,240,052	1,8	340,404			
Noncontrolling interest	9,772	}	11,473			
Total net assets	2,249,824	1,8	351,877			
Total liabilities and net assets	\$ 2,998,180	\$ 2,5	589,027			

1106-1266218

See accompanying notes.

Consolidated Statements of Operations and Changes in Net Assets (Dollars in Thousands)

	Year Endo 2011	June 30 2010	
Operating revenue			
1	\$ 2,078,088	\$	1,803,052
Other revenue	87,310		67,814
Income from unconsolidated entities, net, including impairment			
of \$2,300 in 2010	16,898		12,867
Net assets released from restrictions for operations	3,355		5,405
Total operating revenue	2,185,651		1,889,138
Operating expenses			
Salaries and wages	817,374		668,928
Employee benefits	227,800		184,356
Purchased services	172,384		164,427
Professional fees	100,550		91,905
Supplies	284,134		268,102
Insurance	8,447		10,201
Bad debts	142,051		79,524
Interest	15,502		11,365
Depreciation and amortization	86,380		84,957
Other	185,278		167,708
Total operating expenses before impairment expense	2,039,900		1,731,473
Income from operations before impairment expense	145,751		157,665
Impairment expense	2,286		
Income from operations	143,465		157,665
Nonoperating gains (losses)	2 (2 1 12		160.005
Investment return	262,149		169,205
(Loss) income from unconsolidated entities	(191)		1,424
Other	(13,148)		(5,269)
Total nonoperating gains, net	248,810		165,360
Excess of revenues and gains over expenses and losses	392,275		323,025

Continued on next page.

Consolidated Statements of Operations and Changes in Net Assets (continued) (Dollars in Thousands)

	Year Ended	June 30
	2011	2010
Unrestricted net assets, controlling interest		
Excess of revenues and gains over expenses and losses	\$ 385,374	
Pension and other postretirement liability adjustments	68,149	(2,061)
Transfers to sponsor and other affiliates, net	(60,992)	(40,127)
Net assets released from restrictions for property acquisitions	2,734	4,710
Other	(4,953)	978
Increase in unrestricted net assets, controlling interest	390,312	277,700
Unrestricted net assets, noncontrolling interest		
Excess of revenues and gains over expenses and losses	6,901	8,825
Purchase of units from noncontrolling members	(1,139)	(19,019)
Distributions of capital	(7,463)	(9.959)
Other	 _	(148)
Decrease in unrestricted net assets, noncontrolling interest	(1,701)	(20,301)
Temporarily restricted net assets		
Contributions and grants	11,356	7,952
Net change in unrealized gains/losses on investments	2,699	1,406
Investment return	1,731	1.009
Net assets released from restrictions	(6,089)	(10,115)
Other	 (855)	1.090
Increase in temporarily restricted net assets	8,842	1,342
Permanently restricted net assets		
Contributions	98	523
Net change in unrealized gains/losses on investments	315	24
Investment return	87	111
Other	 (6)	(20)
Increase in permanently restricted net assets	494	638
Increase in net assets	397,947	259,379
Net assets, beginning of the year	1,851,877	1,592,498
Net assets, end of the year	\$ 2,249,824	1,851,877

See accompanying notes

Consolidated Statements of Cash Flows (Dollars in Thousands)

Part			ed June 30
Increase in metaser's	Cash flows from appreting activities	2011	2010
Aguinements to reconnect changes in net asset to rectange the protestation and amortization (ass. 48.05) (ass. 49.75) (a		\$ 207.017	\$ 250,370
Provision of the debts Provision of the de		3 39/,94/	3 239.319
Provision for bind debts	· ·		
Provision for bind debts 12,051 79,524 Deferred person coxts (68,149) 2,061 Not realized and change in unrealized gams losses on investments (265,163) (70,035) Loss on sale of assets, net 1,027 2.1 Impariment expense 2,026 − Restricted contributions, investment return, and other (16,407) (10,591) Income from unconsolidated entities, net (16,607) (10,591) Impariment on unconsolidated entities − 2,300 Noncontrolling interest activity 8,602 29,126 (increase) decrease in (16,91) (13,66) Accounts receivable (179,195) (88,422) Investments classified as trading (17,574) (12,645) Ofter assets (119) (13,681) Investments classified as trading (17,574) (12,645) Ofter assets 34,307 30,343 Increase in 4,248 4,248 Ofter assets 34,307 30,343 Increase in 6,61 3,455 Of		96 390	81057
Defared person cock Not realized person cock Not realized and change in unealized gans losses on investments Q55,163 (70,635) (70,6	•		
Net realized and change in unicalized gams losses on investments (265, 163) (170, 25) Loss on sale of assets, net 1,027 2.286 — Impairment expense 2,286 — — Restricted contributions in westment return, and other (16,707) (10,605) Income from unconsolidated entities, net (16,707) (16,501) Impairment on unconsolidated entities 29,347 18,662 Noncontrolling interest activity 8,602 29,126 (Increase) decrease in (17,915) (88,342) (Increase) decrease in (17,915) (88,342) Investments classified as trading (17,574) (142,645) Often assets (110) (17,223) Increase in (13,081) (3,393) Increase in 34,307 30,343 Estimated third-pairs pavo settlements net 681 3,465 Other current labilities 34,365 34,248 Other current labilities 28,546 8,516 Net ash provided by operating activities 28,546 8,516 Other cono			
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Property and equipment and software additions (65,431) (29.697) Proceeds from sale of property and equipment and other assets 318 367 Capital contributions to unconsolidated entities (4,488) (43.886) Purchases of new operating assets — (8.119) Net cash used in investing activities — (8.135) Cash flows from financing activities — 47.120 Repayment of long-term debt — 47.120 Repayment of long-term debt — 1.197 Purchase of units from noncontrolling members — 1.197 Purchase of units from noncontrolling interest partners (7,463) (9.959) Other noncontrolling interest partners (7,463) (9.959) Other innancing activities 66,964 — Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (3135,531) (47.851) Net micrease (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash	Net cash provided by operating activities	225,928	107.825
Proceeds from sale of property and equipment and other assets 318 367 Capital contributions to unconsolidated entities (4,488) (43.886) Purchases of new operating assets — (8.119) Net each used in investing activities — (47.120) Cash flows from financing activities — 47.120 Repayment of long-term debt — 47.120 Repayment of long-term debt (85,312) (52.599) Decrease in assets under bond indenture agreements — 1.197 Purchase of units from noncontrolling members (1,139) (4.000) Distributions to noncontrolling interest partners (7,463) (9.959) Other noncontrolling interest activity — (148) Other financing activities 6,964 — Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash eq			
Capital contributions to unconsolidated entities (4,488) (43,886) Purchases of new operating assets - (8,119) Net cash used in investing activities (69,601) (81,335) Cash flows from financing activities - 47,120 Repayment of long-term debt - 47,120 Repayment of long-term debt (85,312) (52,599) Decrease in assets under bond indenture agreements - 1,197 Purchase of units from noncontrolling members (1,139) (4,000) Distributions to noncontrolling interest partners (7,463) (9,959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - (148) Transfers to sponsor and other affiliates, net (60,992) (40,127) Restricted contributions, investment return, and other 12,411 10,665 Net cash used in financing activities (3135,531) (47,851) Net micrease (decrease) in cash and cash equivalents 20,796 (21,361) Cash and cash equivalents at beginning of year 98,272 119,633	Property and equipment and software additions	(65,431)	(29.697)
Purchases of new operating assets — (8.119) Net cash used in investing activities (69,601) (81.335) Cash flows from financing activities — 47.120 Issuance of long-term debt — 47.120 Repayment of long-term debt (85,312) (52.599) Decrease in assets under bond indenture agreements — 1.197 Purchase of units from noncontrolling members (1,139) (4.000) Distributions to noncontrolling interest partners (7,463) (9.959) Other noncontrolling interest activity — (148) Other financing activities 6,964 — Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net acrease (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Proceeds from sale of property and equipment and other assets	318	367
Net cash used in investing activities (69,601) (81.335) Cash flows from financing activities 3 47.120 Issuance of long-term debt - 47.120 Repayment of long-term debt (85,312) (52.599) Decrease in assets under bond indenture agreements - 1.197 Purchase of units from noncontrolling members (1,139) (4.000) Distributions to noncontrolling interest partners (7,463) (9.959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Capital contributions to unconsolidated entities	(4,488)	(43.886)
Cash flows from financing activities Issuance of long-term debt - 47.120 Repayment of long-term debt (85,312) (52.599) Decrease in assets under bond indenture agreements - 1.197 Purchase of units from noncontrolling members (1,139) (4.000) Distributions to noncontrolling interest partners (7,463) (9.959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Purchases of new operating assets		(8.119)
Issuance of long-term debt - 47.120 Repayment of long-term debt (85,312) (52.599) Decrease in assets under bond indenture agreements - 1.197 Purchase of units from noncontrolling members (1,139) (4.000) Distributions to noncontrolling interest partners (7,463) (9.959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Net cash used in investing activities	(69,601)	(81,335)
Repayment of long-term debt (85,312) (52.599) Decrease in assets under bond indenture agreements - 1.197 Purchase of units from noncontrolling members (1,139) (4.000) Distributions to noncontrolling interest partners (7,463) (9.959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Cash flows from financing activities		
Decrease in assets under bond indenture agreements - 1.197 Purchase of units from noncontrolling members (1,139) (4,000) Distributions to noncontrolling interest partners (7,463) (9,959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40,127) Restricted contributions, investment return, and other 12,411 10,665 Net cash used in financing activities (135,531) (47,851) Net increase (decrease) in cash and cash equivalents 20,796 (21,361) Cash and cash equivalents at beginning of year 98,272 119,633	Issuance of long-term debt	_	47,120
Purchase of units from noncontrolling members (1,139) (4,000) Distributions to noncontrolling interest partners (7,463) (9,959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40,127) Restricted contributions, investment return, and other 12,411 10,665 Net cash used in financing activities (135,531) (47,851) Net increase (decrease) in cash and cash equivalents 20,796 (21,361) Cash and cash equivalents at beginning of year 98,272 119,633	Repayment of long-term debt	(85,312)	(52,599)
Distributions to noncontrolling interest partners (7,463) (9,959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40,127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Decrease in assets under bond indenture agreements	_	1.197
Distributions to noncontrolling interest partners (7,463) (9,959) Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40,127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Purchase of units from noncontrolling members	(1,139)	(4,000)
Other noncontrolling interest activity - (148) Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40,127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Distributions to noncontrolling interest partners		(9.959)
Other financing activities 6,964 - Transfers to sponsor and other affiliates, net (60,992) (40,127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633	Other noncontrolling interest activity	_	(148)
Transfers to sponsor and other affiliates, net (60,992) (40.127) Restricted contributions, investment return, and other 12,411 10.665 Net cash used in financing activities (135,531) (47.851) Net increase (decrease) in cash and cash equivalents 20,796 (21.361) Cash and cash equivalents at beginning of year 98,272 119.633		6,964	_
Restricted contributions, investment return, and other Net cash used in financing activities Net increase (decrease) in cash and cash equivalents Cash and cash equivalents at beginning of year 12,411 10.665 (47.851) 20,796 (21.361) 21.963			(40,127)
Net cash used in financing activities(135,531)(47.851)Net increase (decrease) in cash and cash equivalents20,796(21.361)Cash and cash equivalents at beginning of year98,272119.633		, , ,	
Net increase (decrease) in cash and cash equivalents Cash and cash equivalents at beginning of year 20,796 (21.361) 98,272 119.633			
Cash and cash equivalents at beginning of year 98,272 119.633		(222,1201)	(
Cash and cash equivalents at beginning of year 98,272 119.633	Net increase (decrease) in cash and cash equivalents	20,796	(21.361)

See accompanying notes

Notes to the Consolidated Financial Statements (Dollars in Thousands)

Years Ended June 30, 2011 and 2010

1. Organization and Mission

Organizational Structure

St Vincent Health, Inc (the Corporation) is a member of Ascension Health Ascension Health is a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 20 of the United States and the District of Columbia Ascension Health is sponsored by the Northeast, Southeast, East Central, and West Central Provinces of the Daughters of Charity of St Vincent de Paul, the Congregation of St Joseph, and the Congregation of the Sisters of St Joseph of Carondelet

The Corporation, located in Indianapolis, Indiana, is a nonprofit acute care hospital system. The Corporation's hospitals provide inpatient, outpatient, and emergency care services for the residents of central Indiana. Admitting physicians are primarily practitioners in the local area. The Corporation is related to Ascension Health's other sponsored organizations through common control. Substantially, all expenses of Ascension Health are related to providing health care services.

The Corporation is continuing to enhance its development as an integrated health care delivery system through relationships and affiliations with other providers, practitioners, and insurers throughout the states of Indiana and Ohio In this connection, the Corporation has formed separate affiliation arrangements with Cardinal Health System, Inc (Delaware County) and Columbus Regional Hospital, Inc (Bartholomew County) to develop joint services in the communities they commonly serve In addition, the Corporation entered into an agreement with Cincinnati Children's Medical Center to enhance the pediatric subspecialty services to Peyton Manning Children's Hospital at St Vincent The Corporation has also entered into an agreement with the Cleveland Clinic to manage the renal transplant program at the St Vincent Indianapolis Hospital None of these affiliations have resulted in significant asset transfers and have not resulted in consolidation of the related entities

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

The Corporation includes the following not-for-profit hospitals and health care entities

Acute Care Hospitals:

St. Vincent Hospital and Health Care Center, Inc., d b a St. Vincent Hospital and Health Services (SVHHS) includes the following hospitals in Indianapolis, Indiana

- St. Vincent Indianapolis Hospital
- St. Vincent Women's Hospital
- St. Vincent Stress Center
- St. Vincent Medical Center Northeast

Peyton Manning Children's Hospital at St. Vincent

- St. Vincent Carmel Hospital, Inc. (St. Vincent Carmel), Carmel, Indiana
- St. Joseph Hospital & Health Center, Inc. (St. Joseph-Kokomo), Kokomo, Indiana
- Saint John's Health System (Saint John's), Anderson, Indiana
- St. Vincent Seton Specialty Hospital, Inc. (Seton) Seton is a long-term acute care hospital with locations in Indianapolis and Lafayette, Indiana
- St. Vincent New Hope, Inc. (New Hope) New Hope is a residential treatment facility primarily providing residential and rehabilitation services for adults with a variety of developmental disabilities and is located in Indianapolis, Indiana

The following acute care facilities are designated by Medicare as critical access hospitals

- St. Vincent Williamsport Hospital, Inc. (Williamsport): Williamsport is an acute care hospital located in Williamsport, Indiana
- St. Vincent Jennings Hospital, Inc. (Jennings): Jennings is an acute care hospital located in North Vernon, Indiana
- St. Vincent Frankfort Hospital, Inc. (Frankfort): Frankfort is an acute care hospital located in Frankfort, Indiana
- St. Vincent Randolph Hospital, Inc. (Randolph): Randolph is an acute care hospital located in Winchester, Indiana
- St. Vincent Clay Hospital, Inc. (Clay): Clay is an acute care hospital located in Brazil, Indiana

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

- St. Vincent Mercy Hospital (Mercy): Mercy is an acute care hospital located in Elwood, Indiana
- St. Vincent Salem Hospital, Inc. (Salem): Salem is an acute care hospital located in Salem, Indiana
- St. Vincent Dunn Hospital, Inc. (Dunn): Dunn is an acute care hospital located in Bedford, Indiana

Other Health Care Entities:

- St. Vincent Hospital Foundation, Inc., Saint John's Foundation, Inc., St. Joseph Foundation of Kokomo, Indiana, Inc., St. Vincent Frankfort Hospital Foundation, Inc., St. Vincent Randolph Hospital Foundation, Inc., St. Vincent Williamsport Hospital Foundation, Inc., St. Vincent Jennings Hospital Foundation, Inc., St. Vincent Clay Hospital Foundation, Inc., and St. Vincent Mercy Hospital Foundation, Inc. (the Foundations) The Foundations provide fund-raising efforts to support the charitable, religious, scientific, and educational purposes of charitable works of SVHHS, Saint John's, St Joseph-Kokomo, Frankfort, Randolph, Williamsport, Jennings, Clay, Mercy, and other health facilities in accordance with the mission and values of Ascension Health
- Central Indiana Health System Cardiac Services, Inc. (CIHSCS) CIHSCS is a 49% joint venture partner in Lafayette Heart Program Holdings, LLC, a cardiac program in Lafayette, Indiana CIHSCS also owns 74 1% of St Vincent Heart Center of Indiana, LLC (SVHCI)
- St. Vincent Health, Inc. (SVH) SVH provides the corporate support functions for the Corporation
- St. Vincent Physician Network, LLC (SPN) SPN is the Corporation's primary and specialty care network of physicians
- St. Vincent Medical Center Northeast, Inc. (SVMCNE) SVMCNE is a real estate holding company that is holding land for future expansion of health care services
- St. Vincent Medical Group, Inc. (SVMG): SVMG is the Corporation's multi-specialty physician network consisting primarily of cardiology physicians SVMG became part of the Corporation effective July 1, 2010

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

• Quality Healthcare Solutions, LLC DBA Navion Healthcare Solutions (Navion) Navion aims to optimize patient care with its physicians and hospital partners by advancing quality, improving operational performance, and reducing costs through data-driven solutions Navion's services include data management and abstraction, performance improvement, service line management, and consulting

Acquisitions

Effective July 1, 2010, the Corporation acquired certain assets owned by The Care Group, LLC (TCG), Northside Cardiac Cath Lab Partnership (Northside), The Care Labs, LLC (TCL), Care Group Cardiovascular Management, LLC (CGC), and Indiana Heart Institute, LLC (IHI) Ultimate owners from these entities included physicians and non-physicians affiliated with multiple physician practices. Such acquired assets were used in the operation of a medical practice, several cardiac and vascular catheterization laboratories, a management services company, and a data collections company. In addition, CIHSCS acquired approximately four additional units of ownership interest in SVHCI, bringing its total ownership interest to approximately 74%. The companies were acquired as part of the Corporation's strategy to continue to enhance its services and mission by aligning with physician practices. The Corporation allocated the total purchase price of \$96,711 to assets acquired and liabilities assumed based upon estimated fair value on the acquisition date, in accordance with generally accepted accounting principles

Consistent with the Corporation's policy and historical practice, the Corporation utilized independent third-party appraisers and advisors in estimating the fair market value of acquired assets and liabilities assumed, as well as the commercial reasonableness of the transactions. The transactions were financed primarily through a promissory note

Effective February 1, 2010, Salem entered into an agreement to lease certain assets of Washington County Memorial Hospital (WCMH) from Critical Access Health Services Corp, which was an entity formed to own and operate WCMH while the hospital was in bankruptcy Assets leased include the WCMH building and land, nearby medical office buildings, and the majority of the property and equipment

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

The lease calls for Salem to pay \$500 per year for five years. The lease agreement includes an option to purchase the hospital at the end of the five-year term for an additional \$1,000. The lease agreement also includes an option to extend the lease for two terms of five years each, if Salem does not purchase the hospital at the end of the lease term.

Effective June 30, 2010, Dunn acquired certain assets, including property and equipment, inventory, and prepaid assets, and assumed certain liabilities of Dunn Memorial Hospital, Inc for a purchase price of \$8,119

CIHSCS exercised an Option Agreement to purchase an additional five units of SVHCI on December 31, 2009, for a purchase price of \$19,019 The purchase price included a down payment of \$4,000 with the remaining purchase price to be paid in two equal annual installments in July 2011 and July 2012, which are included in other current liabilities and other noncurrent liabilities in the accompanying consolidated balance sheets Pursuant to the Option Agreement, interest will accrue on all unpaid amounts at a rate equal to 4 25% with no penalty for early payment

Mission

Ascension Health directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves In accordance with Ascension Health's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay Ascension Health uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs

 Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons
- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research

Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care of persons living in poverty and community benefit programs is estimated using internal cost data and is calculated in compliance with guidelines established by both the Catholic Health Association (CHA) and the Internal Revenue Service (IRS)

The amount of traditional charity care provided, determined on the basis of cost, excluding the provision for bad debt expense, was approximately \$52,740 and \$50,719 for the years ended June 30, 2011 and 2010, respectively The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying other financial information

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the Corporation or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation. Investments in entities where the Corporation does not have operating control are recorded under the equity or cost method of accounting. Under the equity method of accounting, the Corporation recognizes a proportional interest in the earnings of its unconsolidated investments in relation to its ownership percentage. These investments are reviewed for impairment when indicators of impairment are present. For entities recorded under the equity method of accounting, the following reflects the Corporation's interest in unconsolidated entities in the consolidated balance sheets, as well as income or loss for such entities included in the consolidated excess of revenues and gains over expenses and losses in the consolidated statements of operations and changes in net assets

	I	nvestment Consolida Shee Ju	ited	Balance s of	Effect on Con Excess of Revo Gains Over Ex Losses fo Year Ended	enues and penses and r the
	_	2011		2010	2011	2010
Mid America Clinical Laboratories, LLC	\$	5,366	\$	4,637	\$ 2,924 \$	1,972
Naab Road Surgery Center, LLC		1,549		1,230	2,787	3,353
The Surgery Center of Indianapolis, LLC		1,067		1,533	1,955	2,610
Advantage Health Solutions, Inc		8,380		8,157	223	1,485
Carmel Ambulatory Surgery Center, LLC		2,073		2,044	4,898	5,757
Lafay ette Heart Program Holdings, LLC		7,800		7,800	_	(1,700)
Indiana Orthopaedic Hospital, LLC		40,394		40,399	6,221	2,450
Rehabilitation Hospital of Indiana, Inc		212		212	_	(858)
Other		9,013		9,494	(2,301)	(778)
	\$	75,854	\$	75,506	\$ 16,707 \$	14,291

The Corporation purchased an equity interest in Indiana Orthopaedic Hospital, LLC effective October 23, 2009, for a purchase price of \$40,000 The transaction resulted in approximately \$37,788 of goodwill As of July 1, 2010, the remaining goodwill balance of \$36,109 is no longer amortized and is maintained within the investment in unconsolidated entities in the accompanying consolidated balance sheets

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The loss on Rehabilitation Hospital of Indiana, Inc includes an impairment charge of \$600, which is included in income from unconsolidated entities in the consolidated statement of operations and changes in net assets for the year ended June 30, 2010 The joint venture has experienced cash flow issues, and the investment has been written down to fair value using Level 3 inputs (see Note 4), which approximates the value of the remaining debt guarantee

The loss on Lafayette Heart Program Holdings, LLC includes an impairment charge of \$1,700 in 2010, which is included in income from unconsolidated entities in the consolidated statements of operations and changes in net assets. The joint venture has not distributed any cash dividends since inception. The current market value of the investment was estimated based upon valuing the put and call option in the joint venture agreement using an income valuation approach using the discounted net cash flow method with a five-year projection period, with an adjustment for minority discount and discount for lack of marketability using Level 3 inputs (see Fair Value Measurements note)

Use of Estimates

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues, and expenses Actual results could differ from those estimates

Fair Value of Financial Instruments

The carrying value of financial instruments classified as current assets and current liabilities approximates fair value. The fair values of financial instruments classified as other than current assets and current liabilities are disclosed in the Fair Value Measurements, Long-Term Debt, Pension Plans, and Related-Party Transactions notes

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with maturities of three months or less and certain highly liquid, interest-bearing securities with maturities that may extend longer than three months but are convertible to cash within a one-month time period under the terms of the agreement with the investment manager

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Investments and Investment Return

The Corporation holds investments through the Health System Depository (HSD), an investment pool of funds in which a limited number of nonprofit health care providers participate for purposes of establishing investment goals and monitoring performance under agreed-upon socially responsible investment guidelines. Investments are managed primarily by external investment managers within established investment guidelines. The value of the Corporation's investment in the HSD represents the Corporation's pro rata share of the HSD's investments held for participants. At June 30, 2011 and 2010, the Corporation's investment in the HSD was \$1,737,672 and \$1,472,547, respectively

The Corporation also invests in cash and short-term investments, U S government obligations, corporate obligations, marketable equity securities, international securities, and real estate investments which are locally managed Most of these funds are held in locally managed foundations where the Corporation has control over foundation assets. The Corporation reports both its investment in the HSD and in locally managed investments in the accompanying consolidated balance sheets based upon the long- or short-term nature of its investment and whether such investments are restricted by law or donors or designated for specific purposes by a governing body of Ascension Health

The HSD's assets required to be recorded at fair value are comprised of equity and various fixed income investments. The HSD also holds investments in hedge funds, private equity, and real estate funds which are recorded under the equity method of accounting. In addition, the HSD participates in securities lending transactions whereby a portion of its investments is loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned.

Investment returns are comprised of dividends, interest, and gains and losses. The cost of substantially all securities sold is based on the average cost method. All of the Corporation's investments, including its investment in the HSD, are designated as trading investments. Accordingly, all investment returns, including unrealized gains and losses, are reported as nonoperating gains (losses) in the consolidated statements of operations and changes in net assets unless the return is restricted by donor or law

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value utilizing first-in, first-out (FIFO), or a methodology that closely approximates FIFO

Intangible Assets

Intangible assets primarily consist of goodwill (increase due to acquisitions disclosed in Note 1) and capitalized computer software costs, including software internally developed. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage. Intangible assets are included in other noncurrent assets in the accompanying consolidated balance sheets and are comprised of the following.

	June 30						
	 2011		2010				
Goodwill	\$ 101,694	\$	46,756				
Capitalized computer software costs	110,516		85,907				
Accumulated amortization computer software costs	(50,977)		(36,567)				
Other finite life intangibles	24,021		2,283				
Accumulated amortization of other finite life intangibles	(3,133)		(190)				
Total intangible assets	\$ 182,121	\$	98,189				

Effective July 1, 2010, intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs and other intangibles, are amortized over their expected useful lives Prior to June 30, 2010, goodwill was amortized over an estimated life of 15 years

Computer software costs are amortized over a range of 5 to 7 years. Other finite life intangibles include lease acquisition costs and assumed contracts (due to acquisitions disclosed in Note 1) and are amortized over a range of 5 to 11 years. Total amortization expense for 2011 and 2010 was \$17,353 and \$17,578, respectively

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets Depreciation expense in 2011 and 2010 was \$69,027 and \$67,379, respectively

Estimated useful lives by asset category are as follows land improvements -10 to 15 years, buildings -20 to 40 years, and equipment -3 to 10 years. Interest costs incurred as part of related construction are capitalized during the period of construction. There was no interest capitalized in 2011 or 2010.

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$4,795 as of June 30, 2011

The Corporation recognizes the fair value of asset retirement obligations, including conditional asset retirement obligations, if the fair value can be reasonably estimated in the period in which the liability is incurred. Asset retirement obligations include but are not limited to certain types of environmental issues which are legally required to be remediated upon an asset's retirement, as well as contractually required asset retirement obligations. Conditional asset retirement obligations are obligations whose settlement may be conditional on a future event and/or where the timing or method of such settlement may be uncertain. Subsequent to initial recognition, accretion expense is recognized until the asset retirement liability is estimated to be settled.

The Corporation's most significant asset retirement obligation relates to asbestos remediation in certain hospital buildings. Asset retirement obligations of \$8,598 and \$8,163 as of June 30, 2011 and 2010, respectively, are recorded in other noncurrent liabilities in the accompanying consolidated balance sheets. During 2011 and 2010, \$0 and \$11 of retirement obligations were incurred and settled, respectively. Accretion expense of \$435 and \$414 was recorded in 2011 and 2010, respectively.

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Corporation has been limited by donors to a specific time period or purpose Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, which include endowment funds Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donor's wishes primarily to purchase equipment and to provide charity care and other health and educational services Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted

Performance Indicator

The performance indicator is excess of revenues and gains over expenses and losses Changes in unrestricted net assets that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, contributions of property and equipment, and other transfers between funds

Operating and Nonoperating Activities

The Corporation's primary mission is to meet the health care needs in its market area through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, long-term care, and other health care services Activities directly associated with the furtherance of this purpose are considered to be operating activities Other activities that result in gains or losses peripheral to the Corporation's primary mission are considered to be nonoperating, consisting primarily of investment return and income (loss) from certain unconsolidated joint ventures, offset by grants

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Net Patient Service Revenue, Accounts Receivable, and Allowance for Uncollectible Accounts

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided, excluding the provision for bad debt expense, and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by approximately \$20,664 and \$6,375 for the years ended June 30, 2011 and 2010, respectively

During 2011 and 2010, approximately 29% and 28%, respectively, of net patient service revenue was received under the Medicare program and 7% each year under various state Medicaid programs. The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. Significant concentrations of accounts receivable at June 30, 2011, include Medicare (17%), Medicaid (9%), Blue Cross (19%), managed care and commercial (36%), and self-pay (19%). Significant concentrations of accounts receivable at June 30, 2010, include Medicare (17%), Medicaid (8%), Blue Cross (18%), managed care and commercial (43%), and self-pay (14%).

The provision for bad debt expense is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for bad debt expense to establish an appropriate allowance for uncollectible accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies.

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The Corporation has an agreement to transfer certain patient receivables with recourse to a third party in exchange for cash at a discounted rate. The Corporation is deemed to have retained the risk of ownership of the receivables, which serve as collateral for the cash advanced to the Corporation, and the Corporation continues to reflect the receivables and related liability to the third party on its consolidated balance sheets. As of June 30, 2011 and 2010, receivables subject to this arrangement were \$18,245 and \$24,232, respectively, and are included in other current assets. The Corporation estimates its recourse obligation, which is reflected in accounts payable and other accrued liabilities.

Impairment, Restructuring, and Nonrecurring Expenses

During the year ended June 30, 2011, the Corporation recorded total impairment, restructuring, and nonrecurring expenses of \$2,286. This amount was comprised of long-lived asset impairments to reflect current fair value related to the termination of an information technology service contract.

Adoption of New Accounting Standards

In January 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions* (ASU 2010-07), which establishes accounting and disclosure requirements for how a not-for-profit entity determines whether a combination is a merger or an acquisition, how to account for each, and the required disclosures In addition, ASU 2010-07 included amendments to the FASB's Accounting Standards CodificationTM (the Codification or ASC) Topic 350, *Intangibles – Goodwill and Other* (ASC Topic 350), and Topic 810, *Consolidation* (ASC Topic 810), to make both applicable to not-for-profit entities ASC Topic 350 clarifies the accounting for goodwill and indefinite-lived identifiable intangible assets recognized in a not-for-profit entity's acquisition of a business or nonprofit activity Such assets are not amortized and are tested for impairment at least annually ASC Topic 810 clarifies the accounting for noncontrolling interests and establishes accounting and reporting standards for the noncontrolling interest in a subsidiary, including classification as a component of net assets The Corporation adopted the guidance relative to ASU 2010-07 as of July 1, 2010

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Income Taxes

The member health care entities of the Corporation, an Indiana not-for-profit corporation, are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or 501(c)(2), and their related income is exempt from federal income tax under Section 501(a) The Corporation accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return

SVHCI members have elected, under the applicable provisions of the Internal Revenue Code, to be taxed as a partnership whereby taxable income is taxed directly to the members and not to SVHCI The allocable share of earnings from SVHCI is also exempt from income tax because it is related to the Corporation's tax-exempt purpose Accordingly, the consolidated financial statements do not include any provision for federal or state income taxes

Regulatory Compliance

Various federal and state agencies have initiated investigations regarding reimbursement claimed by the Corporation The investigations are in various stages of discovery, and the ultimate resolution of these matters, including the liabilities, if any, cannot be readily determined, however, in the opinion of management, the results of these investigations will not have a material adverse impact on the consolidated financial statements of the Corporation

Reclassifications

Certain reclassifications were made to the 2010 consolidated financial statements to conform to the 2011 presentation, including capitalized computer software costs

Subsequent Events

The Corporation evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition or disclosure in the financial statements as of the balance sheet date. For the year ended June 30, 2011, the Corporation evaluated subsequent events through September 13, 2011, representing the date on which the accompanying audited consolidated financial statements were available to be issued. During this period, there were no subsequent events that required recognition in the consolidated financial statements. Additionally, there were no nonrecognized subsequent events that required disclosure other than those disclosed in the Subsequent Events note.

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Cash and Cash Equivalents, Investments, and Assets Limited as to Use

The Corporation's investments are comprised of the Corporation's pro rata share of the HSD's funds held for participants and certain other investments such as those investments held and managed by foundations Board-designated investments represent investments designated by resolution of the Board of Trustees to put amounts aside primarily for future capital expansion and improvements In June 2011, the Board of Trustees released the board designation on a majority of the funded depreciation accounts Assets limited as to use primarily include investments restricted by donors The Corporation's investments are reported in the accompanying consolidated balance sheets as presented in the following table

June 30						
	2011		2010			
\$	119,068	\$	98,272			
	37,093		35,402			
	2,200		1,962			
	15,112		1,397,006			
	1,679,076		23,823			
	54,717		45,619			
\$	1,907,266	\$	1,602,084			
		\$ 119,068 37,093 2,200 15,112 1,679,076	2011 \$ 119,068 \$ 37,093 2,200 15,112 1,679,076 54,717			

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Cash and Cash Equivalents, Investments, and Assets Limited as to Use (continued)

The composition of cash and investments classified as cash and cash equivalents, short-term investments, Board-designated investments, assets limited as to use, and other investments is summarized as follows

	June 30			
		2011		2010
Cash and cash equivalents	\$	61,687	\$	41,102
Short-term investments		37,093		35,402
U S government obligations		4,149		1,853
Corporate and foreign fixed income investments		8,889		10,534
Asset backed securities		3,358		2,930
Equity securities		37,976		27,881
International securities		11,591		5,891
Private equity and other investments		1,351		1,299
Other assets limited as to use		3,500		2,645
Subtotal, included in cash and cash equivalents, short-				
term investments, and Board-designated and other				
investments		169,594		129,537
Pro rata share of HSD funds held for participants		1,737,672		1,472,547
Cash and cash equivalents, short-term investments, and				
Board-designated and other investments	<u>\$</u>	1,907,266	\$	1,602,084

As of June 30, 2011 and 2010, the composition of total HSD investments is as follows

	June 30		
	2011	2010	
Cash, cash equivalents, and short-term investments	6.9%	5 8%	
U S government obligations	27.4	26 0	
Asset backed securities	15.8	11 3	
Corporate and foreign fixed income investments	11.3	17 5	
Equity, private equity, and other investments	38.6	39 4	
	100.0%	100 0%	

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Cash and Cash Equivalents, Investments, and Assets Limited as to Use (continued)

Investment return recognized by the Corporation is summarized as follows

	Year Ended June 30			
		2011		2010
Investment return in HSD Interest and dividends Net gains on investments reported at fair value Restricted investment income Total investment return	\$ 	250,281 2,090 12,792 1,818 266,981	\$	164,461 2,035 4,139 1,120 171,755
Investment return included in nonoperating gains Increase in restricted net assets Total investment return	\$ \$	262,149 4,832 266,981	\$	169,205 2,550 171,755

4. Fair Value Measurements

The Corporation categorizes, for disclosure purposes, assets and liabilities measured at fair value in the consolidated financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs which are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The Corporation's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurements (continued)

The Corporation follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values Level inputs are defined as follows

Level 1-Quoted prices (unadjusted) in active markets for identical assets or liabilities on the reporting date. Investments classified in this level generally include exchange traded equity securities, futures, real estate investment trusts, pooled short-term investment funds, options, and exchange traded mutual funds

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Investments classified in this level generally include fixed income securities, including fixed income government obligations, asset backed securities, certificates of deposit, and derivatives

Level 3 – Inputs that are unobservable for the asset or liability Investments classified in this level generally include alternative investments, private equity investments, limited partnerships, and certain fixed income securities, including fixed income government obligations, and derivatives

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted)

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Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurements (continued)

As of June 30, 2011 and 2010, the Level 2 and Level 3 assets and liabilities listed in the fair value hierarchy tables on the following pages utilize the following valuation techniques and inputs

Cash and Cash Equivalents and Short-Term Investments

Short-term investments designated as Level 2 investments are primarily comprised of commercial paper, whose fair value is based on amortized cost Significant observable inputs include security cost, maturity, and credit rating Cash and cash equivalents and additional short-term investments are primarily comprised of certificates of deposit, whose fair value is based on cost plus accrued interest Significant observable inputs include security cost, maturity, and relevant short-term interest rates

U.S. Government Obligations

The fair value of investments in U S government, state, and municipal obligations is primarily determined using techniques consistent with the income approach Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads

Corporate and Foreign Fixed Income Investments

The fair value of investments in U S and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds is primarily determined using techniques that are consistent with the market approach Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security-specific characteristics, such as early redemption options

Asset Backed Securities

The fair value of U S agency and corporate asset backed securities is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurements (continued)

Equity Securities

The fair value of investments in U S and international equity securities is primarily determined using the calculated net asset value. The values for underlying investments are fair value estimates determined by external fund managers based on operating results, balance sheet stability, growth, and other business and market sector fundamentals

Private Equity Investments

The fair value of private equity investments is primarily determined using techniques consistent with both the market and income approaches, based on the Corporation's estimates and assumptions in absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company

Guaranteed Pooled Fund

The fair value of guaranteed pooled fund investments is based on cost plus guaranteed, annuity contract-based interest rates Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying the annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio

As discussed in the Significant Accounting Policies and the Cash and Cash Equivalents, Investments, and Assets Limited as to Use note, the Corporation has an investment in the HSD and certain other investments, such as those investments held and managed by foundations As of June 30, 2011, 31%, 67%, and 2% of total HSD assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2, and Level 3 inputs, respectively, while 1%, 84%, and 15% of total HSD liabilities that are measured at fair value on a recurring basis were measured at such fair values based on Level 1, Level 2, and Level 3 inputs, respectively As of June 30, 2010, 25%, 67%, and 8% of total HSD assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2, and Level 3 inputs, respectively, while 2%, 45%, and 53% of total HSD liabilities that are measured at fair value on a recurring basis were measured based on Level 1, Level 2, and Level 3 inputs, respectively

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Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2011, for all other financial assets and liabilities which are measured at fair value on a recurring basis in the Corporation's consolidated financial statements

	Level 1	Level 2	Level 3	Total
June 30, 2011				
Cash and cash equivalents	\$ 4,891	\$ 322	\$ _	\$ 5,213
Short-term investments	11,329	25,764	_	37,093
U S government obligations	_	4,149	_	4,149
Corporate and foreign fixed				
income investments	_	8,889	_	8,889
Asset backed securities	_	3,358	_	3,358
Equity, private equity, and other				
investments	35,076	2,900	_	37,976
International securities	11,591	_	_	11,591
Subtotal of assets at fair value	\$ 62,88 7	\$ 45,382	\$ _	108,269
Assets not at fair value				61,325
Subtotal, included in cash and cash equivalents, short-term investments, Board-designated investments, assets limited as to				
use, and other investments				 169,594
Deferred compensation assets, included in other noncurrent assets, invested in				
Equity securities	\$ 7,599	\$ _	\$ _	\$ 7,599
Guaranteed pooled fund	\$ _	\$ -	\$ 1,161	\$ 1,161

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2010, for all other financial assets and liabilities that are measured at fair value on a recurring basis in the Corporation's consolidated financial statements

	Level 1	Level 2	Level 3		Total
June 30, 2010					
Cash and cash equivalents	\$ 4,343	\$ _	\$ _	\$	4,343
Short-term investments	17,546	17,856	_		35,402
U S government obligations	_	1,853	_		1,853
Corporate and foreign fixed					
income investments	_	10,534	_		10,534
Asset backed securities	_	2,930	_		2,930
Equity, private equity, and other					
investments	25,756	2,125	_		27,881
International securities	5,891	_	_		5,891
Subtotal of assets at fair value	\$ 53,536	\$ 35,298	\$ _		88,834
Assets not at fair value					40,703
Subtotal, included in cash and cash equivalents, short-term investments, Board-designated investments, assets limited as to use, and other investments				\$	129.537
			-	Ψ	
Deferred compensation assets, included in other noncurrent assets, invested in					
Equity securities	\$ 4,912	\$ _	\$ _	\$	4,912
Guaranteed pooled fund	\$ _	\$ _	\$ 963	\$	963

During the years ended June 30, 2011 and 2010, the changes in the fair value of the foregoing assets measured using significant unobservable inputs (Level 3) were comprised of the following Transfers in or out of Level 3 are recognized as of the beginning of the reporting period The balance at July 1, 2009, was \$783, purchases, issuances, and settlements were \$112, and transfers into Level 3 were \$68 The balance at July 1, 2010, was \$963, purchases, issuances, and settlements were \$149, and transfers into Level 3 were \$49, resulting in an ending balance at June 30, 2011, of \$1,161

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Long-Term Debt

Long-term debt consists of the following

	June 30		
	2011		2010
Intercompany debt with Ascension Health, payable in installments through November 2047, interest (3 88% and 3 95% at June 30, 2011 and 2010, respectively) adjusted based on the prevailing blended market interest		_	
rate of underlying debt obligations Notes payable with The Care Group, LLC and other related entities, payable July 2, 2012, including interest	\$ 336,296	\$	339,031
of 4 25%	9,167		_
Obligations under capital leases	_		33
	345,463		339,064
Less current portion	2,419		2,768
	\$ 343,044	\$	336,296

Year ending June 30		
2012	\$ 2,419	
2013	11,503	
2014	5,064	
2015	5,294	
2016	4,716	
Thereafter	316,467	
Total	\$ 345,463	

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Long-Term Debt (continued)

Certain members of Ascension Health formed the Ascension Health Credit Group (Senior Credit Group) Each Senior Credit Group member is identified as either a senior obligated group member or senior limited designated affiliate Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by Ascension Health Though senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI, each senior limited designated affiliate agreement and promissory note with Ascension Health with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate to transfer such amounts as are necessary to enable the senior obligated group members to comply with the terms of the Senior MTI, including payment of the outstanding obligations The Corporation is a senior obligated group member under the terms of the Senior MTI

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members, which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title, and interest in their pledged revenues and proceeds thereof

A Subordinate Credit Group, which is comprised of subordinate obligated group members and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (the Subordinate MTI) The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by Ascension Health Though subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI, each subordinate limited designated affiliate agreement and promissory note with Ascension Health with stipulated repayment terms and conditions, each subject to the governing law of the limited designated affiliate's state of incorporation The Corporation is a subordinate obligated group member under the terms of the Subordinate MTI

The borrowing portfolio of the Senior and Subordinate Credit Group includes a combination of fixed and variable rate hospital revenue bonds, commercial paper, and other obligations, the proceeds of which are in turn loaned to the Senior and Subordinate Credit Group members, subject to a long-term amortization schedule of 1 to 37 years

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Long-Term Debt (continued)

Certain portions of Senior and Subordinate Credit Group borrowings may be periodically subject to interest rate swap arrangements to effectively convert borrowing rates on such obligations from a floating to a fixed interest rate or vice versa based on market conditions. Additionally, Senior and Subordinate Credit Group borrowings may, from time to time, be refinanced or restructured in order to take advantage of favorable market interest rates or other financial opportunities. Any gain or loss on refinancing, as well as any bond premiums or discounts, are allocated to the Senior and Subordinate Credit Group members based on their pro rata share of the Senior and Subordinate Credit Group obligations. Senior and Subordinate Credit Group refinancing transactions rarely have a significant impact on the outstanding borrowings or intercompany debt amortization schedule of any individual Senior and Subordinate Credit Group member. Members of Ascension Health may also periodically draw from the invested funds of other members of Ascension Health on a relatively short-term basis and subject to certain conditions.

The carrying amounts of intercompany debt with Ascension Health and other debt approximate fair value based on a portfolio market valuation provided by a third party

The Senior and Subordinate Credit Group financing documents contain certain restrictive covenants, including a debt service coverage ratio

As of June 30, 2011, the Senior Credit Group has a line of credit of \$250,000 related to its commercial paper program toward which bank commitments totaling \$250,000 extend to November 18, 2013 As of June 30, 2011 and 2010, there were no borrowings under the line of credit

As of June 30, 2011, the Senior Credit Group has a line of credit of \$500,000 for general corporate purposes toward which bank commitments totaling \$500,000 extend to April 2, 2012 As of June 30, 2011, there were no borrowings under the line of credit

As of June 30, 2011, the Subordinate Credit Group has a \$50,000 revolving line of credit related to its letters-of-credit program toward which a bank commitment of \$50,000 extends to December 28, 2011 As of June 30, 2011, \$37,162 of letters of credit had been extended under the revolving line of credit, although there were no borrowings under any of the letters of credit

The outstanding principal amount of all hospital revenue bonds is \$4,100,240, which represents 38% of the combined unrestricted net assets of the Senior and Subordinate Credit Group members at June 30, 2011

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Long-Term Debt (continued)

Guarantees are contingent commitments issued by the Senior and Subordinate Credit Groups, generally to guarantee the performance of a sponsored organization or an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and similar transactions The term of the guarantee is equal to the term of the related debt, which can be as short as 30 days or as long as 29 years The maximum potential amount of future payments the Senior and Subordinate Credit Groups could be required to make under their guarantees and other commitments at June 30, 2011, is approximately \$150,000

As discussed in the Organization and Mission note to the consolidated financial statements, St Vincent Health completed the purchase of The Care Group, LLC (TCG) and related entities, effective July 1, 2010, which resulted in the issuance of \$91,711 of promissory notes with TCG and related entities, of which \$82,544 was paid in 2011 The remaining \$9,167 is payable in July 2012 The promissory notes bear interest at 4 25% and are secured by certain fixed assets of the Corporation

During the years ended June 30, 2011 and 2010, interest paid was approximately \$15,502 and \$11,365, respectively

6. Pension Plans

The Corporation participates in the Ascension Health Pension Plan, the Ascension Health Defined Contribution Plan, and the St Vincent Heart Center of Indiana Retirement Plan Details of these plans are as follows

Ascension Health Pension Plan

The Corporation participates in the Ascension Health Pension Plan (the Ascension Plan), which is a noncontributory, defined-benefit pension plan sponsored by Ascension Health, which covers all eligible employees of certain Ascension Health entities. Benefits are based on each participant's years of service and compensation. The Ascension Plan's assets are invested in the Ascension Health Master Pension Trust (the Trust), a master trust consisting of cash and cash equivalents, equity, fixed income funds, and alternative investments. The Trust also invests in derivative instruments, the purpose of which is to economically hedge the change in the net funded status of the Ascension Plan for a significant portion of the total pension liability that can occur due to changes in interest rates. Contributions to the Ascension Plan are based on actuarially determined amounts sufficient to meet the benefits to be paid to plan participants. Net periodic pension cost of \$46,929 in 2011 and \$30,590 in 2010 was charged to the Corporation

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Pension Plans (continued)

The service cost component of net periodic pension cost charged to the Corporation is actuarially determined, while all other components are allocated based on the Corporation's pro rata share of Ascension Health's overall projected benefit obligation

The assets of the Ascension Plan are available to pay the benefits of eligible employees of all participating entities. In the event participating entities are unable to fulfill their financial obligations under the Ascension Plan, the other participating entities are obligated to do so. As of June 30, 2011, the Ascension Plan had a net unfunded liability of \$226,238. The Corporation's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying consolidated balance sheets at June 30, 2011 and 2010, was \$78,365 and \$121,073, respectively. As a result of updating the funded status of the Plan, the Corporation's allocated share of the Plan's net funded liability was reduced by \$68,149 in 2011. Ascension Health transferred an additional pension liability of \$1,867 to the Corporation in 2010. These transfers are included in transfers from (to) sponsor and other affiliates, net, in the accompanying consolidated statements of operations and changes in net assets.

As of June 30, 2011 and 2010, the fair value of the Ascension Plan's assets available for benefits was \$3,616,141 and \$3,089,076, respectively As discussed in the Fair Value Measurements note, the Corporation, as well as Ascension Health, follows a three-level hierarchy to categorize assets and liabilities measured at fair value In accordance with this hierarchy, as of June 30, 2011, 27%, 45%, and 28% of the Ascension Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2, and Level 3 investments, respectively With respect to the Ascension Plan's liabilities that are measured at fair value on a recurring basis, 0%, 17%, and 83% were categorized as Level 1, Level 2, and Level 3 investments, respectively, as of June 30, 2011 Additionally, as of June 30, 2010, 29%, 42%, and 29% of the Ascension Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2, and Level 3 investments, respectively With respect to the Ascension Plan's liabilities that are measured at fair value on a recurring basis, 0%, 13%, and 87% were categorized as Level 1, Level 2, and Level 3 investments, respectively, as of June 30, 2010

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Pension Plans (continued)

Ascension Health Defined Contribution Plan

The Corporation participates in the Ascension Health Defined Contribution Plan (the Defined Contribution Plan), a contributory and noncontributory, defined-contribution plan sponsored by Ascension Health which covers all eligible associates. There are three primary types of contributions to the Defined Contribution Plan employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in all employer contributions immediately. Defined-contribution expense, representing both employer automatic contributions and employer matching contributions, was \$13,114 and \$10,279 for the years ended June 30, 2011 and 2010, respectively

St. Vincent Heart Center of Indiana Retirement Plan

SVHCI has established a defined-contribution retirement plan which covers substantially all employees SVHCI makes a nonelective contribution which is based on the participating employee's compensation Employees are immediately vested in this portion of the plan In addition, SVHCI matches the participating employee's elective 401(k) contributions up to 3% of the employee's compensation Vesting in SVHCI matching contributions is based on years of service, and such contributions are 100% vested to the employee after five years of service Defined-contribution expense, representing both employer automatic contributions and employer matching contributions, was \$1,409 and \$1,473 for the years ended June 30, 2011 and 2010, respectively

7. Self-Insurance Programs

The Corporation participates in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. Actuarially determined amounts, discounted at 6%, are contributed to the trusts and the captive insurance company to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported and are discounted at 6% in 2011 and 2010.

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Self-Insurance Programs (continued)

In the event that sufficient funds are not available from the self-insurance programs, each participating entity may be assessed its pro rata share of the deficiency. If contributions exceed the losses paid, the excess may be returned to participating entities

Professional and General Liability Programs

The Corporation participates in Ascension Health's professional and general liability self-insured program Professional liability coverage is provided on an occurrence basis through a wholly owned onshore trust with a self-insured retention of \$250 per occurrence and up to \$7,500 in aggregate in compliance with participation in the Patient Compensation Fund The Patient Compensation Fund applies to claims in excess of the primary self-insured limit General liability coverage is provided on a claims-made basis through a wholly owned onshore trust and offshore captive insurance company, Ascension Health Insurance, Ltd (AHIL), with a self-insured retention of \$10,000 per occurrence with no aggregate Excess coverage is provided through AHIL with limits up to \$185,000 AHIL also retains a 20% quota share of the first \$25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers. The Corporation has a deductible of up to \$100 per claim for both professional and general liability claims depending on the size of the hospital. One entity obtains professional liability coverage through a commercial policy on a claims-made basis with limits up to \$250 per occurrence and \$750 in aggregate in compliance with participation in the Patient Compensation Fund The Patient Compensation Fund applies to claims in excess of the primary limit

Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is professional and general liability expense of \$5,345 and \$8,033 for the years ended June 30, 2011 and 2010, respectively Included in self-insurance liabilities on the accompanying consolidated balance sheets are professional and general liability loss reserves of approximately \$3,217 and \$3,259 at June 30, 2011 and 2010, respectively

Workers' Compensation

The Corporation participates in Ascension Health's workers' compensation program, which provides occurrence coverage through a grantor trust. The trust provides coverage up to \$1,000 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members. Excess insurance against catastrophic loss is obtained through commercial insurers. Premium payments made to the trust are expensed and reflect both claims reported and claims incurred but not reported.

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Self-Insurance Programs (continued)

Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is workers' compensation expense of \$5,810 and \$5,182 for the years ended June 30, 2011 and 2010, respectively

Medical and Dental Claims

The Corporation is self-insured for medical and dental claims. The Corporation estimates its liability for covered medical and dental claims, including claims incurred but not reported, based upon historical costs incurred and payment processing experience. At June 30, 2011 and 2010, the liability for such covered medical and dental claims was \$7,630 and \$5,870, respectively, and is included in accounts payable and accrued liabilities in the accompanying consolidated balance sheets.

8. Lease Commitments

Future minimum payments under noncancelable operating leases with remaining terms of one year or more are as follows

Year ending June 30	
2012	\$ 26,322
2013	26,846
2014	23,075
2015	19,147
2016	15,752
Thereafter	30,037
Total	\$ 141,179

The Corporation has subleased certain of its space under the operating leases reported above Total future minimum rents to be received under noncancellable subleases with remaining terms of one year or more are \$6,683

In addition, the Corporation is a lessor under certain operating lease agreements, primarily ground leases related to third-party owned medical office buildings on land owned by the Corporation The Corporation also leases space to others in some buildings it owns

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Lease Commitments (continued)

Future minimum rental receipts under all noncancelable operating leases with terms of one year or more are as follows

Year ending June 30	
2012	\$ 909
2013	916
2014	917
2015	917
2016	917
Thereafter	 32,143
Total	\$ 36,719

Rental expense under operating leases amounted to \$53,028 and \$49,279 in 2011 and 2010, respectively

In May 2003, the Corporation sold various outpatient and professional medical office buildings (MOBs) to a real estate investment trust (REIT) and contemporaneously leased back certain space in those buildings to support ongoing ministry operations for a period of 12 years with leases extending through 2015. These space leases are being accounted for as operating leases based on their terms, and future minimum lease payments under these leases are included in the amounts reported above. The building sales were accounted for as sale-lease transactions, and as such, certain gains on the sales were deferred. As of June 30, 2011 and 2010, net deferred gains of \$1,598 and \$2,146, respectively, were included in other noncurrent liabilities in the accompanying consolidated balance sheets. These gains are being recognized as operating income over the related leaseback terms. In connection with that sale, the Corporation entered into a long-term ground lease for the property underlying the buildings whereby the REIT is able to take control of the buildings for 50 years with one 25-year renewal at the option of the REIT

9. Related-Party Transactions

The Corporation utilized various centralized programs and overhead services of Ascension Health or its other sponsored organizations, including risk management, retirement services, treasury, debt management, executive management support, administrative services, and information technology services. The charges allocated to the Corporation for these services represent both allocations of common costs and specifically identified expenses that are incurred

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Related-Party Transactions (continued)

by Ascension Health on behalf of the Corporation Allocations are based on relevant metrics such as the Corporation's pro rata share of revenues, certain costs, debt, or investments to the consolidated totals of Ascension Health

The amounts charged to the Corporation for these services may not necessarily result in the net costs that would be incurred by the Corporation on a stand-alone basis. The charges allocated to the Corporation were approximately \$101,208 and \$91,325 for the years ended June 30, 2011 and 2010, respectively

In addition to the charges discussed above, the Corporation made payments to Ascension Health of \$35,505 and \$18,069 for the years ended June 30, 2011 and 2010, respectively, representing the Corporation's share of costs to fund an Ascension Health system-wide information technology and process standardization project that is expected to continue through December 2014 Also, during the years ending June 30, 2011 and 2010, the Corporation transferred cash and investments of \$25,487 and \$22,058, respectively, in support of Ascension Health's strategic initiatives and Sister services These payments are included in transfers to sponsor and other affiliates, net, in the accompanying consolidated statements of operations and changes in net assets

The Corporation purchased \$28,581 of laboratory services in 2011 (\$23,029 in 2010) from Mid America Clinical Laboratories, LLC (MACL) SVHHS is a 25% owner of MACL

SVHHS purchased \$6,172 in 2010 of blood factor products from Chartwell Midwest Indiana, LLC (Chartwell) SVHHS was a 50% owner of Chartwell Chartwell ceased operations as of June 30, 2010

The Corporation paid \$802 and \$734 to Suburban Health Organization (SHO) in 2011 and 2010, respectively, for items such as physician recruitment dues, third-party administration (TPA) services, and network development SHO processed \$34,150 and \$39,576 in claim payments for the Corporation in 2011 and 2010, respectively SVH is a Class D stockholder of SHO

The Corporation paid \$708 and \$835 to NeuroOncology Equipment, LLC (Novalis) in 2011 and 2010, respectively, for rental of equipment SVHHS is a 50% owner of Novalis

The Corporation paid \$1,635 and \$2,305 to United Hospital Services, LLC (UHS) in 2011 and 2010, respectively, for laundry services SVHHS is a 16 7% owner of UHS

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Related-Party Transactions (continued)

The Corporation paid \$615 to Breast MRI Leasing Company, LLC (Breast MRI) in both 2011 and 2010 for rental of equipment SVHHS is a 50% owner of Breast MRI

The Corporation paid \$3,425 to Indiana Heart Institute, LLC (IHI) in 2010 for heart base and coding services SVH was a 33 3% owner of IHI See the Organization and Mission note

Care Group Cardiovascular Management, LLC (CGC) was formed to provide management services to the cardiovascular programs at SVHCI, SVHHS, St Vincent Carmel, and Lafayette Heart Program Holdings, LLC (Lafayette) CIHSCS is a 5% member entity of CGC and a 49% owner of Lafayette The Corporation paid \$8,572 in management fees to CGC in 2010 See the Organization and Mission Acquisitions note

The Corporation paid \$3,000 and \$250 to Orthopaedic Consulting Services, LLC (OCS) in 2011 and 2010, respectively, for management fees SVHHS is a 5% owner of OCS

The Corporation participates in a joint venture arrangement for the operation of the Rehabilitation Hospital of Indiana, Inc (RHI), a free-standing, not-for-profit, comprehensive rehabilitation facility. The Corporation guarantees 50% of the outstanding bonds and line-of-credit amounts (\$6,400 at June 30, 2011), using a supporting letter of credit for payment of principal and interest on certain debt issued on behalf of RHI. The guarantee extends through the term of the debt and expires on November 1, 2020. A long-term liability of \$212 has been recorded in the accompanying consolidated balance sheets at both June 30, 2011 and 2010, representing the fair value of this guarantee determined using a discounted cash flow analysis. The Corporation also provided RHI with a working capital loan of \$1,500 in June 2010.

The Corporation is a 34 5% owner of Advantage Health Solutions, Inc (Advantage) SVHHS is a 50% guarantor on the minimum statutory net worth requirement with the Indiana Department of Insurance The guarantee amount approximates \$4,500 at June 30, 2011, however, because Advantage is well in excess of the minimum statutory net worth requirements, the Corporation estimates the fair value of this guarantee to be zero

As part of the formation of the Meridian Heights Associates, LLC joint venture with St Vincent Carmel, St Vincent Carmel pledged 9 51 acres of land as collateral for the financing of the joint venture St Vincent Carmel is a 50% owner of the Meridian Heights Associates, LLC joint venture

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Related-Party Transactions (continued)

The Corporation provides professional services to some of its joint ventures. The revenue received for these services was \$33,194 and \$23,711 in 2011 and 2010, respectively, and is included in other revenue in the accompanying consolidated statements of operations and changes in net assets

The Corporation provides professional services to another member of Ascension Health The revenue recorded for these services was \$1,458 and \$1,207 in 2011 and 2010, respectively

10. Contingencies and Commitments

In addition to professional liability claims, the Corporation is involved in litigation and regulatory investigations arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the Corporation's consolidated financial statements

In September 2010, Ascension Health received a letter from the U S Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable carioverter defibrillators (ICDs) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. In connection with this nationwide review, the Corporation will be reviewing applicable medical records for response to the DOJ. The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time. At June 30, 2011 and through September 13, 2011, the review remains in its early stages. As such, no estimates of liability have been or can be reached relative to the impact this investigation could have on the Corporation. Through September 13, 2011, the DOJ has not asserted any claims against the Corporation. Ascension Health and the Corporation continue to fully cooperate with the DOJ in its investigation.

The Corporation enters into agreements with non-employed physicians that include minimum revenue guarantees These guarantees provide financial incentives to induce physicians to relocate their practices to a health ministry that serves an area with a demonstrated community need Guarantees are designed to assist a physician in establishing a viable medical practice in a community in order to promote the health of the community The Corporation agrees to make payments to the physician at the end of specific time periods if the gross receipts generated by the practice do not equal or exceed a specific dollar amount. The Corporation has also entered into agreements with physician groups to provide emergency room and anesthesia coverage in areas with demonstrated community need. The Corporation guarantees to cover the costs of

Notes to the Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Contingencies and Commitments (continued)

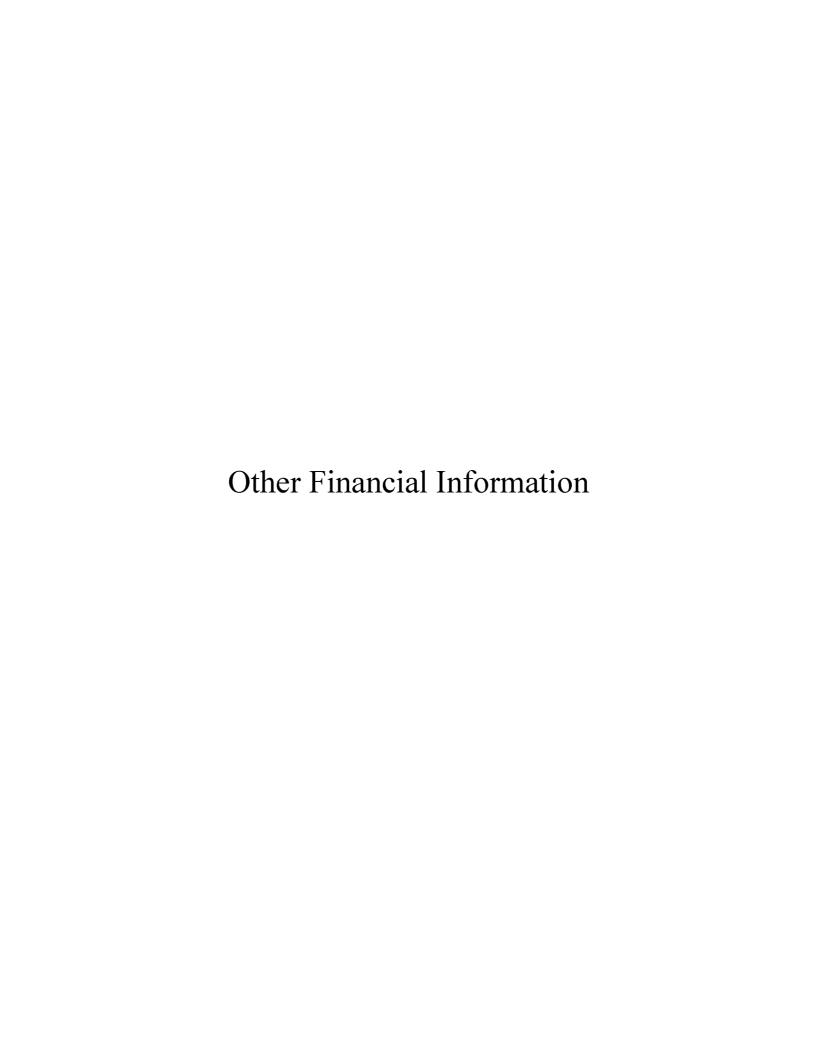
providing coverage if there are not sufficient patient billings that exceed the cost of providing the coverage. The carrying amounts of the liability for the Corporation's obligation under these guarantees were \$3,208 and \$709 at June 30, 2011 and 2010, respectively, and are included in current and noncurrent liabilities in the accompanying consolidated balance sheets

The maximum amount of future payments that the Corporation could be required to make under these guarantees is \$12,103 However, the Corporation is entitled to proceeds of receivables collected to offset guarantee amounts paid, which reduces the total maximum guarantee amount

The Corporation has certain supply commitments totaling \$5,232 at June 30, 2011

11. Subsequent Events

The Corporation purchased CorVasc MD's, PC (CorVasc), a cardiovascular physician group, effective July 1, 2011, for a total purchase price of \$2,907 CorVasc will be operated under the Corporation's subsidiary SVMG At June 30, 2011, a deposit on the transaction in the amount of \$2,720 was included in other current assets in the accompanying consolidated balance sheets



Consolidating Balance Sheet

	Consolidated St. Vincent Health	Reclassifications and Eliminations	St. Vincent Health, Inc.	St. Vincent Medical Center Northeast, Inc.	St. Joseph Hospital & Health Center, Inc.	Saint John's Health System	Cardiac Services and Newco	St. Vincent Heart Center of Indiana, LLC
Assets								_
Current assets								
Cash and cash equivalents	\$ 119.068	\$ -	\$ 4.281	\$		\$ 9.232	\$ 842	
Short-term investments	37.093	_	_	_	4.538	_	_	29.793
Accounts receivable, less allowances for								
uncollectable accounts of \$78.503	248.265	_	_	_	13.663	24.057	_	13.966
Assets limited as to use	2,200	_	_	_	_	427	_	_
Estimated third-party payor settlements	6.022	_	_	_	660	383	_	42
Inventories	20,881	_	_	_	1.374	3.632	_	911
Other	31.393	(50.463)	46,066	_	978	2,442	_	1.632
Total current assets	464.922	(50.463)	50,347	_	28,713	40.173	842	55,301
Investments, including Board-designated	1.748.905	-	2.177	-	111.733	56.633	45.294	19
Property and equipment								
Land and improvements	59,481	_	1.084	_	3,763	7.723	7.139	_
Building and equipment	1.407.510	_	113.875	-	139,200	128,941	_	65,411
Construction in progress	14,600	_	1.919	_	1.564	1.149	_	169
Less accumulated depreciation	986,472	_	98.028	-	108.271	101.453	1,490	39.379
Total property and equipment, net	495.119	-	18,850	_	36,256	36,360	5.649	26,201
Other assets								
Goodwill and other intangible assets	182,121	_	57,775	_	_	_	46,756	_
Investment in unconsolidated entities	75.854	_	9,093	_	362	_	7,800	_
Notes and other receivables	13,154	(42,735)	45,906	_	128	131	_	_
Investments in land	4.263		1.716	535	_	_	_	_
Other	13,842	_	9.156	_	112	499	_	_
Total other assets	289,234	(42,735)	123,646	535	602	630	54.556	_
Total assets	\$ 2.998,180	\$ (93,198)	\$ 195,020	\$ 535	\$ 177.304	\$ 133.796	\$ 106,341	\$ 81.521

Consolidating Balance Sheet

an	'incent Hospital d Health Care Center, Inc.	St. Vincent Physician Network, LLC	St. Vincent Mercy Hospital	St. Vincent Carmel Hospital, Inc.	St. Vincent Randolph Hospital, Inc.	St. Vincent Clay Hospital, Inc.	St. Vincent New Hope, Inc.	St. Vincent Frankfort Hospital, Inc.
Assets								_
Current assets								
Cash and cash equivalents \$	36.355	\$ 9.020		\$ 5.291		\$ 2.156	\$ 2.798	
Short-term investments	_	_	439	_	20	_	_	142
Accounts receivable, less allowances for								
uncollectible accounts of \$78.503	135,176	5.573	2.149	17.626	2.893	2.697	2.237	2.679
Assets limited as to use	_	_	7	_	_	_	_	_
Estimated third-party payor settlements	1.462	_	617	1	116	72	_	_
Inventories	10,495	135	165	783	310	444	_	381
Other	23,152	1.082	354	2,689	300	(61)	55	418
Total current assets	206,640	15.810	6.210	26,390	4,706	5,308	5.090	5.720
Investments, including Board-designated	842,461	-	6.197	467.384	19.400	25.922	277	28.383
Property and equipment								
Land and improvements	30.368	19	1.003	4.376	722	320	938	206
Building and equipment	693.752	11.048	27.864	97.918	23.745	18.302	7.727	7,920
Construction in progress	4,869	2	19	4,114	8	230	_	_
Less accumulated depreciation	493,198	8,196	16,399	58.579	10,408	11.845	5.657	5.477
Total property and equipment, net	235,791	2.873	12.487	47.829	14.067	7.007	3.008	2.649
Other assets								
Goodwill and other intangible assets	35,663	_	18	72	_	_	_	_
Investment in unconsolidated entities	54.193	_	_	4,406	_	_	_	_
Notes and other receivables	8.843	497	32	_	_	_	_	11
Investments in land	1.760	_	_	_	_	_	_	_
Other	346	27	_	_	44	544	_	_
Total other assets	100,805	524	50	4.478	44	544	_	11
Total assets \$	1,385,697	\$ 19.207	\$ 24.944	\$ 546,081	\$ 38.217	\$ 38.781	\$ 8.375	\$ 36.763

Consolidating Balance Sheet

	St. Vincent Williamsport Hospital, Inc.	St. Vincent Jennings Hospital, Inc.	St. Vincent Salem Hospital, Inc.	St. Vincent Dunn Hospital, Inc.	St. Vincent Medical Group, Inc.	Quality Healthcare Solutions, LLC (Navion)	St. Vincent Seton Specialty Hospital, Inc.	St. Vincent Hospital Foundation, Inc.
Assets								_
Current assets								
Cash and cash equivalents	\$ 3.717	\$ 2.563	\$ 3.697	\$ 2.265	\$ 3.523	\$ 8.076	\$ 2.848	
Short-term investments	_	_	_	_	_	_	_	2,161
Accounts receivable, less allowances for								
uncollectible accounts of \$78.503	2.495	1.985	2.104	3.174	7.739	_	8.052	_
Assets limited as to use	_	_	_	_	_	_	_	1.766
Estimated third-party payor settlements	574	1	192	1.289	_	_	613	_
Inventories	229	178	289	865	224	_	466	_
Other	(70)	77	760	206	146	1,415	(34)	
Total current assets	6.945	4.804	7,042	7.799	11.632	9.491	11.945	4,477
Investments, including Board-designated	23.641	2.057	52	32	-	-	51.816	65.427
Property and equipment								
Land and improvements	280	529	_	160	_	_	851	_
Building and equipment	11.903	17.524	336	9.094	9.808	68	23.074	_
Construction in progress	8	47	473	_	_	_	29	_
Less accumulated depreciation	6.762	8.303	63	1.381	3,471	37	8.075	
Total property and equipment, net	5.429	9.797	746	7.873	6.337	31	15.879	_
Other assets								
Goodwill and other intangible assets	_	_	1.498	18	20.864	19.457	_	_
Investment in unconsolidated entities	_	_	_	_	_	_	_	_
Notes and other receivables	_	_	36	_	305	_	_	_
Investments in land	252	_	_	_	_	_	_	_
Other	25	937	2.152	_	_	_	_	_
Total other assets	277	937	3,686	18	21,169	19.457	_	_
Total assets	\$ 36.292	\$ 17.595	\$ 11.526	\$ 15.722	\$ 39.138	\$ 28.979	\$ 79.640	\$ 69.904

Consolidating Balance Sheet

	Consolidated St. Vincent Health	Reclassifications and Eliminations	St. Vincent Health, Inc.	St. Vincent Medical Center Northeast, Inc.	St. Joseph Hospital & Health Center, Inc.	Saint John's Health System	Cardiac Services and Newco	St. Vincent Heart Center of Indiana, LLC
Liabilities and net assets								
Current liabilities								
Current portion of long-term debt	\$ 2,419 \$	(3.561)	\$ 330	\$ -	\$ 123	\$ 117	\$ -	\$ 3,561
Accounts payable and accrued liabilities	239,995	(9)	20,860	-	11.493	15.642	46	10,045
Estimated third-party payor settlements	28,136	_	_	_	1.376	2,154	_	1.844
Self-insurance liabilities	3.217	_	_	_	1	82	_	_
Other	14.279	(50,455)	2.467	_	3.051	2,937	8,964	1.042
Total current liabilities	288.046	(54.025)	23.657	_	16.044	20.932	9.010	16.492
Noncurrent liabilities								
Long-term debt	343,044	(39,173)	45.591	_	16.932	16,091	696	39,173
Pension and other postretirement liabilities	78.365	_	74,222	_	_	_	_	_
Other	38.901	_	11.442	_	1.650	1.183	7.510	_
Total noncurrent liabilities	460,310	(39,173)	131,255	_	18.582	17.274	8,206	39,173
Total liabilities	748.356	(93.198)	154.912	_	34.626	38.206	17.216	55,665
Net assets								
Unrestricted	2,183,135	_	40,106	535	141.149	90,075	75,438	32.828
Temporarily restricted	40,468	_	2	_	1.136	5.007	_	19
Permanently restricted	16,449	_	_	_	393	508	_	_
Total net assets, excluding noncontrolling interest	2,240,052	_	40,108	535	142.678	95.590	75,438	32,847
Noncontrolling interest	9.772	_	_	_	_	_	13.687	(6.991)
Total net assets	2,249,824	_	40,108	535	142.678	95.590	89,125	25.856
Total liabilities and net assets	\$ 2,998,180 \$	(93,198)	\$ 195,020	\$ 535	\$ 177,304	\$ 133.796	\$ 106,341	

Consolidating Balance Sheet

	St. Vincent H and Health Center, I	Care	St. Vincent Physician Network, LLC	St. Vincent Mercy Hospital	St. Vincent Carmel Hospital, Inc.	St. Vincent Randolph Hospital, Inc.	St. Vincent Clay Hospital, Inc.	St. Vincent New Hope, Inc.	St. Vincent Frankfort Hospital, Inc.
Liabilities and net assets						-		-	
Current liabilities									
Current portion of long-term debt	\$	1.256	\$ 2	\$ 85	\$ 156	\$ 106	\$ 58	\$ 13	\$ 4
Accounts payable and accrued liabilities	1	07.445	9,470	1.882	14,471	3.535	2,060	1.536	3.813
Estimated third-party payor settlements		14,479	_	531	873	1.250	502	_	1.185
Self-insurance liabilities		2.922	_	_	207	_	4	_	_
Other		3,102	26,128	382	5,520	(281)	(351)	705	107
Total current liabilities	1	29,204	35,600	2.880	21.227	4.610	2.273	2.254	5.109
Noncurrent liabilities									
Long-term debt	1	76,706	293	11,773	21.510	14.632	8.061	1.743	504
Pension and other postretirement liabilities		_	_	25	_	267	131	762	397
Other		13,771	27	29	467	44	544	_	_
Total noncurrent liabilities	1	90,477	320	11.827	21.977	14,943	8.736	2,505	901
Total liabilities	3	19,681	35.920	14.707	43.204	19,553	11.009	4.759	6.010
Net assets									
Unrestricted	1.0	62,709	(16,713)	10,086	502,520	15.895	26,341	3.339	30,645
Temporarily restricted		3.297	_	151	104	362	1,431	277	108
Permanently restricted		10	_	_	_	34	_	_	_
Total net assets, excluding noncontrolling interest	1.0	66,016	(16.713)	10.237	502.624	16.291	27.772	3.616	30,753
Noncontrolling interest		_	_	_	253	2.373	_	_	_
Total net assets	1.0	66,016	(16,713)	10,237	502,877	18,664	27,772	3,616	30,753
Total liabilities and net assets	\$ 1.3	85,697							

Consolidating Balance Sheet

	St. Vincent Williamsport Hospital, Inc.	St. Vincent Jennings Hospital, Inc.	St. Vincent Salem Hospital, Inc.	St. Vincent Dunn Hospital, Inc.	St. Vincent Medical Group, Inc.	Quality Healthcare Solutions, LLC (Navion)	St. Vincent Seton Specialty Hospital, Inc.	St. Vincent Hospital Foundation, Inc.
Liabilities and net assets								
Current habilities								
Current portion of long-term debt	\$ 30	\$ 79	\$ -	\$ 57	\$ -	\$	\$ 3	\$ -
Accounts payable and accrued habilities	1.691	1.355	1.815	1.901	25.370	889	4.664	21
Estimated third-party payor settlements	498	981	377	313	_	_	1.773	_
Self-insurance liabilities	-	_	_	_	1	_	_	_
Other	734	524	368	6.514	332	802	1.687	
Total current liabilities	2.953	2.939	2.560	8.785	25.703	1.691	8.127	21
Noncurrent liabilities								
Long-term debt	4,185	10,853	_	7,878	3,085	2,075	436	_
Pension and other postretirement liabilities	9	289	_	_	2.208	55	_	_
Other	26	937	1,167	_	_	_	_	104
Total noncurrent liabilities	4,220	12.079	1.167	7.878	5.293	2,130	436	104
Total liabilities	7.173	15.018	3.727	16,663	30,996	3.821	8,563	125
Net assets								
Unrestricted	28,750	1.934	7,747	(973)	8,142	25,158	71.038	26,386
Temporarily restricted	369	193	52	32	_	_	39	27.889
Permanently restricted	_	_	_	_	_	_	_	15,504
Total net assets, excluding noncontrolling interest	29.119	2.127	7.799	(941)	8.142	25.158	71.077	69.779
Noncontrolling interest	_	450	_	_	_	_	_	_
Total net assets	29,119		7.799	(941)	8,142	25,158	71.077	69.779
Total liabilities and net assets	\$ 36.292			· · · · · · · · · · · · · · · · · · ·				

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2011 (Dollars in Thousands)

	Consolidated St.	Reclassifications and	St. Vincent Health	St. Joseph Hospital &	Saint John's Health	Cardiac Sarvicas and	St. Vincent Heart Center of Indiana,	St. Vincent Hospital and Health Care	St. Vincent Physician
	Vincent Health	Eliminations	Inc.	Health Center, Inc.	System	New co	LLC	Center, Inc.	Network, LLC
Operating revenue				·	•			,	,
Net patient service revenue	\$ 2.078.088 \$	(139) 5	-	\$ 122.814	\$ 188.664		\$ 130.786	\$ 1.056.686	
Other revenue	87.310	(13.483)	3.742	1.849	13,196	203	761	49.640	777
Income (loss) from unconsolidated entities, net	16.898	_	369	_	(47)	(68)	_	11.749	_
Net assets released from restrictions for operations	3.355	_	13	66	275	_	10		_
Total operating revenue	2.185.651	(13.622)	4.124	124.729	202.088	135	131.557	1.120.308	69.212
Operating expenses									
Salaries and wages	817.374	_	8.374	44,276		1.516	28.595	347.055	60,307
Employee benefits	227.800	(291)	6.817	13.250	22,293	392	7.675	98.062	13,903
Purchased services	172.384	(3.903)	83.224	5.128	4,106	-	9.958	49.026	1.186
Professional fees	100.550	(8.916)	11.659	3.508	20.113	12	7.121	48.147	2,704
Supplies	284.134	_	1.676	15.276	31.665	_	28.896	150.845	6,553
Insurance	8.447	_	-	595	245	_	166	4.195	1.136
Bad debts	142.051	_	1.711	10.997	17.655	_	4.682	56,478	4.043
Interest	15.502	_	(594)	678	645	750	2.427	7.481	12
Depreciation and amortization	86.380	=	17.882	5.163	5,235	104	4.591	34.014	730
Other	185.278	(512)	(132,587)	13.961	25.112	4.909	15.147	189.881	14.048
Total operating expenses before impairment expense	2,039,900	(13.622)	(1,838)	112.832	198,184	7.683	109,258	985,184	104,622
Income (loss) from operations before impairment expense	145.751	-	5.962	11.897	3.904	(7.548)	22.299	135.124	(35.410)
Impairment expense	2.286	_	2.286	_	_	_	_	_	
Income (loss) from operations	143.465	_	3,676	11.897	3,904	(7.548)	22.299	135,124	(35.410)
Nonoperating gains (losses)									
Investment return	262,149		52	17,304	9,061	5,609	630	128,777	108
(Loss) income from unconsolidated entities	(191)	=	226	(7)	-	=	=	43	=
Other	(13,148)	=	(9.212)	(41)			=	(1.870)	
Total nonoperating gains (losses), net	248.810	=	(8,934)	17,256	9,084	5,609	630	126,950	108
Excess (deficit) of revenues and gains over expenses and losses	\$ 392,275 \$	- 5	(5,258)	\$ 29,153	\$ 12,988	\$ (1,939)	\$ 22,929	\$ 262,074	\$ (35,302)

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2011 (Dollars in Thousands)

							St. Vincent		
	St. Vincent Mercy Hospital	St. Vincent Carmel Hospital, Inc.	St. Vincent Randolph Hospital, Inc.	St. Vincent Clay Hospital, Inc.	St. Vincent New Hope, Inc.	St. Vincent Frankfort Hospital, Inc.	Williamsport Hospital, Inc.	St. Vincent Jennings Hospital, Inc.	St. Vincent Salem Hospital, Inc.
Operating revenue	-	•	•	•	•	•	•	•	-
Net patient service revenue	\$ 25,320	§ 142,262	\$ 33.282	\$ 24.542	\$ 20.235	\$ 32.313 \$	24.945	\$ 20.496	\$ 22.384
Other revenue	354	10.460	354	255	19	514	632	234	286
Income (loss) from unconsolidated entities, net	_	4.895	_	-	-			_	_
Net assets released from restrictions for operations	42	102	134	42	49	22	9	128	2
Total operating ievenue	25.716	157.719	33.770	24.839	20.303	32.849	25.586	20.858	22.672
Operating expenses									
Salaries and wages	10.646	43,412	10.868	7.101	12.991	8,530	9.844	6.277	7.539
Employee benefits	3.635	14.186	3.373	2.252	5.410	2.873	2.916	2.185	2.151
Purchased services	1.309	4.836	1.011	1.759	402	2.516	1.004	2.380	2.180
Professional fees	1.000	3,173	2.095	913	130	1.139	764	1.755	413
Supplies	2.659	20.044	2.837	2.497	384	2.152	1.313	991	1.757
Insurance	46	327	21	44	71	36	128	94	119
Bad debts	3.221	6,679	4.604	4.280	_	5.384	3.973	4.757	4.491
Interest	471	863	587	323	70	20	168	435	_
Depreciation and amortization	923	4.891	1.077	548	374	495	367	563	460
Other	2.796	16.033	3.123	3.045	1.957	4.395	2.859	2.771	2.124
Total operating expenses before impairment expense	26,706	114,444	29,596	22.762	21,789	27.540	23,336	22.208	21,234
Income (loss) from operations before impairment expense	(990)	43.275	4.174	2.077	(1.486)	5.309	2.250	(1.350)	1.438
Impairment expense	_	_	_	_	_	_	_	_	
Income (loss) from operations	(990)	43.275	4.174	2.077	(1.486)	5.309	2.250	(1.350)	1.438
Nonoperating gains (losses)									
Investment return	1.077	70.060	1.947	3,501	36	4.069	3,173	331	29
(Loss) income from unconsolidated entities	-	(453)	=	=	=	=	_	_	_
Other	(148)	(5)	21	(2)	3	1	6	16	
Total nonoperating gains (losses), net	929	69,602	1.968	3,499	39	4.070	3,179	347	29
Excess (deficit) of revenues and gains over expenses and losses	\$ (61)	\$ 112,877	\$ 6,142	\$ 5,576	\$ (1,447)	\$ 9,379 \$	5,429	\$ (1,003)	\$ 1,467

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2011 (Dollars in Thousands)

	St Vinc	ent Dunn	St. Vincent Medical	Quality Healthcare Solutions, LLC	St. Vincent Seton Specialty Hospital,	St. Vincent Hospital
		ital, Inc.	Group, Inc.	(Navion)	Inc.	Foundation, Inc.
Operating revenue		,		(1.11.111)		
Net patient service revenue	\$	29.020	\$ 76.701	\$ -	\$ 59.342	\$ -
Other revenue		700	2,044	16,091	165	(1.483)
Income (loss) from unconsolidated entities, net		_	_	_	_	_
Net assets released from restrictions for operations		_	48	-	40	140
Total operating revenue		29.720	78.793	16.091	59.547	(1.343)
Operating expenses						
Salaries and wages		12.875	93.768	4.879	27.406	_
Employee benefits		4.195	14.543	1.052	6.928	_
Purchased services		1.387	1.244	-	3.654	(23)
Professional fees		1.203	1.604	1.280	709	24
Supplies		4.396	3,601	30	6.562	_
Insurance		183	944	4	93	_
Bad debts		2,208	7.017	-	(129)	_
Interest		316	498	335	17	_
Depreciation and amortization		1.127	3,611	2.578	1.647	-
Other		2.825	8.094	994	6.082	(1,779)
Total operating expenses before impairment expense		30.715	134.924	11.152	52,969	(1.778)
Income (loss) from operations before impairment expense		(995)	(56,131)	4.939	6.578	435
Impairment expense		_	_	_	_	
Income (loss) from operations		(995)	(56,131)	4.939	6.578	435
Nonoperating gains (losses)						
Investment return		12	27	19	7.024	9,303
(Loss) income from unconsolidated entities		_	_	_	-	_
Other		10	_		1	(1.951)
Total nonoperating gains (losses), net		22	27	19	7,025	7.352
Excess (deficit) of revenues and gains over expenses and losses	\$	(973)	\$ (56,104)	\$ 4.958	\$ 13,603	\$ 7,787

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2011 (Dollars in Thousands)

	lidated St. nt Health	Reclassifications and Eliminations	St. Vii Health	ncent C	t. Vincent Medical Center Northeast, Inc.			int John's Health System	Cardiac Services	St. Vincent Heart Center of Indiana, LLC	St. Vincent Hospital and Health Care Center, Inc.
Unrestricted net assets, controlling interest								•			
Excess (deficit) of revenues and gains over expenses and losses	\$ 385,374 \$	_	\$	(5.258) \$	_	\$ 29.1:	53 \$	12.996	\$ (8.378)	\$ 22.929	\$ 262.074
Pension and other postretirement liability adjustments	68,149	_		62,817			_	_	_	_	_
Transfers (to) from sponsor and other affiliates, net	(60,992)	_	((109,102)			99	(2.355)	18,009	(18,001)	(48,353)
Net assets released from restrictions for property acquisitions	2,734	_		_	_	3-	46	496	_	_	1,420
Other	(4.953)	_		(16)			(4)	_	(5.826)	(8)	(3,493)
Increase (decrease) in unrestricted net assets, controlling interest	 390,312	_		(51.559)	_	29.59	94	11,137	3,805	4,920	211,648
Unrestricted net assets, noncontrolling interest											
Excess (deficit) of revenues and gains over expenses and losses	6,901	_		_	_		_	(8)	6,439	_	_
Purchase of units from noncontrolling members	(1.139)	_		_	_		_	_	(1.139)	_	_
Distributions of capital	(7,463)	_		_	_		_	(31)	_	(6,991)	_
Increase (decrease) in unrestricted net assets, noncontrolling interest	(1,701)	_		-	_		_	(39)	5,300	(6,991)	_
Temporarily restricted net assets											
Contributions and grants	11,356	_		_	_	20	05	1,272	_	15	768
Net change in unrealized gains/losses on investments	2.699	_		_	_		_	326	_	_	183
Investment return	1,731	_		_	_	•	76	198	_	_	221
Net assets released from restrictions	(6,089)	_		(13)	_	(4	12)	(771)	_	(10)	(3.653)
Other	(855)	_		(35)	_	`	4	_	_	8	3,302
Increase (decrease) in temporarily restricted net assets	8.842	_		(48)	_	(1)	27)	1.025	_	13	821
Permanently restricted net assets											
Contributions	98	_		_	_		1	_	_	_	_
Net change in unrealized gains/losses on investments	315	_		_	_		_	_	_	_	_
Investment return	87	_		_	_		_	5	_	_	_
Other	(6)	_		_	_		_	_	_	_	_
Increase (decrease) in permanently restricted net assets	494	-		-	_		1	5		-	_
Increase (decrease) in net assets	397,947	_		(51.607)	_	29,40	58	12,128	9,105	(2.058)	212,469
Net assets, beginning of the vear	1.851.877	_		91.713	535	113.20	08	83,464	80,020	27.914	853.547
Net assets, end of the year	\$ 2.249.824 \$		\$	40,106 \$	535	\$ 142.6	76 \$	95.592	\$ 89,125	\$ 25.856	\$ 1,066,016

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2011 (Dollars in Thousands)

	 . Vincent cian Network, St. LLC	Vincent Mercy Hospital	St. Vincent Carmel Hospital, Inc.	St. Vincent Randolph Hospital, Inc.	St. Vincent Clay Hospital, Inc.	St. Vincent New Hope, Inc.	St. Vincent Frankfort Hospital, Inc.	St. Vincent Williamsport Hospital, Inc.	St. Vincent Jennings Hospital, Inc.
Unrestricted net assets, controlling interest									
Excess (deficit) of revenues and gains over expenses and losses	\$ (35,302) \$	(61)	\$ 112,393						
Pension and other postretirement liability adjustments	_	1.016	-	635	410		670	815	407
Transfers (to) from sponsor and other affiliates, net	27.572	_	(12,001)	_	_	166	_	-	_
Net assets released from restrictions for property acquisitions	_	42	158	99	_	121	52	_	_
Other	 _	(1)	(97)	(6)		(166)	_		
Increase (decrease) in unrestricted net assets, controlling interest	(7.730)	996	100.453	6,884	5.986	53	10,101	6,244	(596)
Unrestricted net assets, noncontrolling interest									
Excess (deficit) of revenues and gains over expenses and losses	_	_	484	(14)	_	_	_	_	_
Purchase of units from noncontrolling members	_	_	_	_	_	_	_	_	_
Distributions of capital	_	_	(441)	_	_	_	_	_	_
Increase (decrease) in unrestricted net assets, noncontrolling interest	_	_	43	(14)	_	_	_	_	_
Temporarily restricted net assets									
Contributions and grants	_	152	20	224	78	_	40	22	185
Net change in unrealized gains/losses on investments	_	_	19	17	113	_	_	_	_
Investment return	_	_	20	_	85	4	_	_	_
Net assets released from restrictions	_	(84)	(260)	(233)	(42)	(170)	(74)	(9	(128)
Other	_	(16)	64	(4)		166	9		
Increase (decrease) in temporarily restricted net assets	_	52	(137)	4	234	_	(25)	13	57
Permanently restricted net assets									
Contributions	_	_	_	_	_	_	_	_	_
Net change in unrealized gains/losses on investments	_	_	_	_	_	_	_	_	_
Investment return	_	_	_	_	_	_	_	-	_
Other	_	_	_	_	_	_	_	_	_
Increase (decrease) in permanently restricted net assets	_	_	_	_	_	_	_	_	
Increase (decrease) in net assets	(7,730)	1,048	100,359	6.874	6.220	53	10,076	6.257	(539)
Net assets, beginning of the year	(8.985)	9,189	402.517	11.791	21.551	3,563	20,678	22,863	•
Net assets, end of the year	\$ (16.715) \$	10,237	\$ 502.876	\$ 18,665	\$ 27,771	\$ 3.616	\$ 30,754	\$ 29,120	\$ 2,578

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2011 (Dollars in Thousands)

	St. Vincent Salem Hospital, Inc.	St. Vincent Dunn Hospital, Inc.	St. Vincent Medical Group, Inc.	Quality Healthcare Solutions, LLC (Navion)	St. Vincent Seton Specialty Hospital, Inc.	St. Vincent Hospital Foundation, Inc.
Unrestricted net assets, controlling interest						
Excess (deficit) of revenues and gains over expenses and losses	\$ 1.467	\$ (973)	\$ (56,104)	\$ 4.958	\$ 13.603	\$ 7.787
Pension and other postretirement liability adjustments	_	_	- (1.30.1	20.200	- 1.121	(2.611)
Transfers (to) from sponsor and other affiliates, net	_	_	64.294	20,200	1.124	(2.644)
Net assets released from restrictions for property acquisitions Other	_	_	(48)	_	_	1712
	1.467	(973)	8.142	25,158	14,727	9.855
Increase (decrease) in unrestricted net assets, controlling interest	1.40/	(9/3)	0,142	25,156	14,727	9,833
Unrestricted net assets, noncontrolling interest						
Excess (deficit) of revenues and gains over expenses and losses	_	_	_	_	_	_
Purchase of units from noncontrolling members	_	_	_	_	_	_
Distributions of capital		-	_	_	_	
Increase (decrease) in unrestricted net assets, noncontrolling interest	_	_	-	-	_	_
Temporarily restricted net assets						
Contributions and grants	29	32	_	_	39	8,275
Net change in unrealized gains/losses on investments	_	_	_	_	_	2.041
Investment return	_	_	_	_	_	1.127
Net assets released from restrictions	(2) –	(48)	_	(40)	(140)
Other		-	48	_	_	(4.401)
Increase (decrease) in temporarily restricted net assets	27	32	_	-	(1)	6,902
Permanently restricted net assets						
Contributions	_	_	_	_	_	97
Net change in unrealized gains/losses on investments	_	-	_	-	-	315
Investment return	-	-	_	-	-	82
Other		_	_	_	_	(6)
Increase (decrease) in permanently restricted net assets		_	_	_	_	488
Increase (decrease) in net assets	1.494	(941)	8,142	25.158	14.726	17.245
Net assets, beginning of the vear	6,305				56,351	52,536
Net assets, end of the year	\$ 7.799	\$ (941)	\$ 8.142	\$ 25.158	\$ 71.077	\$ 69.781

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs (Dollars in Thousands)

The net cost excluding the provision for bad debt expense of providing care of persons living in poverty and community benefit programs is as follows

	Year Ended June 30			une 30
	2011			2010
Traditional charity care provided	\$	52,740	\$	50,719
Unpaid cost of public programs for persons living in poverty		97,100		94,798
Other programs for persons living in poverty and other vulnerable persons		4,523		4,087
Community benefit programs		36,967		29,624
Care of persons living in poverty and community benefit programs	\$	191,330	\$	179,228

Emst & Young LLP

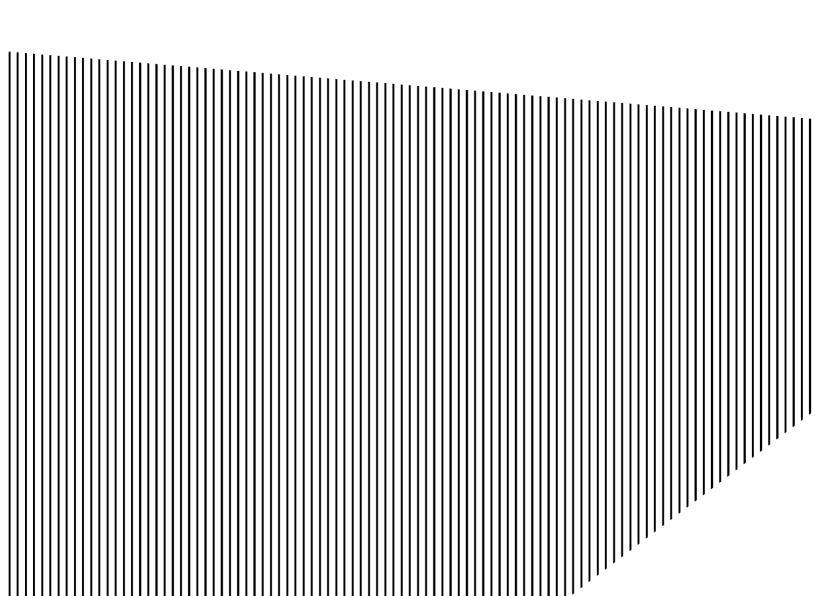
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Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

PARKES	66	1545	Asia Stari

For calendar year 2010, or tax year beginning JUL 1

, 2010, and ending JUN 3.0

. 20 1 1

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 See instructions

2010

Center, Inc.		192717
Part I Type of Return and Return Information (Whole Dollars Only)		and the second
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, the whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable than one line in Part 1.	en leave line 1b	, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		137778832
2a Form 990-EZ check here b J b Total revenue, if any (Form 990-EZ, line 9)	2b _	
3a Form 1120-POL check here b L b Total tax (Form 1120-POL, line 22)	3b	***************************************
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declaration of Officer	mencachina en	
I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing Hot (direct debit) entry to the financial institution account indicated in the tax preparation software for pay taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle institutions involved in the processing of the electronic payment of taxes to receive confidential informand resolve issues related to the payment.	/ment of the org payment, I musi iment) date. I al	ganization's federal t contact the U.S. so authorize the financia
If a copy of this return is being filed with a state agency(les) regulating charities as part of the IRS Fed executed the electronic disclosure consent contained within this return allowing disclosure by the IRS (as specifically identified in Part I above) to the selected state agency(ies).		

Under periation of perjury, I degree that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Hurther declare that the amount of Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund

Sign Here Signature of officer

Check if

Check

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge, If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IBS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns, If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO'S SSN or PIN employed preparer P01222873 ERO's Firm's name (or yours if self-employed), Use Deloitte Tax, LEP 86-1065772 EIN Only 111 Monument Circle, Suite 2000 address, and Z# code Indianapolis 46204-5108 (317)464-8600 ove return and accompanying some Declaration of preparer is based on all information of which the preparer has any knowled Check | Print/Type preparer's name Preparer's signature Date

self- employed Paid Firm's name Firm's EIN 🕨 Preparer Use Only Firm's address 🔈 Phone no.

Indiana Department of Revenue

Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year Beginning 07/01/2010 and Ending 06/30/2011 MM/ DD/ YYYY MM/ DD/ YYYY

	Change of Address
أنين	Amended Report
	Final Report: Indicate Date
	Closed

Check if:

NP-20

State Form 51062

Due on the 15th day of the 5th month following the end of the tax year. NO FEE BEOURED

**************************************	and the second s	
Name of Organization	10 Company of the Com	Telephone Number
St.Joseph Hospital & Health		14.2005
Center, Inc.		765-456-5304
Aticions	County	indians Taxpayer Identification Number
1907 W Sycamore Street	Howard	0001848747
Gty	State ZIP Code	Foderal identification Number
Kokomo, IN 46901		35-0992717
Printed Name of Person to Contact		Contact's Telephone Number
Dennis E Ressler	A STATE OF THE PROPERTY OF THE	(765) 456-5304
If you are filing a federal return, attach a completed copy of Form 990, Note: If your organization has unrelated business income of more than must also file Form IT-20NP.		513 of the Internal Revenue Code, you
1. Have any changes not previously reported to the Department beer or other instruments of similar importance? If yes, attach a detailed indicate number of years your organization has been in continuous. 3. Attach a schedule, listing the names, titles and addresses of your 4. Briefly describe the purpose or mission of your organization below as a nonprofit hospital, our mission healthcare that sustains and improve special attention to the poor and visible communities we serve to improve	ed description of changes. It is existence. 98. It current officers. See It is to provide him It is the health of it I illnerable, and to	gh quality, holistic ndividuals, with partner broadly with
		A. L. BARRETT TO THE CONTRACT OF THE CONTRACT
resslerd@stjoseph.stvincent.org	ADDITION OF THE PARTY.	
Email Address:		
I declare under the penalties of perjury that I have examined this return true, complete, and correct.	n, including all attachments, and to	Mr
Tours E./ Souls	CFO	5/7/201
Signature of Officer or Trustes	Title	Date.
Tannis Kessler	745 -456-5.	<u> 10 </u>
Name of Person(s) to Contact	Daytime Telephone Number	₹
Important: Please submit thi	s completed form and/or extension	to:

Inclana Department of Revenue, Tax Administration P.O. Box 7147

Indianapolis, IN 46207-7147 Telephone: (317) 233-4015

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8863. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely flied. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147. Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled. Q50981 12-01-10 1019

CONTROLLED GROUP CONSENT YEAR ENDING June 30, 2011

FORM 990-T

STATEMENTS MADE PURSUANT TO SECTION 1561(a)

in accordance with the provisions of Section 1864 (a) of the Internal Revenue Code, Regulation Section 4.1561-3(b). Temporary Regulation Section 5.1561-1(d), the following carporations, which are compenent menturers of a controlled group of companies of a controlled group of controlled group of controlled group of controlled group of controlled group.

	Officer's Signature, Title & Date	Jenne E. Read N. F. nowse			substitution of the control of the c	
Section 179 Property	\$500 on	500,000	No.	li K	£	300,000
AMT	240,000	46,000	,	í	٠	40,000
# Amount	3475	000/888/6	•	c	F	9,925,000
stoome Bracke	25%	26,000	÷	ı	×	25,000
Taxable income Bracket Amount	15%	00000	•	×	4	
lae),	Freed	6/30/2011	erso/zori1	\$1020E6	6/30/2011	. 40
2	Number	35-0802717	35.0876389	35-00030066	35-2052551	
	I BONE (MAI)	St. Asseph Hospital & Health Center, Inc.	St. Vincent Madison County Health System, Inc.	St. Vincent Hospital and Health Care Certier, Inc.	St. Vincent Health, Inc.	TOTAL

Indiana Department of Revenue

Indiana Nonprofit Organization Unrelated Business Income

Additional E	xplanation or Adjustment		
State Form 4	9189		
(R8/8-09) Line (a)	Explanation (b)		Amount (c)
6	STATE INCOME TAXES	reverses of MAN in the contract of the contract in the contract in the contract of the contrac	1,483.00
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	And the state of t		,00
			.00,
true, correct, an		general grant gran	of my knowledge and belief it is
(aumonze me i	Department to discuss my return with my personal representative (se	dress EE RESSLERD@STJOSEPI	L STVINCENT ORG
			ma some a month of some way a second of the second
	nu 8. 1300 5/7/2010	DELOITTE TAX, LLP	
Signature of Officer		Paid Preparer: Firm's Name (or yours it settlemo)	pretremmy.
DENNIS Print or Type Name	E RESSLER CFO	Check One: X federal ID Number 86 1065772	PTIN OR Social Security Number
FIRM OF TANDESSEED	ALMSSAA. Line:	Telephone Number 317 464 860	00
Personal Repre	sentative's Name (Print or Type)	Address 111 MONUMENT CIRC	
		City INDIANAPOLIS	
Telephone Number		englasjanovanovartensenne semen semenannanningsplanaramenan	.4 462045108
		Paid Preparer's Signature	7/7//Z Date
Address		To deline Confidence of Statistics and Statistics a	SUCCESS CONS
City-			
State	ZF Code 44		
F			ing and the second seco
	Sales/Use Tax List all purchases made during 20		Learning of the Control of the Contr
Column A	AND LANGUAGE CONTRACTOR OF THE	Column B	Column C
	of personal property purchased from	Date of	Purchase Price
out-of-state r	etailer	Purchase(s)	
Magazine su	bscriptions:		
			.00.
Mail order pu	ircnases;	distribution for the second se	.00.
Internet purc	:hases:		
			00,
Other purcha	ases:		
			.00.
4. Takalan	rchase price of property subject to the sales/use tax	16	.00
1. Total pur	curase bure of atobatty appliest to the agreement	12	UU.
2. Sales/us	e tax: Multiply line 1 by .07 (7%)	20	.00.
	And the state of t		
	c previously paid on the above items (up to 7% per item)	30	00,
1	ount due: Subtract line 3 from line 2. Carry to Form IT-20NP, li , enter zero and out no entry on line 14 of the IT-20NP	ne 14. If the amount is 40	.90
: December	. ISSUES ACRES CHARLES AND CHRIS ON 1945 19 OF MICH. SOUNT	1770	1001

Please mail forms to: Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253

1019 650922 12-09-10

