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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
StVincent Hospital and Health Care Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2001 West 86th Street

City or town, state or country, and ZIP + 4
Indianapolis, IN 462601991

D Employer identification number
35-0869066

E Telephone number
(317) 583-3282

G Gross receipts $ 1,303,030,045

F Name and address of principal officer
Kyle DeFur
2001 West 86th Street
Indianapolis, IN 462601991

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www stvincent org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1881 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
We are a nonprofit hospital dedicated to providing healthcare that leaves no one behind

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	8,072
6	Total number of volunteers (estimate if necessary)	**6**	290
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,051,938
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-725,586

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	108,237,655	18,779,261
	9 Program service revenue (Part VIII, line 2g)	1,140,741,348	1,227,750,803
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,077,791	40,700,752
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,367,829	15,774,641
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,343,424,623	1,303,005,457
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	153,953,554	157,886,740
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	443,791,103	471,290,888
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	593,753,728	610,484,131
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,191,498,385	1,239,661,759
	19 Revenue less expenses Subtract line 18 from line 12	151,926,238	63,343,698

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,385,448,775	1,404,970,408
	21 Total liabilities (Part X, line 26)	319,432,211	333,519,991
	22 Net assets or fund balances Subtract line 21 from line 20	1,066,016,564	1,071,450,417

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2013-05-14 Date

▶ Kyle DeFur President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Shawna M Jimenez	Date 2013-05-09	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P01222873
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 111 Monument Circle Suite 2000 Indianapolis, IN 462045108			EIN ▶ 86-1065772 Phone no ▶ (317) 464-8600

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

St Vincent Hospital and Health Care Center is dedicated to providing spiritually-centered, holistic healthcare that sustains and improves the health of those served, with special attention to the poor and vulnerable Both inpatient and outpatient health services are provided without regard to patient race, creed, national origin, economic status, insurance status or ability to pay This mission extends well beyond the provision of core medical services to encompass medical and scientific research programs, the training and educating of health care professionals and active support of community-based partnerships and programs to improve health and quality of life

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,008,256,364 including grants of $ 157,886,740) (Revenue $ 1,227,534,972)

St Vincent Hospital and Health Care Center (SVHHCC) is a 935-bed hospital campus serving Marion and contiguous counties and providing services without regard to patient race, creed, national origin, economic status, or ability to pay SVHHCC provided services through these Centers of Excellence Cancer Care, Neuroscience, Heart Center, Orthopedics, Peyton Manning Children's Hospital, Women's Hospital, Spine Center, Bariatrics, Stress Center, and SVMCNE During fiscal year 2012, SVHHCC treated 35,300 adults and children for a total of 197,910 inpatient days of service The hospital also provided services for 935,048 outpatient visits, including 13,746 outpatient surgeries and 82,390 emergency room and minor care visits See Schedule O for a non-exhaustive list of community benefit programs and descriptions

4b (Code) (Expenses $ 79,487,946 including grants of $) (Revenue $)

During the fiscal year ending June 30, 2012, the unreimbursed cost of free or discounted services provided to patients who were deemed indigent under state, county, or hospital guidelines was $79,487,946, which included $28,282,331 of traditional charity care and $51,205,615 in unpaid costs of care for those qualifying for Medicaid or other public programs for the poor (Note that St Vincent Hospital and Health Care Center 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 $70,565,736 in unpaid costs of care for elderly covered through Medicare) See Schedule O for a non-exhaustive list of community benefit programs and descriptions

4c (Code) (Expenses $ 33,029,578 including grants of $) (Revenue $)

In addition to core medical services, St Vincent Hospital and Health Care Center partners with its community to assess community assets and needs and to work together to address issues impacting health and quality of life, with special emphasis on the poor and vulnerable In fiscal year 2012, SVHHCC provided $33,029,578 in 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, SVHHCC provided a total Community Benefit of $112,517,524 in fiscal year 2012) SVHHCC serves and supports its community through such programs as diabetes classes, Primary Care Center, Resolve Through Sharing Grief Support Group, health fairs and screenings See Schedule O for a non-exhaustive list of community benefit programs and descriptions

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,120,773,888

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part 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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	538		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	8,072			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

Dawn R Davidson Controller
10330 N Meridian St Ste 430N
Indianapolis, IN 46290
(317) 583-3284

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J Albert Smith Jr Chair	50	X		X				0	0	0
(2) James G Sinclair Vice Chair	50	X		X				0	0	0
(3) Gilbert F Viets Secretary	50	X		X				0	0	0
(4) Sister Virginia Delaney Director	50	X						0	0	0
(5) Charles J Garcia Director	50	X						0	0	0
(6) Malcolm Bell Herring MD Director	50	X						0	0	0
(7) Needham Richard Hurst Director	50	X						0	0	0
(8) Michael B Mason Director	50	X						0	0	0
(9) Sister Theresa Peck DC Director	50	X						0	0	0
(10) Robert J Robison MD Director	50	X						279,512	0	16,681
(11) Susan W Brooks Director	50	X						0	0	0
(12) Ronald L Young II MD Director - Physician	40 00	X						106,667	0	0
(13) Vincent C Caponi Ex Officio - CEO St Vincent	40 00	X		X				2,023,222	0	80,859
(14) D Kyle DeFur Director - President SVHHC	40 00	X		X				553,055	0	27,509
(15) James L Nevin MD Director - President Medical Staff	40 00	X						103,528	0	0
(16) Thomas M Cook CFO	40 00			X				251,840	0	32,251
(17) Ian G Worden COO	40 00			X				713,274	0	56,895

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Darcy K Burthay CNO/COO	40 00			X				398,307	0	40,020
(19) Anne F Coleman Administrator	40 00				X			296,485	0	91,721
(20) Martha L Durall Executive Director	40 00				X			215,132	0	62,903
(21) Gary A Fammartino System Executive	40 00				X			222,429	0	61,835
(22) Joanne M Hilden VP Medical Affairs	40 00				X			278,490	0	16,333
(23) Jon D Rahman MD Senior VP - CMO	40 00				X			455,340	0	88,220
(24) Daniel R LeGrand CMO	40 00				X			422,716	0	94,912
(25) Robert M Lubitz VP Research Academic Affairs	40 00				X			351,254	0	56,009
(26) Joseph F Bellflower Physician	40 00					X		597,757	0	38,872
(27) James E Sumners Physician	40 00					X		698,265	0	71,769
(28) Michael F Kaveney Physician	40 00					X		775,423	0	46,506
(29) William P Didelot Physician	40 00					X		600,615	0	36,741
(30) Susan K Maisel Physician	40 00					X		555,788	0	42,026
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								9,899,099	0	962,062

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 480

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Mid America Clinical Labs 2560 N Shadeland Avenue Indianapolis, IN 46219	Lab services	18,789,835
Naab Road Surgery Center 8260 Naab Road Indianapolis, IN 46260	Surgical services	15,088,069
Surgery Center of Indianapolis 12188 N Meridian Ste 150 Carmel, IN 46032	Surgical services	10,329,281
Infectious Disease of Indiana 12302 Hancock St Carmel, IN 46032	Infectious disease treatment & infusion	7,380,067
Northside Anesthesia Services LLC PO Box 7232 Dept 165 Indianapolis, IN 46206	Anesthesia services	5,103,980

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 92

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	18,564,765			
	e	Government grants (contributions)	1e	167,628			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	46,868			
	g	Noncash contributions included in lines 1a-1f $ 26,909					
	h	**Total.** Add lines 1a-1f		18,779,261			
Program Service Revenue			Business Code				
	2a	Net patient revenue	621990	900,624,348	900,624,348		
	b	Net Medicare/Medicaid	621990	315,031,465	315,031,465		
	c						
	d						
	e						
	f	All other program service revenue		12,094,990	11,879,159	215,831	
	g	**Total.** Add lines 2a–2f		1,227,750,803			
	3	Investment income (including dividends, interest and other similar amounts)		40,725,340			40,725,340
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	2,209,219				
	b	Less rental expenses	0				
	c	Rental income or (loss)	2,209,219				
	d	Net rental income or (loss)		2,209,219			2,209,219
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		24,588			
	c	Gain or (loss)		-24,588			
	d	Net gain or (loss)		-24,588			-24,588
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Pharmacy revenue	621990	6,676,993			6,676,993
	b	Cafeteria revenue	722210	3,723,032			3,723,032
	c	Hotel & Conference rev	721000	1,836,107		1,836,107	
	d	All other revenue		1,329,290			1,329,290
	e	**Total.** Add lines 11a–11d		13,565,422			
	12	**Total revenue.** See Instructions		1,303,005,457	1,227,534,972	2,051,938	54,639,286

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	157,886,740	157,886,740		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,397,399		7,397,399	
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	369,229,727	326,262,094	42,967,633	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,820,293	6,910,238	910,055	
9	Other employee benefits	64,615,091	57,095,768	7,519,323	
10	Payroll taxes	22,228,378	19,641,639	2,586,739	
11	Fees for services (non-employees)				
a	Management	46,275,618	40,890,478	5,385,140	
b	Legal	1,917,407	1,694,276	223,131	
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,687,640	1,491,248	196,392	
12	Advertising and promotion				
13	Office expenses				
14	Information technology	66,219,038	58,513,062	7,705,976	
15	Royalties . .				
16	Occupancy	25,009,751	22,099,341	2,910,410	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,544,231	3,131,785	412,446	
20	Interest	6,305,583	5,571,796	733,787	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,815,545	29,880,396	3,935,149	
23	Insurance	3,799,482	3,799,482		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Supplies	151,208,816	133,612,495	17,596,321	
b	Community benefit	112,517,524	112,517,524		
c	Purchased services	52,556,084	46,440,080	6,116,004	
d	Miscellaneous	45,592,135	40,286,534	5,305,601	
e					
f	All other expenses	60,035,277	53,048,912	6,986,365	
25	**Total functional expenses.** Add lines 1 through 24f	1,239,661,759	1,120,773,888	118,887,871	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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		36,354,382	2	16,764,786
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		147,171,442	4	189,013,091
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,495,204	8	11,690,100
	9	Prepaid expenses and deferred charges		3,125,146	9	5,796,846
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 783,990,206			
	b	Less accumulated depreciation	10b 527,917,550	238,918,764	10c	256,072,656
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		54,192,927	12	53,971,861
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		895,190,910	15	871,661,068
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,385,448,775	16	1,404,970,408
Liabilities	17	Accounts payable and accrued expenses		107,460,582	17	117,348,681
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		211,971,629	25	216,171,310
	26	**Total liabilities.** Add lines 17 through 25		319,432,211	26	333,519,991
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,062,709,308	27	1,068,330,548
	28	Temporarily restricted net assets		3,297,256	28	3,119,869
	29	Permanently restricted net assets		10,000	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,066,016,564	33	1,071,450,417
	34	Total liabilities and net assets/fund balances		1,385,448,775	34	1,404,970,408

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,303,005,457
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,239,661,759
3	Revenue less expenses Subtract line 2 from line 1	3	63,343,698
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,066,016,564
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-57,909,845
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	1,071,450,417

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 issued on a separate basis, consolidated basis, or both ☐ 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

Name of the organization	Employer identification number
StVincent Hospital and Health Care Center Inc	35-0869066

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

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

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

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

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		19,395
j	Total lines 1c through 1i			19,395
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

1	Dues, assessments and similar amounts from members	1	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,760,121	20,390,468		22,150,589
b Buildings		429,774,074	292,054,659	137,719,415
c Leasehold improvements		10,721,735	9,597,086	1,124,649
d Equipment		289,897,066	222,753,585	67,143,481
e Other		31,446,742	3,512,220	27,934,522
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				256,072,656

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
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	(c) Method of valuation Cost or end-of-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, line 15.

(a) Description	(b) Book value
(1) Interest in investments held by Ascension Health Alliance	823,993,806
(2) Donor restricted funds	3,119,869
(3) AH Deferred compensation	267,260
(4) Other assets	37,003,386
(5) Intercompany receivables	7,276,747
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	871,661,068

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	216,171,310

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-0869066
Name: StVincent Hospital and Health Care Center Inc

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
Intercompany debt with Ascension Health Alliance	173,395,073
Other short term debt	3,433,723
Deferred Gain on MOB Sale - Indpls	743,121
Deferred compensation	267,260
Guarantee liability	89,508
Due to third party payors	19,589,748
Other	7,874,069
Self insurance liability	3,123,049
Savings plan liability	1,289,647
Intercompany liability	3,984,873
Physician guarantee	2,381,239

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			28,282,331		28,282,331	2 280 %
b Medicaid (from Worksheet 3, column a)			177,978,408	126,772,793	51,205,615	4 130 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			206,260,739	126,772,793	79,487,946	6 410 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		26,014	213,408		213,408	0 020 %
f Health professions education (from Worksheet 5)		1,422	34,509,856	5,614,085	28,895,771	2 330 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			200,353	2,000	198,353	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		10,561	3,722,046		3,722,046	0 300 %
j **Total** Other Benefits		37,997	38,645,663	5,616,085	33,029,578	2 670 %
k **Total.** Add lines 7d and 7j		37,997	244,906,402	132,388,878	112,517,524	9 080 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support		1,901	1,093,864		1,093,864	0 090 %
4 Environmental improvements		600	570		570	0 %
5 Leadership development and training for community members		100	480		480	0 %
6 Coalition building		200	1,840		1,840	0 %
7 Community health improvement advocacy		762	97,620		97,620	0 010 %
8 Workforce development						
9 Other		505	20,640		20,640	0 %
10 **Total**		4,068	1,215,014		1,215,014	0 100 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense 2 17,179,973			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy 3 5,153,990			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	261,161,707
6	Enter Medicare allowable costs of care relating to payments on line 5	6	331,727,440
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-70,565,733
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	1 The Surgery Center of Indianapolis LLC	Surgery Center	40 000 %		49 980 %
2	2 Naab Road Surgery Center LLC	Surgery Center	40 000 %		60 000 %
3	3 Terre Haute Surgical Center LLC	Surgery Center	27 140 %		51 660 %
4	4 Women's Physician Surgery Center LLC	Surgery Center	40 000 %		60 000 %
5	5 Fishers Ambulatory Surgery Center LLC	Surgery Center	81 000 %		14 000 %
6	6 Indiana Orthopaedic Hospital LLC	Orthopaedic Hospital	20 000 %		80 000 %
7	7 Breast MRI Leasing Company LLC	Imaging Center	50 000 %		50 000 %
8	8 Neuro Oncology Equipment LLC	Stereotatctic Radio Surgery Services	50 000 %		50 000 %
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **5**

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	StVincent Hospital and Health Care Cent 2001 West 86th Street Indianapolis,IN 46260	X	X		X	X	X	X		
2	StVincent Stress Center 8401 Harcourt Road Indianapolis,IN 46260	X								
3	StVincent Women's Hospital 8111 Township Line Road Indianapolis,IN 46260	X	X					X		
4	StVincent Medical Center Northeast 13914 Southeastern Parkway Fishers,IN 46037	X						X		
5	Peyton Manning Children's Hospital 2001 West 86th Street Indianapolis,IN 46260	X	X	X				X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: StVincent Hospital and Health Care Cent

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: StVincent Stress Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: StVincent Women's Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: StVincent Medical Center Northeast

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Peyton Manning Children's Hospital

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **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

5 **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)

6 **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 St Vincent Hospital and Health Care Center promotes the health of its communities by striving to improve the 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 impacts health St Vincent Hospital and Health Care Center meets regularly with local organizations in the community to learn what resources are available and plan community health improvement efforts In fiscal year 2012, these organizations included American Cancer Society, American Foundation for Suicide Prevention, American Heart Association, Asthma Alliance, Zionsville Schools, Indianapolis Public Schools, Hoosier Village, Health and Hospital Corporation, Gennesaret Free Clinic, Morning Dove, Fay Biccard Glick Neighborhood Center, Greater Indianapolis Chamber of Commerce, Indiana Youth Institute, Indianapolis Children's Choir, Holy Family Shelter, Horizon House, Julian Center, Lutheran Child and Family Services, United Way and YMCA

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 2012 was $51,720,011 at charges ($17,179,973 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 Vincent Hospital and Health Care Cent		Part V, Section B, Line 19d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers

Identifier	ReturnReference	Explanation
St Vincent Stress Center		Part V, Section B, Line 19d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers

Identifier	ReturnReference	Explanation
St Vincent Women's Hospital		Part V, Section B, Line 19d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers

Identifier	ReturnReference	Explanation
St Vincent Medical Center Northeast		Part V, Section B, Line 19d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers

Identifier	ReturnReference	Explanation
Peyton Manning Children's Hospital		Part V, Section B, Line 19d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers

Identifier	ReturnReference	Explanation
St Vincent Hospital and Health Care Cent		Part V, Section B, Line 20 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
St Vincent Stress Center		Part V, Section B, Line 20 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
St Vincent Women's Hospital		Part V, Section B, Line 20 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
St Vincent Medical Center Northeast		Part V, Section B, Line 20 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Peyton Manning Children's Hospital		Part V, Section B, Line 20 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
St Vincent Hospital and Health Care Cent		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
St Vincent Stress Center		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
St Vincent Women's Hospital		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
St Vincent Medical Center Northeast		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Peyton Manning Children's Hospital		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 15	St Vincent Hospital and Health Care Center	The following steps were followed and considered reasonable efforts for purposes of Question 15 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 13 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 15	St Vincent Stress Center	The following steps were followed and considered reasonable efforts for purposes of Question 15 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 13 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 15	St Vincent Women's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 15 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 13 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 15	St Vincent Medical Center Northeast	The following steps were followed and considered reasonable efforts for purposes of Question 15 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 13 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 15	Peyton Manning Children's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 15 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 13 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	St Vincent Hospital and Health Care Center	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	St Vincent Stress Center	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	St Vincent Women's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	St Vincent Medical Center Northeast	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	Peyton Manning Children's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 13 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 11)

Identifier	ReturnReference	Explanation
		Part VI, Line 2 Communities are dynamic systems in which multiple factors interact to impact quality of life and health status As part of the St Vincent Health System, the goal of St Vincent Hospital and Health Care Center 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 To that end, St Vincent Hospital and Health Care Center brought together a community roundtable with the purpose of determining the assets and needs, prioritizing action and working in partnership to address identified challenges within a designated area surrounding the hospital This effort is a collaboration among several nonprofits in the Crooked Creek area that today is driving the work of many community organizations toward improving the lives of residents of Marion County

Identifier	ReturnReference	Explanation
		Part VI, Line 3 St Vincent Hospital and Health Care 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 Vincent Hospital and Health Care Center is located in Indianapolis, Indiana and serves Marion and contiguous counties, in Central Indiana Marion County is the largest county in the state with a population of over 900,000, a median household income below the state average and an annual unemployment rate slightly above the state average The poverty rate in Marion County is well above the state average, making it the 4th highest in the state Additionally, the poverty rate among children under age 18 is the highest in the state

Identifier	ReturnReference	Explanation
		Part VI, Line 5 To provide the highest quality healthcare to all persons in the community, and in keeping with its not-for-profit status, St Vincent Hospital and Health Care 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 pay- maintains an open medical staff that allows credentialed physicians to practice at its facilities- participates in medical and scientific research- 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 6 As part of the St Vincent Health System, St Vincent Hospital and Health Care Center is dedicated to improving the health status and quality of life for the communities it serves While designated associates at St Vincent Hospital and Health Care Center 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 St Vincent Hospital and Health Care Center participates

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 17

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-0869066
Name: StVincent Hospital and Health Care Center Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Archdiocese of Indianapolis - Holy Family Shelter30 East Palmer Street Indianapolis,IN 46225	35-1018460	501(c)(3)	50,000				General support
Covering Kids & Families of Indiana Inc2951 East 38th Street Indianapolis,IN 46205	61-1520892	501(c)(3)	70,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gennesaret Free Clinic Inc615 N Alabama Street Indianapolis,IN 462041414	35-1776518	501(c)(3)	20,000				General support
The Julian Center Inc2011 N Meridian Street Indianapolis,IN 46202	35-1346514	501(c)(3)	15,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Neighborhood Christian Legal Clinic3333 N Meridian Street Suite 201 Indianapolis,IN 46208	35-1916572	501(c)(3)	20,000				General support
Fay Biccard Glick Neighborhood Center at Crooked Creek 2990 W 71st Street Indianapolis,IN 46268	35-1738809	501(c)(3)	53,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Federation dba Elder Source 6705 Hoover Road Indianapolis,IN 46260	35-0888017	501(c)(3)	15,000				General support
Horizon House Inc 1033 E Washington Road Indianapolis,IN 46202	35-1759503	501(c)(3)	20,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Archdiocese of Indianapolis - A Promise to Keep30 East Palmer Street Indianapolis, IN 46225	35-1018460	501(c)(3)	20,000				General support
Morning Dove Therapeutic Riding Inc7440 W 96th Street Zionsville, IN 46077	35-2056736	501(c)(3)	38,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Indianapolis Medical Society Foundation - Project Health631 E New York Street Indianapolis,IN 462023706	35-1810091	501(c)(3)	30,000				General support
YMCA of Greater Indianapolis - Pike 615 N Alabama Street Indianapolis,IN 46204	35-0868211	501(c)(3)	35,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Brooke's Place for Grieving Young People Inc50 East 91st Street Indianapolis,IN 46240	35-2045122	501(c)(3)	10,000				General support
Ascension Health PO Box 45998 St Louis,MO 63145	31-1662309	501(c)(3)	38,041,313				Net assets transferred for operating expenses

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
StVincent Hospital Foundation Inc 10330 N Meridian St Suite 430N Indianapolis,IN 46290	35-6088862	501(c)(3)	1,531,943				Operating grant
StVincent Health Inc10330 N Meridian St Suite 430N Indianapolis,IN 46290	35-2052591	501(c)(3)	54,938,816				General support for Physician Network group

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
StVincent Medical Group Inc8333 Naab Road Ste 200 Indianapolis,IN 46260	27-2039417	501(c)(3)	62,925,279				Operating grant

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	St Vincent Hospital and Health Care Center, Inc paid for cell phone usage for twenty of the officers/directors, key employees, and highest compensated employees listed in Part VII St Vincent Hospital and Health Care Center, Inc 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 Vincent Hospital and Health Care Center, Inc "grossed up" the above applicable non-business expenses and included in the employees' W-2 as additional taxable compensation St Vincent Hospital and Health Care Center, Inc utilized charter travel during the fiscal year for one of the officer/directors It is not common practice to utilize charter travel, but on a few occasions in FY 2012 it was necessary due to limited flight times and urgency of system-wide meetings
	Part I, Line 4b	All employees and amounts listed are voluntary deferrals or company contributions to various non-qualified deferred compensation plans organized under Code Section 457(B) The exact purpose of each plan varies but they include compensation limitation make-up plans, voluntary deferral plans, deferral of a portion of incentive bonus type plans, etc No payments were made to listed persons in Part VII under the various non-qualified deferred compensation plans during the year

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-0869066
Name: StVincent Hospital and Health Care Center Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert J Robison MD	(I)	241,405	38,107	0	5,427	11,254	296,193	0
	(II)	0	0	0	0	0	0	0
Vincent C Caponi	(I)	913,551	1,109,671	0	63,060	17,799	2,104,081	0
	(II)	0	0	0	0	0	0	0
D Kyle DeFur	(I)	427,465	125,590	0	6,125	21,384	580,564	0
	(II)	0	0	0	0	0	0	0
Thomas M Cook	(I)	231,079	20,761	0	24,159	8,092	284,091	0
	(II)	0	0	0	0	0	0	0
Ian G Worden	(I)	589,099	124,175	0	44,767	12,128	770,169	0
	(II)	0	0	0	0	0	0	0
Darcy K Burthay	(I)	355,485	42,822	0	33,401	6,619	438,327	0
	(II)	0	0	0	0	0	0	0
Anne F Coleman	(I)	240,520	55,965	0	41,173	50,548	388,206	0
	(II)	0	0	0	0	0	0	0
Martha L Durall	(I)	188,710	26,422	0	45,568	17,335	278,035	0
	(II)	0	0	0	0	0	0	0
Gary A Fammartino	(I)	196,144	26,285	0	34,855	26,980	284,264	0
	(II)	0	0	0	0	0	0	0
Joanne M Hilden	(I)	278,490	0	0	3,200	13,133	294,823	0
	(II)	0	0	0	0	0	0	0
Jon D Rahman MD	(I)	372,670	82,670	0	61,810	26,410	543,560	0
	(II)	0	0	0	0	0	0	0
Daniel R LeGrand	(I)	372,425	50,291	0	39,246	55,666	517,628	0
	(II)	0	0	0	0	0	0	0
Robert M Lubitz	(I)	311,570	39,684	0	35,655	20,354	407,263	0
	(II)	0	0	0	0	0	0	0
Joseph F Bellflower	(I)	597,757	0	0	19,174	19,698	636,629	0
	(II)	0	0	0	0	0	0	0
James E Sumners	(I)	610,436	87,829	0	47,364	24,405	770,034	0
	(II)	0	0	0	0	0	0	0
Michael F Kaveney	(I)	763,075	12,348	0	28,308	18,198	821,929	0
	(II)	0	0	0	0	0	0	0
William P Didelot	(I)	600,615	0	0	17,902	18,839	637,356	0
	(II)	0	0	0	0	0	0	0
Susan K Maisel	(I)	449,668	106,120	0	31,351	10,675	597,814	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) - See Part V -	- See Part V -	94,695	See Part V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule L, Part IV	Business Transaction Involving Interested Persons	(a) Name of person Sharon L Worden(b) Relationship between interest person and organization Spouse of Ian Worden (Director/COO)(c) Amount of transaction $94,695(d) Description of transaction Sharon L Worden is an employee of St Vincent Hospital and Health Care Center, Inc and receives compensation from the related organization (e) Sharing of organization revenues No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Various equipment)	X	2	26,909	Book value
26	Other ▸( )				
27	Other ▸( )				
28	Other ▸ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Vince Caponi (St Vincent Hospital and Health Care Center, Inc officer/director), Ian Worden (St Vincent Hospital and Health Care Center, Inc officer), & D Kyle DeFur (St Vincent Hospital and Health Care Center, Inc president) are also directors of St Vincent Heart Center of Indiana, LLC, which is treated as a partnership for income tax purposes Gary Fammartino (St Vincent Hospital and Health Care Center, Inc system executive) & D Kyle DeFur (St Vincent Hospital and Health Care Center, Inc president) are also directors of Naab Road Surgery Center, LLC, which is treated as a partnership for income tax purposes Gary Fammartino (St Vincent Hospital and Health Care Center, Inc system executive) & Daniel LeGrand (St Vincent Hospital and Health Care Center, Inc CMO) are also directors of The Surgery Center of Indianapolis, LLC, which is treated as a partnership for income tax purposes Gary Fammartino (St Vincent Hospital and Health Care Center, Inc system executive) & Thomas Cook (St Vincent Hospital and Health Care Center, Inc CFO) are also directors of Women's Physician Surgery Center, LLC, which is treated as a partnership for income tax purposes

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

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

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

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	Compensation determinations of St Vincent Hospital and Health Care Center, Inc 's CEO, executive director, or top management official are made by a compensation committee of St Vincent Hospital and Health Care Center, Inc and/or St Vincent Health, Inc 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, reviewed 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 Compensation determinations of St Vincent Hospital and Health Care Center, Inc 's other officers or key employees are made by a compensation committee of St Vincent Hospital and Health Care Center, Inc and/or St Vincent Health, Inc 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

Identifier	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 Robert J Robison, MD - 40 hours

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -57,909,845

Identifier	Return Reference	Explanation
Total Number of Volunteers	Part I, Line 6	The total number of volunteers for the organization is 290 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

Identifier	Return Reference	Explanation
Tax Exempt Bond Issuance	Part IV, Line 24A	St Vincent Hospital and Health Care 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 Vincent Hospital and Health Care Center, Inc holds an intercompany note payable with Ascension Health, and this information is reported on the balance sheet

Identifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, Line 4a, 4b and 4c	Other key services include Digestive Health, Diabetes Care, Center for Healthy Aging, Center for Joint Replacement, Breast Care Services, Mental Health Services, Surgery Services, Sports Medicine, Emergency Departments (Adult and Pediatric), and Primary Health Care Some of these services operate at a loss in order to ensure that comprehensive services are available to the community 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

Identifier	Return Reference	Explanation
Community Benefit Overview		St Vincent Hospital and Health Care Center 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 St Vincent Hospital and Health Care Center 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 Vincent Hospital and Health Care Center associates and others Community benefit is not the work of a single department or group within St Vincent Hospital and Health Care Center, 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		Community Assessment Duriıng fiscal year 2012, an ınternal group representıng St Vıncent In dıanapolis Hospıtal, St Vıncent Women's Hospıtal, Peyton Manning Chıldren's Hospıtal at St Vıncent, St Vıncent Stress Center, Seton Specialty Hospıtal, and St Vıncent New Hope bega n re-evaluatıng the communıty assessment process and ınıtıatıng a new assessment The grou p ınıtıally revıew ed prımary and secondary data currently avaılable for Marıon County, ınc luding the most frequently utılızed dıagnosıs-related groups reported from hospıtalızatıon s at each facılıty, as w ell as data about the neıghborhoods w here each hospıtal ıs located , provıded by Crooked Creek Communıty Development Corporatıon The group then moved forw ar d ın prıorıtızıng the data and creatıng ımplementatıon strategıes to better serve the comm unıty and provıde for health-related needs to achıeve a better qualıty of lıfe The follow ıng ıs a non-exhaustıve lıst of Communıty Benefıt programs that St Vıncent sponsored ın 20 12 Patıent Servıces for Poor and Vulnerable Hospıtal and outpatıent care ıs provıded to p atıents that cannot pay for servıces, ıncludıng hospıtalızatıons, surgerıes, prescrıptıon drugs, medıcal equıpment and medıcal supplıes Patıents w ıth ıncome less than 200% of the Federal Poverty level (FPL) are eligıble for 100% charıty care for servıces Patıents w ıth ıncomes at or above 200% of the FPL, but not exceedıng 400% of the FPL, receıve dıscounte d servıces based on an ıncome-dependent slıdıng scale Hospıtal fınancıal counselors assıs t patıents ın determınıng eligıbılıty and ın completıng necessary documentatıon Publıc Pr ogram Partıcıpatıon and Enrollment Outreach St Vıncent Hospıtal and Health Care Center par tıcıpates ın government programs ıncludıng Medıcaid, SCHIP (Hoosıer Healthw ıse), Healthy I ndıana Plan (HIP) and Medıcare and assısts patıents and famılıes ın enrollıng for programs for w hıch they are eligıble Per Catholıc Healthcare Associatıon guıdelınes and St Vıncen t Health's conservatıve approach, Medıcare shortfall ıs not ıncluded as communıty benefıt Specıfıc eligıbılıty outreach programs sponsored by St Vıncent ın 2012 ınclude - Hoosıer Healthw ıse Enrollment and Outreach The Hoosıer Healthw ıse Outreach Team partnered w ıth co mmunıty organızatıons to help enroll cıtızens ın Hoosıer Healthw ıse, Healthy Indıana Plan (HIP), Medıcaid Dısabılıty, Presumptıve Eligıbılıty, and St Vıncent Advantage In fıscal y ear 2012, the Outreach team touched the lıves of 8,260 famılıes and completed 2,645 enroll ment applıcatıons for eligıble ındıvıduals and famılıes St Vıncent provıded office space, equıpment and supplıes as w ell as full-tıme coordınatıon and supervısıon of thıs ımportan t outreach Health and Hospıtal Corporatıon's Coverıng Kıds program provıded enrollment st aff St Vıncent funds 50% of the salary costs for three enrollment outreach w orkers throug h an annual grant aw ard to Coverıng Kıds - Qualıfıed Medıcare Beneficıary (QMB) and Specı fıed Low-Income Medıcare Beneficıary (SLMB) St Vıncent's QMB/SLMB team w orked w ıth more th an 2,400 senıors eıther by mail or phone, completıng over 20 applıcatıons w ıth patıents wh o w ere struggling w ıth the fınancıal burden of Medıcare deductıbles and co-payments durıng FY 2012 Theır premıum w as subtracted from theır Socıal Securıty checks ın the amount of anyw here from $96 00 to $150 00 per month The senıors w ere Socıal Securıty recıpıents and Medıcare beneficıarıes of modest means w ho paıd all or some of Medıcare's cost sharıng am ounts (ı e premıums, deductıbles, and co-payments) To qualıfy, ıt w as ımperatıve that th e ındıvıduals w ere eligıble for Medıcare and met certaın ıncome guıdelınes w hıch change an nually The QMB/SLMB team assısts senıors w ıth completıng the applıcatıon to allow them to be refunded the amount they are payıng for Medıcare B and the government then begıns to p ıck up the cost - Senıor Health Insurance Informatıon Program (SHIIP) SHIIP ıs a partners hıp betw een St Vıncent and the Indıana Department of Insurance and fıve traıned volunteer counselors The program has been ın exıstence for nıne years In fıscal year 2012, the cou nselors provıded free and unbıased ınformatıon to 684 senıors w ıth questıons regardıng Med ıcare, Medıcare Supplements, HMOs, Managed Care Plans, Medıcaid and long-term care program s Joshua Max Sımon Prımary Care Center The St Vıncent Joshua Max Sımon Prımary Care Cente r provıdes full-servıce care for the entıre famıly on a slıdıng fee scale, based on need There w ere 74,555 patıent vısıts ın fıscal year 2012, and more than 120,000 vısıts w ere re corded ıncludıng nurse vısıts, pharmacy, and fınancıal counselıng vısıts Approxımately 95 percent of these patıents w ere unınsured/underınsured or w ere eligıble for publıc program s, such as Medıcaıd Approxımately 50 percent of all vısıts w ere by patıents w ıth lımıted Englısh proficıency (ıncludıng many Eastern European, Latıno and Burmese ımmıgrants) Prım ary and preventıve care w as provıded through famıl

Identifier	Return Reference	Explanation
Charity Care and Certain Other Community Benefits at Cost		y medicine, internal medicine, women's health, and pediatric clinics Specialty care, such as general surgery, dermatology, sports medicine, and orthopedics were available, as well as ancillary services including lab, X-ray, pharmacy, financial counseling, legal counseling, parenting classes, and full-time medical interpretation BABE Store Bed And Britches, Etc (BABE) is a community-based program that offers incentives in the form of coupons to parents who seek medical, education and nutritional services for themselves and their children Families earn coupons for seeking prenatal care, well baby care, immunizations, parenting and childbirth education classes, WIC nutrition education, care coordination, and other services Families then redeem the coupons at BABE stores for new or gently-used infant and maternity clothing, cribs, car seats, and other baby supplies During fiscal year 2012, 2,220 families were served through the two BABE stores sponsored by St Vincent Bereavement Services Losing a loved one can be extremely distressing for family members St Vincent Hospice Bereavement Services works with families both before and after the passing of a loved one, helping them cope with their grief The St Vincent bereavement team reviews individual care plans, conducting support phone calls and home visits, and sending out mailings and a bereavement newsletter each month Support groups are provided based on age or relationship to the loved one The Road to Healing and When Grief Is New Grief 101 offers support for the ones left behind shortly after the loss A Daughter's Grief (daughters who have lost their mothers) and Safe Haven (parents who have lost a child) focus on the specific relationship one might have had with the loved one Other support groups include Widow/Widowers and the Lunch Bunch Socialization Group Project Snowflake is designed to provide families with children ages 6 to 16 years an opportunity to grieve and heal together at the holidays The Empty Chair is a grief seminar that focuses on grief support through the holidays The Project Butterfly is a summer family workshop series for grieving families with children ages 4 to 17 years of age Hospice also provides an Art Counseling Program, using drawing and painting to help grieving persons work through their emotional pain During fiscal year 2012, approximately 1,500 families were served through the St Vincent Hospice Bereavement Services Department Car Seat Safety Inspections St Vincent Women's Hospital offers car seat inspections at the Indianapolis campus Inspections are completed by appointment and are free of charge unless it is determined that a replacement seat is needed Replacement seats are available at cost and can be provided at no cost with proof of financial need In addition to the funding provided by St Vincent, a grant from the Automotive Safety Program supports this program During fiscal year 2012, over 200 families were provided car seat safety inspections by St Vincent

Identifier	Return Reference	Explanation
		St Vincent Cancer Care St Vincent Cancer Care devotes key resources to providing education about cancer prevention, healthy lifestyles and the importance of early detection through screenings to central Indiana communities Working with a variety of community organizati ons, including many specifically targeting the underserved, St Vincent Cancer Care has bee n an active participant in health fairs and other community events that educate members of the community about cancer risk factors, healthier lifestyles and the importance of scree ning/early detection, including providing opportunities for low/no cost oral, colorectal, skin, gynecological, lung, breast and prostate cancer screenings St Vincent is also commi tted to ensuring a continuum of care for those w ho are found to need additional diagnostic testing or treatment A key initiative of the St Vincent Center for Cancer Care is the mo bile mammography van In 2012, more than 1,011 w omen w ho w ere uninsured/underinsured recei ved screening mammograms aboard the St Vincent Cancer Care Mobile Mammography Van The mam mograms w ere provided at no charge through a grant from the Susan G Komen for the Cure In dianapolis Affiliate The mobile mammography program allow s St Vincent to overcome key eco nomic, cultural, geographic, and transportation barriers that block access to recommended screening mammograms, early detection, and peace of mind St Vincent coordinates care to e nsure that 100% of w omen w ho are screened and require additional diagnostic testing (appro ximately 15% of w omen screened), or need treatment, w ill have access to the cancer care co ntinuum In addition to deploying the mobile mammography van throughout central Indiana, S t Vincent Cancer Care, in partnership w ith community groups throughout the area, also prov ides education about cancer aw areness, prevention and healthy lifestyles and free/low cost screenings for oral, colorectal, skin, gynecological, lung and prostate cancers Center o f Hope The St Vincent Indianapolis Center of Hope provides expert treatment, advocacy, leg al services coordination, and evidence collection and preservation for victims of violence by an experienced forensic nurse examiner (FNE) A FNE is available around the clock to s ee victims of violent crimes, such as sexual assault, child sexual abuse, domestic violenc e, elder abuse, attempted homicide and physical assault A dedicated and private examinati on room is provided for these vulnerable patients, and specialized equipment has been purc hased to collect and preserve evidence to assist in the successful prosecution of perpetra tors The St Vincent Indianapolis Center of Hope clinical supervisor provides oversight fo r the Center of Hope team, w ho also provide services to the Stress Center and St Vincent W omen's hospital The clinical supervisor w orks closely w ith law enforcement, the judicial system and mental health and social service agencies to help victims access the services t hey need, and to provide expert testimony that assists in securing convictions The Center of Hope is also actively involved in educating the community, health professionals, and o ther law enforcement and advocacy w orkers about issues related to sexual assault and domes tic violence In addition to the support provided by St Vincent, the Center of Hope receiv es funding through grants from the Indiana Criminal Justice Institute The Child Protectio n Center and Child Protection Team More than 110,000 reports of child maltreatment are rep orted in Indiana each year The Child Protection Center at Peyton Manning Children's Hospi tal at St Vincent provides expertise in diagnosis, treatment, and prevention of child abus e The Child Protection Team includes tw o physicians w ho provide medical leadership and ad ministrative coordination, a social w ork coordinator trained in the field of child abuse a nd a nurse w ho is specialized in child maltreatment case management The team w orks w ith h ealth professionals and community agencies to ensure the safety and health of high-risk ch ildren The Child Protection Team has received generous support from the Daughters of Char ity, the Crosser Family Foundation, Duke Energy Inc , and Peyton Manning Children's Hospit al license plate funding The Child Protection Team has become a community leader in child maltreatment prevention They have w orked to bring programs to youth serving organization s to prevent child sexual abuse The team also endorses The Stew ards of Children Program, an adult-focused child sexual abuse prevention training The team has provided education a nd training to local medical providers by presenting a comprehensive best-practices manual to approximately ten medical offices this year As part of our hospital's broader child h ealth advocacy mission, the Child Protection Team is constantly seeking w ays to be part of the community solution to protecting children from abuse Crisis Intervention Training St Vincent Stress Center partners in a Crisis Interv

Identifier	Return Reference	Explanation
		entıon Traınıng for law enforcement offıcers Through thıs program, the Stress Center provıdes general educatıon about mental ıllness, suıcıde prevention educatıon, communıcatıon s kılls, de-escalatıon techniques, and ınformatıon about communıty resources for people ın a mental health crısıs Mental health professıonals and others ın the communıty also provıd e ınstructıon on psychopharmacology and the legal aspects of ınvoluntary treatment The co urses, whıch are endorsed by the Indıana Law Enforcement Academy, are offered free to law enforcement offıcers Approxımately 75-100 offıcers from Marıon, Boone, Hamılton, and John son Counties receıve thıs traınıng each year Dıabetes Educatıon The St Vıncent Dıabetes C enter's team of specıalısts ıncludes certıfıed dıabetes educators who help ındıvıduals bal ance theır dıabetes care wıth theır lıfestyle needs Understandıng as much as possıble abo ut dıabetes and ıts management ıs the key to gaınıng control and managıng thıs chronıc con dıtıon Both group and ındıvıdualızed ınstructıon on the self-management of dıabetes help those wıth dıabetes learn to lıve an actıve, healthy lıfestyle, despıte the challenges of theır condıtıon In fıscal year 2012, the educators met wıth and served 936 people wıth dı abetes ın the outpatıent settıng Fıshers Safety Day St Vıncent Medıcal Center Northeast p artnered wıth the Fıshers Fıre Department to host the Fıshers Safety Day ın September The Fıshers Safety Day ıs an event free to the communıty that provıdes hundreds of kıds and p arents the opportunıty to learn about health and safety topıcs ıncludıng fıre safety, emer gency response, health and fıtness and seat belt safety through lıve demonstratıons, hands -on learnıng, and ınteractıve dısplays In fıscal year 2012, over 1,000 communıty members attended Fıshers Safety Day Fresh Start Parentıng Program The St Vıncent Fresh Start to L ıfe Prenatal Educatıon Program provıdes health educatıon, counselıng and support for under -ınsured and unınsured women throughout Central Indıana The program evaluates the most at -rısk women based on household ıncome, language barrıers, health knowledge and access to t ransportatıon Those at the greatest rısk based on these crıterıa were chosen for the Pren atal Educatıon Program, whıch served over 300 women ın fıscal year 2012 Health Faırs and Screenıngs St Vıncent Hospıtal and Health Care Center partıcıpated ın, facılıtated, sponso red and promoted approxımately 246 health faırs and screened over 7,400 partıcıpants durın g fıscal year 2012 Faırs and screenıngs were held ın conjunctıon wıth schools, communıty, state and natıonal organızatıons, local and state government agencıes, and were held at a varıety of conferences and communıty events These events provıded ınvaluable health educ atıon, prevention and screenıngs for thousands of Hoosıers across the state free of charge Healıng and Wellness Support Groups St Vıncent Hospıtal and Health Care Center sponsors a wıde varıety of support groups to help both patıents and famılıes cope wıth sıgnıfıcant health challenges, famıly ıssues, bereavement or grıef ıssues and other mental health conc erns Groups often target partıcular age brackets to ensure that the unıque challenges fac ıng chıldren, teens, adults and senıors are addressed St Vıncent Hospıtal and Health Care Center provıdes expert facılıtatıon, meetıng coordınatıon, materıals and meetıng space fo r each support group

Identifier	Return Reference	Explanation
		Health Professions Clinical Training In an effort to prepare future healthcare professiona ls, St Vincent Hospital offers a variety of clinical settings and internships to undergrad uate and vocational allied health professionals from Ball State University, Bellmont Unive rsity, Butler University, Central Michigan University, DePauw University, Franklin College , Indiana University, IUPUI, Ivy Tech, Marian University and University of Indianapolis S t Vincent Hospital provides these students experience in clinical settings w ith the follow ing programs Psychiatry, Sports Medicine, Physical Therapy, Respiratory Therapy, Nursing, and Pharmacy HIV Care Coordination HIV Care coordination services provide access to heal th coverage, patient assistance programs, and other basic needs such as housing, food and utility assistance The program is coordinated by a licensed clinical social w orker w ho of fers individual, group and family counseling and facilitates a w eekly support group for HI V-diagnosed patients and their families International Pediatric Heart Surgery Project The International Pediatric Heart Surgery Project w as founded as part of The Children's Heart Center and St Vincent's commitment to fulfilling the mission of advocacy and care of the poor Through this effort, St Vincent provided $500,000 in fiscal year 2012 for life-savin g heart surgery for children from impoverished areas, such as Bolivia, Kosovo, Mongolia, H onduras, Kenya, Uganda and Haiti These countries have minimal health care available for t he treatment of congenital heart disease and w ithout surgery these children w ould not surv ive There is no charge to the child's family The cardiothoracic surgeon and physicians o f the Children's Heart Center, as w ell as pediatric anesthesiologists, intensivists, and o ther members of Peyton Manning Children's Hospital at St Vincent donate their skills and t ime in caring for these children Since the first patient arrived in February 2000, the pr ogram has provided life saving care for 97 children This program w orks w ith individual vo lunteers, local church congregations, and organizations such as Samaritan's Purse in order to coordinate and provide transportation, visas, host families, and interpreter services The lives of those w ho have had the opportunity to assist in caring for these children ha ve been touched forever L I F E. (Lifetime Individual Fitness & Eating) for Kids Program Obesity among children has become a national epidemic, particularly in Indiana w here 1 out of 3 children and 2 out of 3 adults are overw eight or obese Life-threatening conditions such as type 2 diabetes, hypertension and heart disease, just to name a few , are also incr easing among this population LIFE for Kids is a yearlong healthy lifestyle w eight managem ent program especially designed for children and adolescents This program w as introduced in 2007 to help families develop healthier eating and physical activity habits through int egrated education and counseling from a multi-disciplinary team that includes a physician, dietitian, behavior therapist, exercise physiologist and registered nurse Medical Educat ion St Vincent Hospital, in affiliation w ith the Indiana University School of Medicine, is a teaching hospital for future professionals in the healthcare field St Vincent Hospital provides a broad range of graduate, undergraduate, and continuing education opportunities to physicians, residents, medical students and physician assistant students through train ing programs in Internal Medicine, Family Medicine, Obstetrics/Gynecology, Pediatrics, Gen eral Surgery and Transitional Medicine, and through continuing medical education Over 160 interns and residents train in these programs each year, and over 400 medical students fr om Indiana University and other medical schools come to St Vincent for patient-focused edu cation In addition, St Vincent provides opportunities for residents and interns to serve the poor in underserved areas of Indiana, as w ell as in underdeveloped countries Resident s can participate in urban, rural, or international medicine rotations in w hich they recei ve a broader perspective on medicine that enhances their capacities as physicians both pro fessionally and spiritually Medical Research St Vincent contributes funds and personnel t o advance medical care The Research & Regulatory Affairs Department assists physicians an d healthcare providers in developing new medical procedures, finding innovative uses for e xisting technologies and participating in clinical trial programs in order to provide pati ents and their families w ith cutting edge technologies and pharmaceuticals Research is be ing conducted in cardiovascular, cancer, neurological, gastrointestinal and orthopedic tre atments as w ell as in additional specialty areas Medical Social Services The Medical Soci al Services Department of St Vincent provides psychosocial services to patients and their families to maximize social functioning and to emp

Identifier	Return Reference	Explanation
		ow er patients and their families The medical social w orkers are all licensed social w orke rs w ith master's degrees The social w orkers connect patients and their families to servic es and in many cases can provide direct assistance for temporary food, clothing, shelter a nd transportation needs Through the w ork of the department, in 2012, 734 community agenci es w ere utilized to assist 29,872 patients and their families w ith achieving their optimal level of health Out of the Darkness Community Walk For the 7th year in a row, St Vincent Stress Center w as a platinum sponsor of the American Foundation for Suicide Prevention Ou t of Darkness Community Walk, w hich promotes aw areness, education, prevention, and interve ntion for suicide and depression disorders Stress Center associates continue to play an i ntegral role in holding this event Associates lead the committee that organizes the w alk, and the Stress Center executive director has been an opening ceremony speaker for each ye ar of the event In fiscal year 2012, the Out of Darkness Community Walk took place on Sep tember 15th Over 1,200 w alkers support the event, w hich raised over $70,000 Project 18 P roject 18, a partnership w ith Peyton Manning Children's Hospital at St Vincent and Ball St ate University, provides a hands on, standards-based, eighteen-w eek curriculum targeting 3 rd through 5th grade students and focusing on nutrition, physical fitness and holistic hea lth Now in its fourth year, Project 18 currently has over 540 registered schools represen ting 76 Indiana counties and 121 cities Project 18 has impacted w ell over 100,000 student s w ith its curriculum and programming Project 18 has also developed partnerships w ith the Indiana State Department of Health, the Indiana Department of Education and the Indiana B lood Center in an effort to increase aw areness, to broaden the base of programs and to inc rease community involvement As the battle against childhood obesity continues, Project 18 encourages young students and their families to eat healthy, exercise regularly and to gi ve back to the community Center for Perinatal Loss St Vincent Women's Center for Perinata l Loss consists of three programs The Resolve Through Sharing Program assists families ex periencing an infant loss w ith their grief journey by providing ongoing emotional and spir itual support through telephone contact, literature, counseling and support group meetings The Perinatal Hospice Program offers support to families during, at the time of, and fol low ing the birth and death of their babies born w ith fatal anomalies The Perinatal Loss E valuation Program helps families deal w ith the pain and trauma experienced w ith the loss o f an infant Through this program, families are assisted in discovering the cause of their baby's stillbirth or neonatal death as they go through their grief journey School and Co mmunity Asthma Program Asthma can be a frightening, debilitating, even life-threatening co ndition, especially for children and their families Peyton Manning Children's Hospital be lieves that providing quality information about asthma and its treatment can empow er child ren and families to better manage the condition, enabling them to participate more fully i n a w ide range of activities The School and Community Asthma Program offers free asthma c lasses for parents, students and teachers in conjunction w ith St Vincent Children's Hospit al and the Asthma Alliance of Indianapolis In fiscal year 2012, more than 5,300 people w e re educated by Happy Healthy Lungs, Asthma, and Anti-Tobacco presentations in 62 different schools throughout the community

Identifier	Return Reference	Explanation
		School Health and Wellness In order to enhance the health of our communities, Peyton Manni ng Children's Hospital at St Vincent has entered into a collaborative agreement w ith local school districts and in some school systems, Learning Well, Inc to establish health cent ers in 31 area schools, 11 Washington Tow nship Schools, 7 Archdiocesan inner-city schools, 8 Zionsville Community Schools, and 5 Beech Grove Community Schools Through these partne rships, Peyton Manning Children's Hospital at St Vincent employs and trains school health personnel, including RNs, LPNs, Certified nurse assistants, and Emergency Medical Technici ans, to w ork in local elementary, middle and high schools, allow ing for consistent health practices across the school systems In addition to staffing school health clinics, Peyton Manning Children's Hospital at St Vincent also employs a school w ellness coordinator w ho w orks closely w ith school administration, faculty, and students to share and coordinate av ailable resources in schools in Marion and Hamilton counties, providing health education, physical fitness testing, w ellness consulting, organizing health and safety fairs and othe r w ellness activities in over 150 schools Geist Half Marathon & 5 K St Vincent Medical Ce nter Northeast w as the lead sponsor of the 5th annual Geist Half Marathon & 5K, w hose caus e is to inspire health and w ellness in the children attending local area schools surroundi ng Geist Reservoir Working closely w ith the greater Geist community, the Geist Half Marat hon raises funds to benefit physical fitness programs w ithin the schools Last year's race sold out, w ith 6,000 registered participants raising money for Geist area schools Over 1 ,300 youth participated in the St Vincent Geist Half Marathon school program, an effort to combat the grow ing problem of childhood obesity St Vincent Medical Center Northeast is p roud to have the opportunity to w ork w ith area schools to promote this fun and healthy eve nt to children by providing both financial and volunteer support for this health and w elln ess initiative Sports Performance Outreach St Vincent provides sports medicine services a t 20 high schools, 16 middle schools and several youth sports organizations Over 20,000 y outh w ere served w ith Outreach athletic training services, sports physicals and injury man agement advice during fiscal year 2012 Speakers Bureau To accommodate the numerous reques ts for professionals to present health promotion education throughout the community, St Vi ncent sponsors a Speakers Bureau and coordinates presentations to a multitude of organizat ions and agencies 338-KIDS and 338-4HER Lines 338-KIDS assists parents in determining the most appropriate level of care depending on their child's symptoms When parents have que stions about their child's health, 338-KIDS provides a direct link to the exclusive nurse advice line at Peyton Manning Children's Hospital at St Vincent This hotline is available 24/7 and has registered nurses standing by to answ er questions about fevers, allergic rea ctions, burns, rashes, accidents and other health-related problems their child may be havi ng During fiscal year 2012, over 13,000 calls w ere taken on this kid's health advice hotl ine St Vincent Women's Hospital encourages w omen to ask questions regarding any health is sues, and is dedicated to assisting them in receiving the help they need Women across Cen tral Indiana are able to call 24 hours a day, seven days a w eek. By calling 317-338-4HER (4437) day or night, individuals are able to reach a health professional w ho can answ er que stions or connect them w ith a doctor, nurse, or other professional w ho w ill advise them on their health issues During fiscal year 2012, over 4,000 calls w ere taken on this w omen's health advice hotline St Vincent Stress Center Education/Support Mental disorders are co mmon in the United States and internationally An estimated 26 2 percent of Americans ages 18 and older, about one in four adults, suffer from a diagnosable mental disorder in a gi ven year Recent statistics suggest roughly seven of every one hundred people suffer depre ssion after age 18 at some point in their lives Depression results in more absenteeism th an almost any other physical disorder and costs American employers more than $51 billion p er year in absenteeism and lost productivity, not including high medical and pharmaceutica l bills The St Vincent Stress Center provides long-term recovery from depression by addre ssing the underlying relationship causes of depression During fiscal year 2012, the St Vi ncent Stress Center of Indiana staff w orked w ith surrounding universities in mentoring and training students in the healthcare field An active program of school integration also r eached out to various schools in Marion, Hamilton, Boone, and Hendricks Counties, providin g valuable and informative lectures on topics such as bullying, peer pressure, alcohol and substance abuse, test performance anxiety, suicid

Identifier	Return Reference	Explanation
		e awareness, and peer pressure Between these two initiatives, staff spent over 1,500 hours of time teaching, supervising, and delivering behavioral health presentations to over 25 different schools Safe Sleep Peyton Manning Children's Hospital at St Vincent and St Vin cent Women's Hospital joined forces with The Children's Museum in promoting various kids' health issues In an effort to reduce the incidence of sudden infant death syndrome, St Vi ncent provided free sleep sacks, in exchange for crib bumper pads, to infant caregivers wh o brought crib bumper pads to the concierge desk at The Children's Museum The bumper pads were then recycled and the materials used to make quilts which were donated to local shel ters Smoke-free Air Advocacy St Vincent Indianapolis Hospital President, Kyle DeFur, test ified in favor of HB1149, which would ban smoking in most public places The bill passed o ut of the House Public Health Committee by a vote of 9-3 The hearing on the bill lasted m ore than two hours Mr DeFur told legislators, "Secondhand smoke is the third leading pre ventable cause of disability and early death after active smoking and alcohol in the Unite d States For every eight smokers wh o die from smoking, one innocent bystander dies from s econdhand smoke " Women's Health and Wellness St Vincent Medical Center Northeast held a f ree women's health and wellness event where more than 200 women received free health scree nings and educational materials Staff at St Vincent Medical Center Northeast screened for cholesterol/glucose, bone density, balance, skin analysis, skin cancer, hearing, sleep di sorders, and stroke Participants also received free seminars and demonstrations on stress management, weight loss, heart healthy cooking, and skin care Parish Nursing Parish nurs es provide health education, counseling, and health advocacy for their congregation St Vi ncent provides scholarships to registered nurses who wish to complete a parish nurse train ing program All denominations are supported by the parish nursing program which provides educational materials and health supplies to the faith communities they serve A parish nu rse program coordinator, employed by St Vincent, provides oversight for the program and en sures parish nurses receive ongoing professional education In fiscal year 2012, scholarsh ips were provided to two nurses who obtained their Faith Community Nursing certification t hrough the University of Indianapolis and are now serving in two local area parishes The program also sponsored one parish nurse to attend the 2012 Pregnant & Parenting Teen Confe rence, and three parish nurses to attend the St Vincent Center for Healthy Aging Geriatric Conference In addition, two educational seminars were held in fiscal year 2012 on Adult Immunizations and Project Health Community Benefit Cash and In-Kind Contributions In addi tion to the outreach programs operated by the hospital, St Vincent makes cash and in-kind donations to a variety of community organizations focused on improving health status in th e community These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees working to improve health status and quality of life wi thin the community In fiscal year 2012, these organizations included American Cancer Soc iety, American Foundation for Suicide Prevention, American Heart Association, Asthma Allia nce, Zionsville Schools, Indianapolis Public Schools, Hoosier Village, Health and Hospital Corporation, Gennesaret Free Clinic, Morning Dove, and YMCA

Identifier	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 Back Pack Attack Eighty-three percent of Indianapolis Public School families cannot afford the basic school supplies their children need requiring many teachers to spend their own money to operate their classrooms St Vincent has joined with other local partners to participate in the Back Pack Attack Program The program provides school supplies to over 16,000 children There are several designated days to hand out back packs to the children Also, a teacher is given a container full of school supplies to use throughout the year Hope for the Holidays Each year, St Vincent associates reach into their own pockets to purchase Christmas gift items for families in need During their work time, department associates contact families, create needs list, collect donations, shop for items, wrap gifts and deliver food and packages to these families Reach Out and Read Early Literacy Program Reach Out and Read is a national early literacy program designed to take advantage of the access pediatricians have to children who are in their critical early years (6 months to 5 years) of cognitive and language development Across Indiana, physician-based sites distribute thousands of new books each year to Hoosier children and their families In the State of Indiana, physicians and nurses have been trained in the program, including the health care professionals at the St Vincent Primary Care Center United Way Day of Caring St Vincent associates are given time during their regular work day to participate in the United Way Day of Caring making this community wide effort a gift of time, effort and skills by participating organizations In fiscal year 2012, associates sponsored an IPS school by taking a fenced-in area and creating a community garden Associates also painted and furnished the parent community room and teacher lounge at the school Unity Development Center and After School Program The St Vincent Unity Development Center (UDC) offers Kids With a Mission (KWAM), an after-school program that provides a fun, safe, learning atmosphere During 2012, KWAM served approximately 39 students in K-6th grades who attend a school in the service community As part of KWAM, youth were offered homework assistance, character education, field trips, Project SEED, Arts with A Heart, Indianapolis Children's Choir/Sounds Sensation classes, and more Snacks and free transportation were provided UDC also provided a Brother2Brother and Sister2Sister mentoring program that focused on instilling morals and values for approximately 14 students (middle to high school age) UDC also partners with 100 Black Men of Indianapolis, Inc to provide a Summer Academy to children in K-8th grades who reside in Marion County for a minimal charge The Academy prides itself on offering participants educational, cultural, and leisure activities to which they may not otherwise be exposed Some activities included reading and math enhancement, field trips, community service projects, and cultural activities In fiscal year 2012, approximately 123 children attended the seven-week program Crooked Creek Neighborhood Partnerships The neighborhood surrounding the St Vincent Indianapolis Hospital campus, Crooked Creek, is one of the largest culturally and economically diverse neighborhoods in the city of Indianapolis Over the past decade, Crooked Creek has experienced significant decline due to home foreclosures and business closures, resulting in vacant homes and buildings throughout the area St Vincent Indianapolis Hospital was instrumental in founding the Crooked Creek Community Development Corporation (CDC) whose mission is to improve housing, public infrastructure, and commercial areas for all who live, work, and visit this northwest Indianapolis community Crooked Creek CDC initiatives in fiscal year 2012 included - The HUB is a place where neighbors gather, learn and work. The HUB is open to all residents and businesses for use as a resource center, meeting place, or workplace Visitors can gather information and take classes on home and business ownership, or connect with services offered by Indianapolis Neighborhood Housing Partnership, Business Ownership Initiative, or Michigan Road Business Association A gallery for local art provides the back drop for a kind of living room where residents can gather and share ideas - The Crooked Creek Farmer's Market provides convenient access to locally-grown, healthy food choices and provides local farmers with the opportunity to sell their locally-grown produce to contribute to the health and economic vitality of the Crooked Creek Community - The Fay Biccard Glick Neighborhood Center at Crooked Creek provides programs for families living on

Identifier	Return Reference	Explanation
Community Building Activities		Indianapolis' northwest side including employment, energy and emergency assistance, English as a Second Language, food pantry, senior wellness, before/after school care, Skool of MADD Arts, recreational programs, early childhood development, GED, pre-college enrichment and summer camp St Vincent STAR Job Readiness Program The STAR Program aims to enrich lives and provide job readiness skills to individuals in Marion and surrounding counties who are facing significant barriers to employment, but have a sincere desire to gain and maintain a job The STAR Program reaches out to both disadvantaged individuals and those who find themselves in situational stress due to a recent job loss, or an inability to find employment For many individuals, the program has not only resulted in a job, but has been life-transforming Participants meet for six weeks in a classroom setting, where they gain and/or enhance job readiness and life skills Following classroom training, students are placed with mentors throughout various departments in St Vincent Hospital including patient registration, food services, and housekeeping Four sessions of STAR classes were offered in fiscal year 2012 More than 270 STARS have gone on to sustain full-time employment since the program's inception Community Building Cash and In-Kind Contributions The hospital makes cash and in-kind donations to a variety of community organizations focused on building the community These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees working to improve infrastructure for the community In fiscal year 2012, these organizations included Fay Biccard Glick Neighborhood Center, Greater Indianapolis Chamber of Commerce, Indiana Youth Institute, Indianapolis Children's Choir, Holy Family Shelter, Horizon House, Julian Center, Lutheran Child and Family Services, United Way and YMCA

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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	723,127	5,783,692	Central Indiana Health System Cardiac Services Inc
(2) HRH SVH Real Estate Development Co LLC 10330 N Meridian Ste 430N Indianapolis, IN 46290 27-2933470	Land holding company	IN	-53	3,078	StVincent Health Inc
(3) StJoseph Primary Care LLC 1907 W Sycamore Street Kokomo, IN 46901 74-2979291	Physician practices	IN	2,466,221	1,093,367	StJoseph Hospital & Health Center Inc
(4) Quality Healthcare Solutions LLC 8425 Harcourt Road Indianapolis, IN 46260 27-2818049	Health care consulting	IN	12,511,241	33,190,971	StVincent Health Inc
(5) StVincent Physician Network LLC 10330 N Meridian Ste 300 Indianapolis, IN 46290 20-1338729	Physician practices	IN	75,733,004	24,853,307	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-0869066
Name: StVincent Hospital and Health Care Center Inc

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National health system	MO	501(C)(3)	11A, I	N/A		No
Central Indiana Health System Cardiac Services Inc 2001 W 86th Street Indianapolis, IN 46260 35-1869951	Freestanding outpatient center	IN	501(C)(3)	11C, III-FI	StVincent Hospital & Health Care Center Inc	Yes	
Jubilee Partnerships Inc 2301 N Park Avenue Indianapolis, IN 46205 35-2060765	Outreach activities	IN	501(C)(3)	1	StVincent Hospital & Health Care Center Inc	Yes	
Rehabilitation Hospital of Indiana Inc 4141 Shore Drive Indianapolis, IN 46254 35-1786005	Rehabilitation hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StJohn's Foundation Inc 2015 Jackson Street Anderson, IN 46016 35-2053693	Supporting organization	IN	501(C)(3)	11A, I	StVincent Madison County Health System Inc	Yes	
StJoseph Hospital & Health Center Inc 1907 W Sycamore Street Kokomo, IN 46901 35-0992717	Hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StJoseph Foundation of Kokomo Indiana Inc 1907 W Sycamore Street Kokomo, IN 46901 23-7313206	Supporting organization	IN	501(C)(3)	11A, I	StJoseph Hospital & Health Center Inc	Yes	
StVincent Carmel Hospital Inc 13500 N Meridian Street Carmel, IN 46032 74-3107055	Hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Clay Hospital Inc 1206 E National Avenue Brazil, IN 47834 35-2112529	Critical access hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Dunn Hospital Inc 1600 23rd Street Bedford, IN 47421 27-2192831	Critical access hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Fishers Hospital Inc 13861 Olio Road Fishers, IN 46037 45-4243702	Hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Frankfort Hospital Inc 1300 S Jackson Frankfort, IN 46041 35-2099320	Critical access hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Frankfort Hospital Foundation Inc 1300 S Jackson Frankfort, IN 46041 35-1531734	Supporting organization	IN	501(C)(3)	11A, I	StVincent Frankfort Hospital Inc	Yes	
StVincent Health Inc 8425 Harcourt Road Indianapolis, IN 46260 35-2052591	Parent company	IN	501(C)(3)	11C, III-FI	Ascension Health		No
StVincent Hospital Foundation Inc 10330 N Meridian Street Ste 430N Indianapolis, IN 46290 35-6088862	Supporting organization	IN	501(C)(3)	11A, I	StVincent Hospital & Health Care Center Inc	Yes	
StVincent Jennings Hospital Inc 301 Henry Street North Vernon, IN 47265 35-1841606	Critical access hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Madison County Health System Inc 1331 South A Street Elwood, IN 46036 35-0876389	Hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Medical Group Inc 8425 Harcourt Road Indianapolis, IN 46260 27-2039417	Physician professional services	IN	501(C)(3)	9	StVincent Health Inc	Yes	
StVincent Mercy Hospital Foundation Inc 1331 South A Street Elwood, IN 46036 31-1066871	Supporting organization	IN	501(C)(3)	11A, I	StVincent Madison County Health System Inc	Yes	
StVincent New Hope Inc 8450 N Payne Road Indianapolis, IN 46260 35-1733591	Intermediate care facility	IN	501(C)(3)	9	StVincent 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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
StVincent Pediatric Rehab Center Inc 1707 W 86th Street Indianapolis, IN 46260 35-2048898	Specialty hospital	IN	501(C)(3)	3	StVincent Hospital & Health Care Center Inc	Yes	
StVincent Randolph Hospital Inc 473 Greenville Avenue Winchester, IN 47394 35-2103153	Critical access hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Randolph Hospital Foundation Inc 473 Greenville Avenue Winchester, IN 47394 35-2133006	Supporting organization	IN	501(C)(3)	11A, I	StVincent Randolph Hospital Inc	Yes	
StVincent Salem Hospital Inc 911 N Shelby Street Salem, IN 47167 27-0847538	Critical access hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Seton Specialty Hospital Inc 8050 Township Line Road Indianapolis, IN 46260 35-1712001	Long term care hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Williamsport Hospital Inc 412 N Monroe Street Williamsport, IN 47993 35-0784551	Critical access hospital	IN	501(C)(3)	3	StVincent Health Inc	Yes	
StVincent Williamsport Hospital Foundation Inc 412 N Monroe Street Williamsport, IN 47993 74-3130159	Supporting organization	IN	501(C)(3)	11A, I	StVincent Williamsport Hospital Inc	Yes	
SVSM Inc 2001 W 86th Street Indianapolis, IN 46260 81-0607827	Holding company	IN	501(C)(3)	11A, I	StVincent Health Inc	Yes	

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 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Breast MRI Leasing Company LLC 10330 N Meridian St Ste 430N Indianapolis, IN 46290 42-6662493	Sale and rental services	IN	StVincent Hospital and Health Care Center Inc	Related	175,851	43,187		No			No	50 000 %
Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150 Carmel, IN 46032 32-0014795	Ambulatory surgery center	IN	StVincent Carmel Hospital Inc	Related	5,550,103	2,123,722		No			No	45 000 %
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN 46250 35-1985233	Home care IV/infusion services	IN	StVincent Hospital and Health Care Center Inc	Related	21,594			No			No	
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN 46250 35-1999227	Case management	IN	StVincent Hospital and Health Care Center Inc	Unrelated	225,965	1,948,010		No			No	50 000 %
Endoscopy Center LLC 13421 Old Meridian St Ste 150 Carmel, IN 46032 32-0029881	Endoscopy center	IN	StVincent Carmel Hospital Inc	Related	739,619	386,382		No			No	51 000 %
Fishers Ambulatory Surgery Center LLC 136914 E State Road 238 Fishers, IN 46037 26-2001288	Ambulatory surgery center	IN	StVincent Hospital and Health Care Center Inc	Related	-277,416	1,482,158		No			No	81 720 %
Hancock Physician Network LLC 801 N State Street Greenfield, IN 46140 35-2051598	Primary care physician practices	IN	StVincent Hospital and Health Care Center Inc	Related	-2,449,051	1,776,331		No			No	50 000 %
HCH SVH Cath Lab Services LLC 1000 N 16th Street New Castle, IN 47362 45-2087950	Cath lab services	IN	StVincent Health Inc	Related	1,742	1,794,248		No			No	50 000 %
Lafayette Heart Program Holding LLC 11515 W Dragoon Trail Mishawaka, IN 46544 38-3750811	Cardiac care services	IN	Central Indiana Health System Cardiac Services Inc	Related		8,000,000		No			No	49 000 %
Meridian Heights Associates LLC 6100 W 96th Street Ste 250 Indianapolis, IN 46278 26-4020296	Real estate holding	IN	StVincent Carmel Hospital Inc	Related	-509,229	2,230,351		No			No	50 000 %
Neuro Oncology Equipment LLC 10330 N Meridian St Ste 430N Indianapolis, IN 46290 74-3103803	Sale and rental services	IN	StVincent Hospital and Health Care Center Inc	Related	169,059	1,983,633		No			No	50 000 %
StVincent HealthUSP LLC 15305 Dallas Pkwy Ste 1600 Addison, TX 75001 20-3749962	Ambulatory surgery center	IN	StVincent Health Inc	Related	140,666	445,060		No			No	50 000 %
StVincent Heart Center of Indiana LLC 10580 N Meridian Street Indianapolis, IN 46290 36-4492612	Heart hospital	IN	Central Indiana Health System Cardiac Services Inc	Related	18,258,387	78,629,927		No			No	74 080 %
Women's Physician Surgery Center LLC 8081 Township Line Road Indianapolis, IN 46260 35-2086841	Ambulatory surgery center	IN	StVincent Hospital and Health Care Center Inc	Related	-57,227	264,483		No			No	58 900 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Ascension Health	B	38,041,313	Fair market value
(2)	StJoseph Hospital & Health Center Inc	C	2,500,000	Fair market value
(3)	StVincent Hospital Foundation Inc	C	4,966,126	Fair market value
(4)	StVincent Hospital Foundation Inc	B	1,531,943	Fair market value
(5)	StVincent Carmel Hospital Inc	C	10,000,000	Fair market value
(6)	StVincent Health Inc	B	54,938,816	Fair market value
(7)	StVincent Madison County Health System Inc	C	1,000,000	Fair market value
(8)	StVincent Medical Group Inc	B	62,925,279	Fair market value
(9)	StVincent Medical Group Inc	C	71,729	Fair market value

Additional Data

Software ID:
Software Version:
EIN: 35-0869066
Name: StVincent Hospital and Health Care Center Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J Albert Smith Jr Chair	50	X		X				0	0	0
James G Sinclair Vice Chair	50	X		X				0	0	0
Gilbert F Viets Secretary	50	X		X				0	0	0
Sister Virginia Delaney Director	50	X						0	0	0
Charles J Garcia Director	50	X						0	0	0
Malcolm Bell Herring MD Director	50	X						0	0	0
Needham Richard Hurst Director	50	X						0	0	0
Michael B Mason Director	50	X						0	0	0
Sister Theresa Peck DC Director	50	X						0	0	0
Robert J Robison MD Director	50	X						279,512	0	16,681
Susan W Brooks Director	50	X						0	0	0
Ronald L Young II MD Director - Physician	40 00	X						106,667	0	0
Vincent C Caponi Ex Officio - CEO St Vincent	40 00	X		X				2,023,222	0	80,859
D Kyle DeFur Director - President SVHHC	40 00	X		X				553,055	0	27,509
James L Nevin MD Director - President Medical Staff	40 00	X						103,528	0	0
Thomas M Cook CFO	40 00			X				251,840	0	32,251
Ian G Worden COO	40 00			X				713,274	0	56,895
Darcy K Burthay CNO/COO	40 00			X				398,307	0	40,020
Anne F Coleman Administrator	40 00				X			296,485	0	91,721
Martha L Durall Executive Director	40 00				X			215,132	0	62,903
Gary A Fammartino System Executive	40 00				X			222,429	0	61,835
Joanne M Hilden VP Medical Affairs	40 00				X			278,490	0	16,333
Jon D Rahman MD Senior VP - CMO	40 00				X			455,340	0	88,220
Daniel R LeGrand CMO	40 00				X			422,716	0	94,912
Robert M Lubitz VP Research Academic Affairs	40 00				X			351,254	0	56,009

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph F Bellflower Physician	40 00					X		597,757	0	38,872
James E Sumners Physician	40 00					X		698,265	0	71,769
Michael F Kaveney Physician	40 00					X		775,423	0	46,506
William P Didelot Physician	40 00					X		600,615	0	36,741
Susan K Maisel Physician	40 00					X		555,788	0	42,026

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
StVincent Hospital and Health Care Center Inc	Form 990 Page 10	35-0869066

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
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 property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	33,335,825
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**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—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	479,720

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

St Vincent Health, Inc
Member of Ascension Health, a subsidiary
of Ascension Health Alliance
Years Ended June 30, 2012 and 2011
With Report of Independent Auditors

St. Vincent Health, Inc.

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2012 and 2011

Contents

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, 2012 and 2011, 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, 2012 and 2011, 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

Ernst & Young LLP

September 11, 2012

St. Vincent Health, Inc.

Consolidated Balance Sheets

(Dollars in Thousands)

	June 30	
	2012	**2011**
Assets		
Current assets		
Cash and cash equivalents	**$ 31,714**	$ 125,982
Short-term investments	**34,820**	37,093
Interest in investments held by Ascension Health Alliance	**39,018**	–
Accounts receivable, less allowances for uncollectible accounts ($76,835 and $78,503 in 2012 and 2011, respectively)	**266,705**	248,265
Current portion of assets limited as to use	**2,244**	2,200
Estimated third-party payor settlements	**41,816**	6,022
Inventories	**22,648**	20,881
Other	**39,539**	31,393
Total current assets	**478,504**	471,836
Assets limited as to use and other long-term investments	**70,564**	1,748,905
Interest in investments held by Ascension Health Alliance	**1,762,133**	–
Property and equipment		
Land and improvements	**60,199**	59,481
Building and equipment	**1,444,709**	1,407,510
Construction in progress	**40,415**	14,600
Less accumulated depreciation	**1,039,823**	986,472
Total property and equipment, net	**505,500**	495,119
Other assets		
Goodwill and other intangible assets	**189,562**	182,121
Investment in unconsolidated entities	**76,940**	75,854
Other	**27,289**	31,259
Total other assets	**293,791**	289,234
Total assets	**$ 3,110,492**	$ 3,005,094

See accompanying notes.

	June 30	
	2012	**2011**
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	**$ 11,779**	$ 2,419
Accounts payable and accrued liabilities	**259,475**	246,909
Estimated third-party payor settlements	**41,037**	28,136
Current portion of self-insurance liabilities	**3,380**	3,217
Other	**12,967**	14,279
Total current liabilities	**328,638**	294,960
Noncurrent liabilities		
Long-term debt	**331,266**	343,044
Pension and other postretirement liabilities	**88,156**	78,365
Other	**31,224**	38,901
Total noncurrent liabilities	**450,646**	460,310
Total liabilities	**779,284**	755,270
Net assets		
Unrestricted		
Controlling interest	**2,263,544**	2,183,135
Noncontrolling interests	**10,281**	9,772
Unrestricted net assets	**2,273,825**	2,192,907
Temporarily restricted – controlling interest	**40,888**	40,468
Permanently restricted – controlling interest	**16,495**	16,449
Total net assets	**2,331,208**	2,249,824
Total liabilities and net assets	**$ 3,110,492**	$ 3,005,094

See accompanying notes.

St. Vincent Health, Inc.

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended June 30	
	2012	**2011**
Operating revenue		
Net patient service revenue	**$ 2,181,825**	$ 2,078,088
Other revenue	**104,415**	87,310
Income from unconsolidated entities, net	**19,227**	16,898
Net assets released from restrictions for operations	**3,086**	3,355
Total operating revenue	**2,308,553**	2,185,651
Operating expenses		
Salaries and wages	**873,518**	817,374
Employee benefits	**212,662**	227,800
Purchased services	**189,741**	172,384
Professional fees	**112,486**	100,550
Supplies	**281,315**	284,134
Insurance	**8,539**	8,447
Bad debts	**120,284**	142,051
Interest	**12,966**	15,502
Depreciation and amortization	**86,815**	86,380
Medicaid tax	**57,761**	–
Other	**194,794**	185,278
Total operating expenses before impairment and nonrecurring gains (losses), net	**2,150,881**	2,039,900
Income from operations before impairment and nonrecurring gains (losses), net	**157,672**	145,751
Impairment and nonrecurring gains (losses), net	**52,336**	(2,286)
Income from operations	**210,008**	143,465
Nonoperating (losses) gains		
Investment (loss) return	**(33,255)**	262,149
Loss from unconsolidated entities	**(2,484)**	(191)
Other	**(6,172)**	(13,148)
Total nonoperating (losses) gains, net	**(41,911)**	248,810
Excess of revenues and gains over expenses and losses	**168,097**	392,275
Less excess of revenue and gains over expenses and losses attributable to noncontrolling interest	**7,484**	6,901
Excess of revenues and gains over expenses and losses attributable to controlling interest	**160,613**	385,374

Continued on next page

St. Vincent Health, Inc.

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

(Dollars in Thousands)

	Year Ended June 30	
	2012	**2011**
Unrestricted net assets, controlling interest		
Excess of revenues and gains over expenses and losses	**$ 160,613**	$ 385,374
Pension and other postretirement liability adjustments	**(44,314)**	68,149
Transfers to sponsor and other affiliates, net	**(40,782)**	(60,992)
Net assets released from restrictions for property acquisitions	**4,071**	2,734
Other	**821**	(4,953)
Increase in unrestricted net assets, controlling interest	**80,409**	390,312
Unrestricted net assets, noncontrolling interest		
Excess of revenues and gains over expenses and losses	**7,484**	6,901
Distributions of capital	**(7,000)**	(7,463)
Other	**25**	(1,139)
Increase (decrease) in unrestricted net assets, noncontrolling interest	**509**	(1,701)
Temporarily restricted net assets		
Contributions and grants	**8,160**	11,356
Net change in unrealized (losses) gains on investments	**(1,600)**	2,699
Investment return	**1,590**	1,731
Net assets released from restrictions	**(7,157)**	(6,089)
Other	**(573)**	(855)
Increase in temporarily restricted net assets	**420**	8,842
Permanently restricted net assets		
Contributions	**102**	98
Net change in unrealized (losses) gains on investments	**(117)**	315
Investment return	**109**	87
Other	**(48)**	(6)
Increase in permanently restricted net assets	**46**	494
Increase in net assets	**81,384**	397,947
Net assets, beginning of the year	**2,249,824**	1,851,877
Net assets, end of the year	**$ 2,331,208**	$ 2,249,824

See accompanying notes

St. Vincent Health, Inc.

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30	
	2012	**2011**
Operating activities		
Increase in net assets	**$ 81,384**	$ 397,947
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Depreciation and amortization	**86,815**	86,380
Provision for bad debts	**120,284**	142,051
Deferred pension costs	**44,314**	(68,149)
Interest, dividends, and net losses (gains) on investments	**34,972**	(265,163)
Loss on sale of assets, net	**31**	1,027
Impairment and nonrecurring (gains) losses, net	**(52,336)**	2,286
Transfers to sponsor and other affiliates, net	**40,782**	60,992
Restricted contributions, investment return, and other	**(9,340)**	(12,411)
Income from unconsolidated entities, net	**(16,743)**	(16,707)
Distributions from unconsolidated entities	**21,359**	20,847
Noncontrolling interest activity	**6,975**	8,602
(Increase) decrease in		
Short-term investments	**2,273**	(1,691)
Accounts receivable	**(138,724)**	(179,195)
Inventories and other current assets	**(10,874)**	(110)
Investments, including interest in investments held by Ascension Health Alliance	**(157,665)**	(17,574)
Other assets	**5,993**	(13,081)
Increase (decrease) in		
Accounts payable and accrued liabilities	**12,301**	41,221
Estimated third-party payor settlements, net	**(22,893)**	681
Other current liabilities	**(1,312)**	16,243
Other noncurrent liabilities	**15,851**	28,646
Net cash provided by operating activities	**63,447**	232,842
Investing activities		
Property and equipment and software additions	**(98,737)**	(65,431)
Proceeds from sale of property and equipment and other assets	**212**	318
Capital contributions to unconsolidated entities	**(5,702)**	(4,488)
Acquisition of assets	**(5,038)**	–
Net cash used in investing activities	**(109,265)**	(69,601)
Financing activities		
Repayment of long-term debt	**(2,419)**	(85,312)
Purchase of units from noncontrolling members	**–**	(1,139)
Distributions to noncontrolling interest partners	**(7,000)**	(7,463)
Other noncontrolling interest activity	**25**	–
Other financing activities	**(7,614)**	6,964
Transfers to sponsor and other affiliates, net	**(40,782)**	(60,992)
Restricted contributions, investment return, and other	**9,340**	12,411
Net cash used in financing activities	**(48,450)**	(135,531)
Net (decrease) increase in cash and cash equivalents	**(94,268)**	27,710
Cash and cash equivalents at beginning of year	**125,982**	98,272
Cash and cash equivalents at end of year	**$ 31,714**	$ 125,982

See accompanying notes

1. Organization and Mission

Organizational Structure

St Vincent Health, Inc (the Corporation) is a member of Ascension Health In December 2011, Ascension Health Alliance became the sole corporate member and parent organization of Ascension Health, a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 21 of the United States and the District of Columbia In addition to serving as the sole corporate member of Ascension Health, Ascension Health Alliance serves as the member or shareholder of various other subsidiaries Ascension Health Alliance, its subsidiaries, and the Health Ministries are referred to collectively from time to time hereafter as the System

Ascension Health Alliance is sponsored by Ascension Health Ministries, a Public Juridic Person The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St Vincent de Paul in the United States, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, and the Congregation of Alexian Brothers of the Immaculate Conception Province – American Province

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

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

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 a controlling 74 1% of St Vincent Heart Center of Indiana, LLC (SVHCI), a freestanding cardiac hospital in Carmel, Indiana

- *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 and cardiovascular surgeons SVMG became part of the Corporation effective July 1, 2010

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 1% 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 The transaction was financed primarily through a promissory note with a final payment made on July 1, 2012

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 is operated under the Corporation's subsidiary SVMG

The Corporation purchased Women's Health Alliance, PC (WHA) and Coest Laboratories, Inc (COEST) effective April 1, 2012, for a total purchase price of $1,548 WHA is a group of obstetrics and gynaecology physicians WHA and COEST are operated under the Corporation's subsidiary St Vincent Carmel Hospital, Inc

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

1. Organization and Mission (continued)

Mission

The System 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 the System'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 The System 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

- 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)

(Dollars in Thousands)

1. Organization and Mission (continued)

The amount of traditional charity care provided, determined on the basis of cost, excluding the provision for bad debt expense, was approximately $61,943 and $52,740 for the years ended June 30, 2012 and 2011, 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 supplementary information

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 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 accompanying consolidated statements of operations and changes in net assets

	Investment Recorded in Consolidated Balance Sheets as of June 30		Effect on Consolidated Excess of Revenues and Gains Over Expenses and Losses for the Year Ended June 30	
	2012	2011	2012	2011
Mid America Clinical Laboratories, LLC	$ 5,664	$ 5,366	$ 2,659	$ 2,924
Naab Road Surgery Center, LLC	1,678	1,549	3,356	2,787
The Surgery Center of Indianapolis, LLC	1,735	1,067	2,411	1,955
Advantage Health Solutions, Inc	6,237	8,380	(2,143)	223
Carmel Ambulatory Surgery Center, LLC	2,008	2,073	5,785	4,898
Lafayette Heart Program Holdings, LLC	8,000	7,800	–	–
Indiana Orthopaedic Hospital, LLC	39,824	40,394	6,012	6,221
Rehabilitation Hospital of Indiana, Inc	1,569	212	1,356	–
Other	10,225	9,013	(2,693)	(2,301)
	$ 76,940	$ 75,854	$ 16,743	$ 16,707

2. Significant Accounting Policies (continued)

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

The Corporation's equity in the net income (loss) of unconsolidated entities is recorded in other operating revenue if the investment relates to providing health care services and is recorded in other nonoperating gains (losses) if the investment relates to activities not related to providing health care services The Corporation recorded $19,227 and $16,898 in other operating revenue for the years ended June 30, 2012 and 2011, respectively The Corporation recorded $(2,484) and $(191) in other nonoperating gains (losses) for the years ended June 30, 2012 and 2011, respectively

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

2. Significant Accounting Policies (continued)

Interest in Investments held by Ascension Health Alliance, Investments and Investment Return

At June 30, 2011 and prior to April 2012, the Corporation held a significant portion of its investments through the Health System Depository (HSD), an investment pool of funds in which the System and a limited number of nonprofit health care providers participated The HSD investments were managed primarily by external investment managers within established investment guidelines The value of the Corporation's investment in the HSD represented the Corporation's pro rata share of the HSD's funds held for participants At June 30, 2011, the Corporation's investment in the HSD was $1,737,672, reflected in cash and cash equivalents, assets limited as to use and other long term investments in the consolidated balance sheet

During the year ended June 30, 2012, the CHIMCO Alpha Fund, LLC (Alpha Fund) was created to hold primarily all investments previously held through the HSD Catholic Healthcare Investment Management Company (CHIMCO), a wholly owned subsidiary of Ascension Health Alliance, acts as a manager and serves as the principal investment advisor for the Alpha Fund within established investment guidelines, including socially responsible investment guidelines In April 2012, a significant portion of the HSD's funds held for participants was transferred to the Alpha Fund, in which Ascension Health Alliance invests funds in the Alpha Fund on behalf of the Corporation As of June 30, 2012, the Corporation has an interest in investments held by Ascension Health Alliance, which is reflected in the consolidated balance sheet, and represents the Corporation's pro rata share of Ascension Health Alliance's investment interest in the Alpha Fund

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 its interest in investments held by Ascension Health Alliance in the accompanying consolidated June 30, 2012 balance sheet as a current or long-term asset, based on liquidity needs as directed by the Corporation and whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Corporation The Corporation reports its other investments, including Foundation investments, in the accompanying balance sheets based upon the long- or short-term nature of the investments and whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Corporation

2. Significant Accounting Policies (continued)

The Corporation's investments, including its interest in investments held by Ascension Health Alliance, are measured at fair value and are classified as trading securities The Alpha Fund's and the HSD's investments, which are required to be recorded at fair value, are classified as trading securities and include pooled short-term investment funds, U S government, state, municipal and agency obligations, asset-backed securities, corporate and foreign fixed income maturities, and equity securities, including private equity securities The Alpha Fund's and HSD's investments also include alternative investments, including investments in real assets, hedge funds, private equity funds, commodity funds and private credit funds, which are valued based on the net asset value of the investments In addition, the Alpha Fund participates, and the HSD participated, in securities lending transactions whereby a portion of its investments is loaned to selected brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned

Purchases and sales of investments are accounted for on a trade-date basis Investment returns are comprised of dividends, interest, and gains and losses on the Corporation's investments, as well as the Corporation's return on its interest in investments held by Ascension Health Alliance and the HSD, and 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

Inventories

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

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software 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 (expensed), application development stage (capitalized), or post-implementation stage (expensed) Intangible assets are included in other noncurrent assets in the accompanying consolidated balance sheets and are comprised of the following

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

	June 30 2012	2011
Goodwill	**$ 103,838**	$ 101,694
Capitalized computer software costs	**134,779**	110,516
Accumulated amortization computer software costs	**(67,519)**	(50,977)
Other finite life intangibles	**24,948**	24,021
Accumulated amortization of other finite life intangibles	**(6,484)**	(3,133)
Total intangible assets	**$ 189,562**	$ 182,121

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

Computer software costs are amortized over a range of 3 to 7 years Other finite life intangibles include lease acquisition costs and assumed contracts and are amortized over a range of 5 to 10 years Total amortization expense for 2012 and 2011 was $19,893 and $17,353, respectively The five-year amortization of computer software and other finite life intangibles is as follows 2013 – $19,574, 2014 – $16,059, 2015 – $13,509, 2016 – $12,368, and 2017 – $8,009

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 2012 and 2011 was $66,922 and $69,027, 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 Net interest capitalized in 2012 was $175

Several capital projects have remaining construction and related equipment purchase commitments of approximately $16,055 as of June 30, 2012

2. Significant Accounting Policies (continued)

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 required future asbestos remediation in certain hospital buildings Asset retirement obligations of $9,053 and $8,598 as of June 30, 2012 and June 30, 2011, respectively, are recorded in other noncurrent liabilities in the accompanying consolidated balance sheets During 2012 and 2011, there were no retirement obligations incurred and settled Accretion expense of $455 and $435 was recorded in 2012 and 2011, respectively

Noncontrolling Interest

The consolidated financial statements include all assets, liabilities, revenue and expenses of less than 100% owned or controlled entities the Corporation controls in accordance with applicable accounting guidance Accordingly, the Corporation has reflected a noncontrolling interest for the portion of net assets not owned or controlled by the Corporation separately on the consolidated balance sheets

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 includes 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

2. Significant Accounting Policies (continued)

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

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 including 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 $22,483 and $20,664 for the years ended June 30, 2012 and 2011, respectively

2. Significant Accounting Policies (continued)

During 2012 and 2011, approximately 29% of net patient service revenue was received under the Medicare program During 2012 and 2011, approximately 10% and 7%, respectively, was received 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 net accounts receivable at June 30, 2012 include Medicare (17%), Medicaid (8%), Blue Cross (18%), managed care and commercial (42%), and self-pay (15%) Significant concentrations of net accounts receivable at June 30, 2011 include Medicare (17%), Medicaid (9%), Blue Cross (19%), managed care and commercial (36%), and self-pay (19%)

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

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, 2012 and 2011, receivables subject to this arrangement were $21,280 and $18,245, respectively, and are included in other current assets The Corporation estimates its recourse obligation, which is reflected in accounts payable and other accrued liabilities

2. Significant Accounting Policies (continued)

Hospital Assessment Fee

The Indiana Hospital Association (IHA) and the Office of Medicaid Policy and Planning (OMPP) worked together to develop and implement a hospital assessment fee program as enacted by the 2011 Session of the Indiana General Assembly The Centers for Medicare and Medicaid Services (CMS) approved the state plan amendment necessary to implement these changes with an effective date of July 1, 2011 The program will continue through June 30, 2013 Under this program, OMPP will collect an assessment fee from eligible hospitals The fee will be used in part to increase reimbursement to eligible hospitals for services provided in both fee-for-service and managed care programs, and as the state share of disproportionate share hospital (DSH) payments During 2012, the Corporation incurred $57,761 in Medicaid tax under this program, which is reflected in total operating expenses in the accompanying 2012 consolidated statement of operations and changes in net assets The Corporation earned additional Hospital Assessment Fee (HAF) reimbursement of $103,741, which is reflected in net patient service revenue in the accompanying 2012 consolidated statement of operations and changes in net assets

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 (ARRA) included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments

The Corporation recognized revenue from Medicaid incentive payments after it adopted certified EHR technology Incentive payments totaling $2,908 for the year ended June 30, 2012, are included in total operating revenue in the accompanying consolidated statement of operations and changes in net assets

2. Significant Accounting Policies (continued)

Impairment and Nonrecurring Gains (Losses), Net

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on discounted net cash flows or other estimates of fair value

During the years ended June 30, 2012 and 2011, the Corporation recorded total impairment expense, offset by nonrecurring gains of $52,336 and $(2,286), respectively For the year ended June 30, 2012, this amount was comprised of long-lived asset impairments of approximately $(1,830) related to the termination of an information technology service contract and nonrecurring pension curtailment gain of approximately $54,166 For the year ended June 30, 2011, this amount was comprised of long-lived asset impairments of approximately $(2,286) related to the termination of an information technology service contract

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 (the 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

At June 30, 2012, the Corporation has a net operating loss carryforward of $12,500 which results in a deferred tax asset of $4,577 for federal and state income tax purposes These losses expire in varying amounts from 2024 through 2031 A valuation allowance has been recorded for the full amount of the deferred asset related to the net operating loss carryforwards due to the uncertainty regarding their use

SVHCI members have elected, under the applicable provisions of the 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

2. Significant Accounting Policies (continued)

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 2011 consolidated financial statements to conform to the 2012 presentation Such reclassifications had no impact on the change in net assets

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, 2012, the Corporation evaluated subsequent events through September 11, 2012, representing the date on which the financial statements were available to be issued During this period, there were no subsequent events that required recognition or disclosure in the financial statements Additionally, there were no nonrecognized subsequent events that required disclosure other than those disclosed in the Subsequent Events note

Adoption of New Accounting Standards

In January 2010, the Financial Accounting Standards Board (FASB) issued its accounting standards update (ASU) entitled *Improving Disclosure about Fair Value Measurements* in ASU No 2010-06 This standard update clarified certain fair value measurement guidance and required that additional fair value measurement disclosures be made The Corporation adopted a portion of this guidance during the fiscal year ended June 30, 2010, and the remaining requirements as of July 1, 2011, as required The disclosure updates adopted as of July 1, 2011 result in the provision of additional detail within the reconciliation of beginning and ending balances for assets and liabilities measured at fair value, whose fair value inputs are based on significant unobservable inputs (i e Level 3 assets and liabilities) Those additional disclosure requirements are provided in the Fair Value Measurements notes The adoption of this guidance did not have a material impact on the Corporation's consolidated financial statements for the year ended June 30, 2012

2. Significant Accounting Policies (continued)

In August 2010, the FASB issued its accounting standards update entitled *Measuring Charity Care for Disclosure* in ASU No 2010-23 The provisions of this update require health care entities to disclose charity care based on cost measurements, defined as the direct and indirect costs of providing the charity care The Corporation adopted this guidance on July 1, 2011, however, as the Corporation has historically used cost-based measure for the calculation and disclosure of its charity care, the adoption of this guidance did not have a material impact on the Corporation's consolidated financial statements for the year ended June 30, 2012

Also, in August 2010, the FASB issued its accounting standards update entitled *Presentation of Insurance Claims and Related Insurance Recoveries* in ASU No 2010-24 This update applies to health care entities, and clarifies that the liabilities associated with malpractice claims or other similar liabilities must not be presented net of related anticipated insurance recoveries Additionally, this guidance requires that such claim liabilities be calculated without consideration of insurance recoveries The Corporation adopted the guidance in this accounting standards update as of July 1, 2011 The adoption of this guidance did not have a material impact on the Corporation's consolidated financial statements for the year ended June 30, 2012

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS)* This accounting standards update provides clarifications to certain existing fair value measurements guidance, and includes updated guidance for certain fair value measurement principles and disclosures The Corporation adopted this guidance as of January 1, 2012 The adoption of this guidance did not have a material impact on the Corporation's consolidated financial statements for the year ended June 30, 2012

In July 2011, the FASB issued ASU No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debt and the Allowance for Doubtful Accounts for Certain Health Care Entities* This accounting standards update requires healthcare entities that recognize significant amounts of patient service revenue at the time services are rendered to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue in the statement of operations rather than as operating expense Additional disclosures relating to sources of patient service revenue and the allowance for uncollectible accounts are also required This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011 The Corporation plans to adopt the provisions of this accounting standards update as of and for the year ended June 30, 2013, and retrospectively apply the presentation requirements to all periods presented

(Dollars in Thousands)

3. Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, and Assets Limited as to Use and Other Long-Term Investments

At June 30, 2012, the Corporation's investments are comprised of its interest in investments held by Ascension Health Alliance and certain other investments, including investments held and managed by the Corporation's foundations At June 30, 2011, the Corporation's investments were comprised of the Corporation's pro rata share of the HSD's funds held for participants and certain other investments, including 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 Assets limited as to use primarily include investments restricted by donors In June 2011, the Board of Trustees released the board designation on a majority of the funded depreciation accounts The Corporation's cash, cash equivalents, interest in investments held by Ascension Health Alliance and assets limited as to use and other long-term investments are reported in the accompanying consolidated balance sheets as presented in the following table

	June 30	
	2012	**2011**
Cash and cash equivalents	**$ 31,714**	$ 125,982
Short-term investments	**34,820**	37,093
Current portion of assets limited as to use	**2,244**	2,200
Board-designated investments	**15,425**	15,112
Assets limited as to use		
Temporarily or permanently restricted	**55,139**	54,717
Other long-term investments	–	1,679,076
Total assets limited as to use and other long-term investments	**139,342**	1,914,180
Interest in investments held by Ascension Health Alliance	**1,801,151**	–
Total	**$ 1,940,493**	$ 1,914,180

(Dollars in Thousands)

3. Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, and Assets Limited as to Use and Other Long-Term Investments (continued)

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

	June 30	
	2012	**2011**
Cash and cash equivalents	**$ 37,468**	$ 68,601
Short-term investments	**34,820**	37,093
U S government obligations	**2,471**	4,149
Corporate and foreign fixed income investments	**17,229**	8,889
Asset-backed securities	**111**	3,358
Equity securities	**31,996**	37,976
International securities	**10,625**	11,591
Private equity and other investments	**1,460**	1,351
Other assets limited as to use	**3,162**	3,500
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use and other long-term investments	**139,342**	176,508
Interest in investments held by Ascension Health Alliance	**1,801,151**	–
Pro rata share of HSD funds held for participants	–	1,737,672
Cash and cash equivalents, short-term investments, interest in investments held by Ascension Health Alliance, assets limited as to use and other long-term investments	**$ 1,940,493**	$ 1,914,180

(Dollars in Thousands)

3. Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, and Assets Limited as to Use and Other Long-Term Investments (continued)

As of June 30, 2012 and 2011, the composition of total Alpha Fund and HSD investments is as follows

	June 30	
	2012	**2011**
Cash, cash equivalents and short-term investments, including pooled short-term investment funds	**4.7%**	6 9%
U S government obligations	**32.1**	27 4
Asset-backed securities	**10.3**	15 8
Corporate and foreign fixed income maturities	**9.0**	11 3
Equity, private equity and other investments	**43.9**	38 6
	100.0%	100 0%

Investment return recognized by the Corporation is summarized as follows

	Year Ended June 30	
	2012	**2011**
Return on interest in investments held by Ascension Health Alliance and investment return in HSD	**$ (34,825)**	$ 250,281
Interest and dividends	**2,960**	2,090
Net (losses) gains on investments reported at fair value	**(1,489)**	12,792
Restricted investment income	**81**	1,818
Total investment return	**$ (33,273)**	$ 266,981
Investment return included in nonoperating (losses) gains	**$ (33,255)**	$ 262,149
(Decrease) increase in restricted net assets	**(18)**	4,832
Total investment return	**$ (33,273)**	$ 266,981

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

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) that are readily available in active markets or exchanges for identical assets or liabilities on the reporting date

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly Level 2 pricing inputs include prices quoted for similar investments in active markets or exchanges or prices quoted for identical or similar investments in markets that are not active 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

Level 3 – Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability Inputs to the determination of fair value for Level 3 assets and liabilities require management judgment and estimation

4. Fair Value Measurements (continued)

As of June 30, 2012 and 2011, 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, interest rate and par value Cash and cash equivalents and additional short-term investments include 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

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

U.S. government, state, municipal and agency obligations

The fair value of investments in U S government, state, municipal and agency 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 maturities

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

4. Fair Value Measurements (continued)

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

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 and other 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 the 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

Alternative investments consist of hedge funds, private equity funds, and real estate partnerships Alternative investments are valued using net asset values as determined by external investment managers

As discussed in the Significant Accounting Policies and the Cash and Cash Equivalents, Interest in Investments Held by Ascension Health Alliance, and Assets Limited as to Use and Other Long-Term Investment notes, the Corporation has an investment in investments held by Ascension Health Alliance and certain other investments, such as those investments held and managed by foundations As of June 30, 2012, 17%, 52%, and 31% of total Alpha Fund assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2, and

(Dollars in Thousands)

4. Fair Value Measurements (continued)

Level 3 inputs, respectively, while 0%, 100%, and 0% of total Alpha Fund 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, 2011, 31%, 67%, and 2% of total HSD assets that were 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 were measured at fair value on a recurring basis were measured based on Level 1, Level 2, and Level 3 inputs, respectively

The following table summarizes fair value measurements, by level, at June 30, 2012, 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, 2012				
Cash and cash equivalents	$ 5,424	$ 294	$ –	$ 5,718
Short-term investments	10,512	24,308	–	34,820
U S government obligations	–	2,471	–	2,471
Corporate and foreign fixed income investments	–	17,229	–	17,229
Asset-backed securities	–	111	–	111
Equity investments	28,968	3,028	–	31,996
International securities	10,625	–	–	10,625
Subtotal of assets at fair value	55,529	47,441	–	102,970
Assets not measured at fair value				36,372
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use and other long-term investments				$ 139,342
Deferred compensation assets, included in other noncurrent assets, invested in				
Equity securities	$ 9,123	$ –	$ –	$ 9,123
Guaranteed pooled fund	$ –	$ –	$ 1,543	$ 1,543

(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 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, 2011				
Cash and cash equivalents	$ 11,805	$ 322	$ –	$ 12,127
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 investments	35,076	2,900	–	37,976
International securities	11,591	–	–	11,591
Subtotal of assets at fair value	69,801	45,382	–	115,183
Assets not measured at fair value				61,325
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use and other long-term investments				$ 176,508
Deferred compensation assets, included in other noncurrent assets, invested in				
Equity securities	$ 7,599	$ –	$ –	$ 7,599
Guaranteed pooled fund	$ –	$ –	$ 1,161	$ 1,161

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)

(Dollars in Thousands)

4. Fair Value Measurements (continued)

During the years ended June 30, 2012 and 2011, 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, 2010, was $963, purchases, issuances, and settlements were $149, and transfers into Level 3 were $49 The balance at July 1, 2011, was $1,161, purchases, issuances, and settlements were $239, and transfers into Level 3 were $143, resulting in an ending balance at June 30, 2012, of $1,543

5. Long-Term Debt

Long-term debt consists of the following

	June 30	
	2012	**2011**
Intercompany debt with Ascension Health Alliance, payable in installments through November 2051, interest (3 79% and 3 88% at June 30, 2012 and 2011, respectively) adjusted based on the prevailing blended market interest rate of underlying debt obligations	**$ 333,878**	$ 336,296
Notes payable with The Care Group, LLC and other related entities, payable July 2, 2012, interest at 4 25%	**9,167**	9,167
	343,045	345,463
Less current portion	**(11,779)**	(2,419)
Long-term debt, less current portion	**$ 331,266**	$ 343,044

(Dollars in Thousands)

5. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt are as follows

Year ending June 30	
2013	$ 11,779
2014	4,942
2015	5,090
2016	4,249
2017	5,238
Thereafter	311,747
Total	$ 343,045

Certain members of Ascension Health Alliance formed the Ascension Health Credit Group (Senior Credit Group) Each Senior Credit Group member is identified as either a senior obligated group member, senior designated affiliate, 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 Alliance Though senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI, Ascension Health Alliance may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including repayment of the outstanding obligations Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with Ascension Health Alliance with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation 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

5. Long-Term Debt (continued)

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates 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 Alliance Though subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI, Ascension Health Alliance may cause each subordinate designated affiliate to transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with Ascension Health Alliance, with stipulated repayment terms and conditions, each subject to the governing law of the subordinate 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 39 years

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

5. Long-Term Debt (continued)

The carrying amounts of intercompany debt with Ascension Health Alliance 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, 2012, the Senior Credit Group has a line of credit of $1,000,000, which may be used as a source of funding for unremarketed variable rate debt (including commercial paper) or for general corporate purposes, toward which bank commitments totaling $1,000,000 extend to November 9, 2014 As of June 30, 2012 and 2011, there were no borrowings under the line of credit

As of June 30, 2012, 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 27, 2012 As of June 30, 2012, $26,607 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 of Senior and Subordinate Credit Group members is $4,451,285, which represents 41% of the combined unrestricted net assets of the Senior and Subordinate Credit Group members at June 30, 2012

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 27 years The maximum potential amount of future payments the Senior and Subordinate Credit Groups could be required to make under its guarantees and other commitments at June 30, 2012, is approximately $170,000

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

5. Long-Term Debt (continued)

During the years ended June 30, 2012 and 2011, interest paid was approximately $13,141 and $15,502, respectively Capitalized interest was approximately $175 for the year ended June 30, 2012

6. Pension Plans

The Corporation participates in the Ascension Health Pension Plan (the Ascension 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 Plan, a noncontributory defined benefit pension plan, which covers substantially all eligible employees of certain System 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 $18,156 in 2012 and $46,785 in 2011 was charged to the Corporation Additionally, net periodic pension cost for non-Ascension Health Pension Plans of $491 in 2012 and $144 in 2011 was charged to the Corporation 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

During the year ended June 30, 2012, the System approved and communicated to employees a redesign of associate retirement benefits, which affects the Ascension Plan, as well as provides an enhanced comprehensive defined contribution plan These changes will become effective January 1, 2013 These changes resulted in the Corporation's recognition of a nonrecurring curtailment gain of $54,166 during the year ended June 30, 2012 These changes also resulted in one-time decreases to the projected benefit obligation of $74,664 The projected benefit obligation is included in pension and other postretirement liabilities in the accompanying consolidated balance sheets

6. Pension Plans (continued)

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, 2012, the Ascension Plan had a net unfunded liability of $267,828 The Corporation's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying consolidated balance sheets at June 30, 2012 and 2011, was $85,367 and $76,365, respectively Additionally, the Corporation's allocated share of the non-Ascension Plan's net unfunded liability reflected in the accompanying consolidated balance sheets at June 30, 2012 and 2011, was $2,789 and $2,000, respectively As a result of updating the funded status of the Ascension Plan, Ascension Health transferred an additional pension liability of $65,166 to the Corporation during 2012 As a result of updating the funded status of the Ascension Plan, the Corporation's allocated share of the Ascension Plan's net funded liability was reduced by $51,342 during 2011 These transfers are included in pension and other postretirement liability adjustments in the accompanying consolidated statements of operations and changes in net assets

As of June 30, 2012 and 2011, the fair value of the Ascension Plan's assets available for benefits was $3,948,293 and $3,616,141, respectively As discussed in the Fair Value Measurements note, the Corporation, as well as the System, follows a three-level hierarchy to categorize assets and liabilities measured at fair value In accordance with this hierarchy, as of June 30, 2012, 16%, 51%, and 33% 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, respectively With respect to the Ascension Plan's liabilities that are measured at fair value on a recurring basis, 6%, 87%, and 7% were categorized as Level 1, Level 2, and Level 3, respectively, as of June 30, 2012 Additionally, 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, 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, respectively, as of June 30, 2011

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 $13,886 and $13,114 for the years ended June 30, 2012 and 2011, 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 $1,471 and $1,409 for the years ended June 30, 2012 and 2011, 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 2012 and 2011

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 on-shore 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 through Ascension Health of $3,091 and $5,345 for the years ended June 30, 2012 and 2011, respectively Included in current self-insurance liabilities on the accompanying consolidated balance sheets are professional and general liability loss reserves of approximately $3,380 and $3,217 at June 30, 2012 and 2011, respectively

In addition, the Corporation maintains professional and general liability coverage for its physician groups through outside insurance agencies Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is professional and general liability expense related to physician coverage of $3,330 and $1,277 for the years ended June 30, 2012 and 2011, respectively

(Dollars in Thousands)

7. Self-Insurance Programs (continued)

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

Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is workers' compensation expense of $5,288 and $5,810 for the years ended June 30, 2012 and 2011, 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, 2012 and 2011, the liability for such covered medical and dental claims was $9,700 and $7,630, 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 terms of one year or more are as follows

Year ending June 30	
2013	$ 31,808
2014	27,930
2015	22,852
2016	18,728
2017	16,246
Thereafter	19,828
Total	$ 137,392

(Dollars in Thousands)

8. Lease Commitments (continued)

The Corporation has subleased certain of its space under the operating leases reported on the previous page Total future minimum rents to be received under noncancelable subleases with terms of one year or more are $1,932

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

Year ending June 30	
2013	$ 1,030
2014	1,022
2015	1,008
2016	1,008
2017	1,008
Thereafter	33,429
Total	$ 38,505

Rental expense under operating leases amounted to $53,016 and $53,028 in 2012 and 2011, 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-leaseback transactions, and as such, certain gains on the sales were deferred As of June 30, 2012 and 2011, net deferred gains of $1,050 and $1,598, 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 the System or its other sponsored organizations, including risk management, retirement services, treasury, debt management, executive management support, internal audit services, administrative services, biomedical engineering 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 by the System 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 the System 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 $112,528 and $101,208 for the years ended June 30, 2012 and 2011, respectively

In addition to the charges discussed above, the Corporation made payments to the System of $35,819 and $35,505 for the years ended June 30, 2012 and 2011, representing the Corporation's share of costs to fund a System-wide information technology and process standardization project that is expected to continue through December 2014 Also, during the years ending June 30, 2012 and 2011, the Corporation transferred cash and investments of $4,935 and $25,487, 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 $31,008 of laboratory services in 2012 ($28,581 in 2011) from Mid America Clinical Laboratories, LLC (MACL) SVHHS is a 25% owner of MACL

The Corporation paid $577 and $802 to Suburban Health Organization (SHO) in 2012 and 2011, respectively, for items such as physician recruitment dues, third-party administration (TPA) services, and network development SHO processed $45,303 and $34,150 in claim payments for the Corporation in 2012 and 2011, respectively SVH is a Class D stockholder of SHO

The Corporation paid $1,688 and $708 to NeuroOncology Equipment, LLC (Novalis) in 2012 and 2011, respectively, for rental of equipment SVHHS is a 50% owner of Novalis

The Corporation paid $1,800 and $1,635 to United Hospital Services, LLC (UHS) in 2012 and 2011, respectively, for laundry services SVHHS is a 16 7% owner of UHS

9. Related-Party Transactions (continued)

The Corporation paid $615 to Breast MRI Leasing Company, LLC (Breast MRI) in both 2012 and 2011 for rental of equipment SVHHS is a 50% owner of Breast MRI

The Corporation paid $2,400 and $3,000 to Orthopaedic Consulting Services, LLC (OCS) in 2012 and 2011, 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 ($8,210 at June 30, 2012), 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 has been recorded in the accompanying consolidated balance sheets of $90 and $212 in 2012 and 2011, respectively, 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 $5,272 at June 30, 2012, 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

The Corporation provides professional services to some of its joint ventures The revenue received for these services was $41,747 and $33,194 in 2012 and 2011, 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 other members of Ascension Health The revenue recorded for these services was $1,710 and $1,458 in 2012 and 2011, 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 balance sheets

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 cardioverter 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 2004 and extending through the present time Through September 11, 2012, 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 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 $6,836 and $3,208 at June 30, 2012 and 2011, respectively, and are included in other 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 $7,217 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 $4,157 at June 30, 2012

11. Subsequent Events

St Mary's Health, Inc (SMH) transferred its corporate membership from Ascension Health to the Corporation effective July 1, 2012 As of this date, the Corporation serves as the sole corporate member of SMH The fiscal year 2013 financial statements will include SMH's financial results and assets and liabilities The 2012 financial statements will be restated to include the historical operations and balances of SMH when the comparative 2013 financial statements are issued

Supplementary Information

Report of Independent Auditors on Supplementary Information

The Board of Directors
St Vincent Health, Inc

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheet as of June 30, 2012, 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, 2012 and 2011, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst + Young LLP

September 11, 2012,
except for Note 1 on the Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs, as to which the date is
October 29, 2012

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2012
(Dollars in Thousands)

	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	$ 31,714	$ –	$ 3,438	$ –	$ 2,615	$ 455	$ 692	$ 11,331
Short-term investments	34,820	–	–	–	4 004	–	–	27,816
Interest in investments held by Ascension Health Alliance	39,018	–	739	–	2,358	1,324	63	–
Accounts receivable, less allowances for uncollectible accounts of $76,835	266,705	–	–	–	14,386	25,289	–	13,481
Current portion of assets limited as to use	2,244	–	–	–	–	456	–	–
Estimated third-party payor settlements	41,816	–	–	–	1,326	4,169	–	29
Inventories	22,548	–	10	–	1,707	3,559	–	1,227
Other	39,539	(71,654)	61,470	–	1,261	3,733	–	1,723
Total current assets	478,504	(71,654)	65.657	–	27,657	38,985	755	55,607
Assets limited as to use and other long-term investments	70,564	–	51	–	1,433	4,673	–	20
Interest in investments held by Ascension Health Alliance	1,762,133	–	12,930	–	122,348	63,161	47,097	–
Property and equipment.								
Land and improvements	60,199	–	1,084	–	3,716	7,723	7,139	–
Building and equipment	1,444,709	–	118,811	–	133,996	131,080	–	66,157
Construction in progress	40,415	–	1,557	–	1,977	1,314	–	256
Less accumulated depreciation	1,039,823	–	101,483	–	104,788	106,192	1,540	41,673
Total property and equipment, net	505,500	–	19,969	–	34,901	33,925	5,599	24,740
Other assets								
Goodwill and other intangible assets	189,562	–	65,756	–	18	7	46,756	275
Investment in unconsolidated entities	76,940	–	10,084	–	357	–	8,000	–
Other	27,289	(39,173)	53,511	535	134	301	–	67
Total other assets	293,791	(39,173)	129,351	535	509	308	54,756	342
Total assets	$ 3,110,492	$ (110,827)	$ 227 958	$ 535	$ 186,848	$ 141,052	$ 108,207	$ 80,709

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2012
(Dollars in Thousands)

	St. Vincent Hospital and 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	$ 5,728	$ 683	$ 297	$ 1,036	$ 28	$ 834	$ 1,038	$ 432
Short-term investments	–	–	438	–	17	10	–	147
Interest in investments held by Ascension Health Alliance	11,037	3,082	2,097	3,795	473	1,673	1,378	1,370
Accounts receivable, less allowances for uncollectible accounts of $76,835	145,521	5,638	2,713	19,357	2,614	2,759	1,932	1,908
Current portion of assets limited as to use	–	–	6	–	–	–	–	–
Estimated third-party payor settlements	28,817	–	660	1	1,097	636	4	1,050
Inventories	11,690	157	170	832	412	424	–	381
Other	28,633	1,627	461	6,952	1,069	606	21	378
Total current assets	231,426	11,187	6,842	31,973	5,710	6,942	4,373	5,666
Assets limited as to use and other long-term investments	113	–	147	–	944	273	–	156
Interest in investments held by Ascension Health Alliance	827,001	10,705	9,878	481,645	19,567	27,616	273	30,624
Property and equipment:								
Land and improvements	31,112	24	1,003	4,376	722	315	939	226
Building and equipment	719,671	11,268	28,266	101,406	23,959	18,540	7,862	8,706
Construction in progress	26,943	84	–	7,227	55	224	–	–
Less accumulated depreciation	524,405	8,812	17,403	63,055	11,381	12,219	5,974	5,940
Total property and equipment, net	253,321	2,564	11,866	49,954	13,355	6,860	2,827	2,992
Other assets:								
Goodwill and other intangible assets	35,268	–	8	1,705	5	–	–	–
Investment in unconsolidated entities	53,972	–	–	4,527	–	–	–	–
Other	4,755	397	507	89	1,705	939	–	14
Total other assets	93,995	397	515	6,321	1,710	939	–	14
Total assets	$ 1,405,856	$ 24,853	$ 29,248	$ 569,893	$ 41,286	$ 42,630	$ 7,473	$ 39,452

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2012
(Dollars in Thousands)

	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	$ 1,112	$ 347	$ 33	$ 115	$ 432	$ 109	$ 608	$ 351
Short-term investments	–	–	–	–	–	–	–	2,388
Interest in investments held by Ascension Health Alliance	1,342	456	459	1,357	1,634	1,262	1,730	1,389
Accounts receivable, less allowances for uncollectible accounts of $76,835	2,314	1,860	2,153	3,018	10,728	–	11,034	–
Current portion of assets limited as to use	–	–	–	–	–	–	–	1,782
Estimated third-party payor settlements	679	614	526	1,817	–	–	391	–
Inventories	244	207	275	606	198	–	549	–
Other	115	152	979	322	535	1,284	264	(392)
Total current assets	5,806	3,636	4,425	7,235	13,527	2,655	14,576	5,518
Assets limited as to use and other long-term investments	610	204	63	31	–	–	13	61,833
Interest in investments held by Ascension Health Alliance	26,999	3,494	3,701	507	–	13,694	57,622	3,271
Property and equipment:								
Land and improvements	280	529	–	160	–	–	851	–
Building and equipment	12,493	17,804	1,601	9,194	10,867	68	22,960	–
Construction in progress	109	46	51	368	154	–	50	–
Less accumulated depreciation	7,192	8,799	342	2,607	6,683	52	9,283	–
Total property and equipment, net	5,690	9,580	1,310	7,115	4,338	16	14,578	–
Other assets:								
Goodwill and other intangible assets	–	–	1,080	9	21,849	16,826	–	–
Investment in unconsolidated entities	–	–	–	–	–	–	–	–
Other	437	889	1,667	295	207	–	13	–
Total other assets	437	889	2,747	304	22,056	16,826	13	–
Total assets	$ 39,542	$ 17,803	$ 12,246	$ 15,192	$ 39,921	$ 33,191	$ 86,802	$ 70,622

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2012
(Dollars in Thousands)

	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	$ 11,779	$ (3,561)	$ 357	$ –	$ 132	$ 126	$ 696	$ 3,561
Accounts payable and accrued liabilities	259,475	–	28,039	–	10,833	15,309	51	10,586
Estimated third-party payor settlements	41,037	–	–	–	1,934	2,486	–	2,092
Current portion of self-insurance liabilities	3,380	–	–	–	1	48	–	–
Other	12,967	(71,654)	2,051	–	2,874	2,105	8,479	1,092
Total current liabilities	328,638	(75,215)	30,447	–	15,774	20,074	9,226	17,331
Noncurrent liabilities:								
Long-term debt	331,266	(35,612)	45,235	–	16,799	15,965	–	35,611
Pension and other postretirement liabilities	88,156	–	85,972	–	–	–	–	–
Other	31,224	–	12,399	–	1,661	675	–	–
Total noncurrent liabilities	450,646	(35,612)	143,606	–	18,460	16,640	–	35,611
Total liabilities	779,284	(110,827)	174,053	–	34,234	36,714	9,226	52,942
Net assets:								
Unrestricted:								
Controlling interest	2,263,544	–	53,854	535	151,181	99,209	78,448	41,088
Noncontrolling interests	10,281	–	–	–	–	–	20,533	(13,341)
Unrestricted net assets	2,273,825	–	53,854	535	151,181	99,209	98,981	27,747
Temporarily restricted – controlling interest	40,888	–	51	–	1,037	4,620	–	20
Permanently restricted – controlling interest	16,495	–	–	–	396	509	–	–
Total net assets	2,331,208	–	53,905	535	152,614	104,338	98,981	27,767
Total liabilities and net assets	$ 3,110,492	$ (110,827)	$ 227,958	$ 535	$ 186,848	$ 141,052	$ 108,207	$ 80,709

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2012
(Dollars in Thousands)

	St. Vincent Hospital and 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.
Liabilities and net assets								
Current liabilities:								
Current portion of long-term debt	$ 4,790	$ 2	$ 92	$ 168	$ 114	$ 63	$ 14	$ 4
Accounts payable and accrued liabilities	117,349	6,528	2,099	14,644	2,198	2,068	1,419	3,603
Estimated third-party payor settlements	19,590	–	3,145	1,437	1,184	1,711	29	1,526
Current portion of self-insurance liabilities	3,123	–	1	206	1	–	–	–
Other	6,476	46,969	477	1,437	361	734	747	1,025
Total current liabilities	151,328	53,499	5,814	17,892	3,858	4,576	2,209	6,158
Noncurrent liabilities:								
Long-term debt	172,039	291	11,681	21,342	14,518	7,998	1,729	500
Pension and other postretirement liabilities	–	–	–	–	–	110	918	349
Other	11,039	–	21	907	1,540	814	–	–
Total noncurrent liabilities	183,078	291	11,702	22,249	16,058	8,922	2,647	849
Total liabilities	334,406	53,790	17,516	40,141	19,916	13,498	4,856	7,007
Net assets:								
Unrestricted:								
Controlling interest	1,068,330	(28,937)	11,610	529,405	18,437	27,733	2,344	32,289
Noncontrolling interests	–	–	–	240	2,399	–	–	–
Unrestricted net assets	1,068,330	(28,937)	11,610	529,645	20,836	27,733	2,344	32,289
Temporarily restricted – controlling interest	3,120	–	122	107	500	1,399	273	156
Permanently restricted – controlling interest	–	–	–	–	34	–	–	–
Total net assets	1,071,450	(28,937)	11,732	529,752	21,370	29,132	2,617	32,445
Total liabilities and net assets	$ 1,405,856	$ 24,853	$ 29,248	$ 569,893	$ 41,286	$ 42,630	$ 7,473	$ 39,452

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2012
(Dollars in Thousands)

	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 liabilities:								
Current portion of long-term debt	$ 33	$ 85	$ –	$ 62	$ 2,963	$ 2,075	$ 3	$ –
Accounts payable and accrued liabilities	1,745	1,317	1,593	2,878	31,116	1,401	4,674	25
Estimated third-party payor settlements	1,255	1,429	768	1,380	–	–	1,071	–
Current portion of self-insurance liabilities	–	–	–	–	–	–	–	–
Other	647	312	464	5,128	759	747	1,699	38
Total current liabilities	3,680	3,143	2,825	9,448	34,838	4,223	7,447	63
Noncurrent liabilities:								
Long-term debt	4,153	10,768	–	7,817	–	–	432	–
Pension and other postretirement liabilities	–	134	303	–	370	–	–	–
Other	43	882	1,166	–	–	–	–	77
Total noncurrent liabilities	4,196	11,784	1,469	7,817	370	–	432	77
Total liabilities	7,876	14,927	4,294	17,265	35,208	4,223	7,879	140
Net assets:								
Unrestricted								
Controlling interest	31,291	2,223	7,889	(2,104)	4,713	28,968	78,910	26,128
Noncontrolling interests	–	450	–	–	–	–	–	–
Unrestricted net assets	31,291	2,673	7,889	(2,104)	4,713	28,968	78,910	26,128
Temporarily restricted – controlling interest	375	203	63	31	–	–	13	28,798
Permanently restricted – controlling interest	–	–	–	–	–	–	–	15,556
Total net assets	31,666	2,876	7,952	(2,073)	4,713	28,968	78,923	70,482
Total liabilities and net assets	$ 39,542	$ 17,803	$ 12,246	$ 15,192	$ 39,921	$ 33,191	$ 86,802	$ 70,622

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2012
(Dollars in Thousands)

	Consolidated St. Vincent Health	Reclassifications and Eliminations	St. Vincent Health, Inc.	St. Joseph Hospital & Health Center, Inc.	Saint John's Health System	Cardiac Services and Newco	St. Vincent Heart Center of Indiana, LLC	St. Vincent Hospital and Health Care Center, Inc.
Operating revenue:								
Net patient service revenue	$ 2,181,825	$ (25)	$ –	$ 134,886	$ 205,799	$ –	$ 133,902	$ 1,117,023
Other revenue	104,415	(9,924)	3,832	1,994	14,469	154	621	58,520
Income (loss) from unconsolidated entities	19 227	–	1,698	–	–	–	–	11,711
Net assets released from restrictions for operations	3 086	–	20	83	140	–	13	2,293
Total operating revenue	2,308 553	(9,949)	5,550	136,963	220,408	154	134,536	1,189,547
Operating expenses:								
Salaries and wages	873,518	–	(1,693)	45,546	72,799	1,328	31,392	378 970
Employee benefits	212,662	(298)	(959)	12,505	20,724	404	8,533	95,390
Purchased services	189,741	(9)	87 817	7,142	5,937	–	6,184	53,739
Professional fees	112,486	(9,228)	19,028	3,878	20,855	12	6,807	49.953
Supplies	281,315	–	977	14,677	32,858	–	30,169	151,250
Insurance	8,539	–	–	408	239	–	155	3,799
Bad debts	120 284	–	1,800	12,060	13,674	–	808	51,720
Interest	12,966	–	(540)	630	599	352	2,236	6,426
Depreciation and amortization	86 815	–	19,081	5,202	4,865	50	3,959	33,816
Medicaid tax	57,761	–	–	6 304	8,812	–	3,772	28,557
Other	194,794	(414)	(133 283)	13,654	26,133	5,260	15,712	193,615
Total operating expenses before impairment and nonrecurring gains (losses), net	2,150 881	(9,949)	(7,772)	122,006	207,495	7,406	109,727	1,046,235
Income (loss) from operations before impairment and nonrecurring gains (losses), net	157,672	–	13,322	14,957	12,913	(7,252)	24,809	143,312
Impairment and nonrecurring gains (losses), net	52,336	–	3,192	3,230	5,075	–	–	24,115
Income (loss) from operations	210,008	–	16,514	18,187	17,988	(7,252)	24,809	167,427
Nonoperating (losses) gains:								
Investment (loss) return	(33,255)	–	(58)	(2,353)	(1,304)	(1,242)	1,584	(17,123)
(Loss) income from unconsolidated entities	(2,484)	–	(2,143)	(5)	–	–	–	169
Other	(6,172)	–	(2 361)	(60)	(246)	–	–	(1,284)
Total nonoperating (losses) gains, net	(41,911)	–	(4 562)	(2,418)	(1,550)	(1,242)	1 584	(18,238)
Excess (deficit) of revenues and gains over expenses and losses	168,097	–	11,952	15,769	16,438	(8,494)	26,393	149,189
Less excess of revenue and gains over expenses and losses attributable to noncontrolling interest	7,484	–	–	–	–	6,841	–	–
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	160,613	–	11,952	15,769	16,438	(15,335)	26,393	149,189

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2012
(Dollars in Thousands)

	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.	St. Vincent Williamsport Hospital, Inc.
Operating revenue:								
Net patient service revenue	$ 74,376	$ 25,175	$ 144,924	$ 28,888	$ 23,229	$ 21,509	$ 29,009	$ 24,418
Other revenue	1,357	392	13,740	334	248	3	460	482
Income (loss) from unconsolidated entities	–	–	5,818	–	–	–	–	–
Net assets released from restrictions for operations	–	13	136	126	27	86	11	1
Total operating revenue	75,733	25,580	164,618	29,348	23,504	21,598	29,480	24,901
Operating expenses								
Salaries and wages	65,916	10,135	43,995	10,894	7,161	13,616	9,047	9,808
Employee benefits	14,205	2,802	12 265	3,001	2,029	5,422	2,509	2,633
Purchased services	1,271	1,730	6,123	1,229	1,914	358	2,738	952
Professional fees	2,696	937	3 264	1,775	1,416	247	1,466	994
Supplies	6,105	2,946	18,446	2,688	2,355	400	2,001	1,197
Insurance	1,331	36	289	25	46	75	28	101
Bad debts	5,958	1,116	7,092	1,854	1,946	–	3,645	2,423
Interest	11	438	800	545	300	65	19	156
Depreciation and amortization	682	1,015	4,527	976	604	372	523	430
Medicaid tax	–	727	3,981	779	790	–	801	854
Other	15,496	2,622	17,449	3,166	3,310	2,165	4,714	2,872
Total operating expenses before impairment and nonrecurring gains (losses), net	113 671	24,504	118,231	26 932	21,871	22,721	27,491	22,420
Income (loss) from operations before impairment and nonrecurring gains (losses), net	(37,938)	1,076	46,387	2,416	1,633	(1,123)	1,989	2,481
Impairment and nonrecurring gains (losses), net	3,127	1,260	3,358	842	470	1,030	520	891
Income (loss) from operations	(34,811)	2,336	49,745	3,258	2,103	(93)	2,509	3,372
Nonoperating (losses) gains								
Investment (loss) return	143	(154)	(9,713)	(330)	(439)	13	(636)	(419)
(Loss) income from unconsolidated entities	–	–	(505)	–	–	–	–	–
Other	–	(134)	15	(146)	(10)	1	–	3
Total nonoperating (losses) gains, net	143	(288)	(10,203)	(476)	(449)	14	(636)	(416)
Excess (deficit) of revenues and gains over expenses and losses	(34,668)	2,048	39,542	2,782	1 654	(79)	1,873	2,956
Less excess of revenue and gains over expenses and losses attributable to noncontrolling interest	–	–	616	27	–	–	–	–
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	(34,668)	2 048	38,926	2,755	1,654	(79)	1,873	2,956

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2012
(Dollars in Thousands)

	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.
Operating revenue:							
Net patient service revenue	$ 18,269	$ 21,662	$ 30,341	$ 90,777	$ –	$ 57,663	$ –
Other revenue	304	231	778	5,099	12,509	173	(1,361)
Income (loss) from unconsolidated entities	–	–	–	–	–	–	–
Net assets released from restrictions for operations	40	16	1	55	3	22	–
Total operating revenue	18,613	21,909	31,120	95,931	12,512	57,858	(1,361)
Operating expenses							
Salaries and wages	6,245	7,035	12,097	119,080	5,229	24,918	–
Employee benefits	1,966	2,162	3,187	16,583	1,168	6,431	–
Purchased services	2,210	2,285	2,540	1,735	2	3,844	–
Professional fees	1,131	1,254	1,097	2,100	1,969	835	–
Supplies	998	1,549	3,440	3,405	13	5,839	2
Insurance	40	110	166	1 620	–	70	–
Bad debts	1,927	3,535	3,396	6 609	–	721	–
Interest	405	–	296	124	88	16	–
Depreciation and amortization	505	698	1,296	4 097	2,645	1.472	–
Medicaid tax	562	460	1,362	–	–	–	–
Other	2,616	2,760	3 916	11 775	(2,350)	6,303	(1,697)
Total operating expenses before impairment and nonrecurring gains (losses), net	18,605	21,848	32,793	167,128	8,764	50,449	(1,695)
Income (loss) from operations before impairment and nonrecurring gains (losses), net	8	61	(1,673)	(71,197)	3,748	7,409	334
Impairment and nonrecurring gains (losses), net	545	23	471	2,553	62	1,572	–
Income (loss) from operations	553	84	(1,202)	(68,644)	3,810	8,981	334
Nonoperating (losses) gains:							
Investment (loss) return	(29)	11	21	13	–	(1,133)	(107)
(Loss) income from unconsolidated entities	–	–	–	–	–	–	–
Other	8	–	5	–	–	–	(1,963)
Total nonoperating (losses) gains, net	(21)	11	26	13	–	(1 133)	(2,070)
Excess (deficit) of revenues and gains over expenses and losses	532	95	(1,176)	(68,631)	3,810	7,848	(1,736)
Less excess of revenue and gains over expenses and losses attributable to noncontrolling interest	–	–	–	–	–	–	–
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	532	95	(1,176)	(68,631)	3,810	7,848	(1,736)

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2012
(Dollars in Thousands)

	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
Unrestricted net assets, controlling interest:								
Excess (deficit) of revenues and gains over expenses and losses	$ 160,613	$ –	$ 11,952	$ –	$ 15,769	$ 16,438	$ (15,335)	$ 26,393
Pension and other postretirement liability adjustments	(44,314)	–	(40,994)	–	–	–	–	–
Transfers (to) from sponsor and other affiliates, net	(40,782)	–	42,900	–	(5,977)	(7,980)	18,349	(18,138)
Net assets released from restrictions for property acquisitions	4,071	–	27	–	253	677	–	15
Other	821	–	(137)	–	(15)	–	(4)	(9)
Increase (decrease) in unrestricted net assets, controlling interest	80,409	–	13,748	–	10,030	9,135	3,010	8,261
Unrestricted net assets, noncontrolling interest:								
Excess of revenues and gains over expenses and losses	7,484	–	–	–	–	–	6,841	–
Distributions of capital	(7,000)	–	–	–	–	–	–	(6,350)
Other	25	–	–	–	–	–	4	–
Increase (decrease) in unrestricted net assets, noncontrolling interest	509	–	–	–	–	–	6,845	(6,350)
Temporarily restricted net assets:								
Contributions and grants	8,160	–	49	–	229	501	–	20
Net change in unrealized (losses) gains on investments	(1,600)	–	–	–	–	(225)	–	–
Investment return	1,590	–	–	–	(4)	154	–	–
Net assets released from restrictions	(7,157)	–	(47)	–	(336)	(817)	–	(28)
Other	(573)	–	47	–	13	–	–	9
Increase (decrease) in temporarily restricted net assets	420	–	49	–	(98)	(387)	–	1
Permanently restricted net assets:								
Contributions	102	–	–	–	4	–	–	–
Net change in unrealized (losses) gains on investments	(117)	–	–	–	–	–	–	–
Investment return	109	–	–	–	–	–	–	–
Other	(48)	–	–	–	–	–	–	–
Increase (decrease) in permanently restricted net assets	46	–	–	–	4	–	–	–
Increase (decrease) in net assets	81,384	–	13,797	–	9,936	8,748	9,855	1,912
Net assets, beginning of the year	2,249,824	–	40,108	535	142,678	95,590	89,126	25,855
Net assets, end of the year	$ 2,331,208	$ –	$ 53,905	$ 535	$ 152,614	$ 104,338	$ 98,981	$ 27,767

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2012
(Dollars in Thousands)

	St. Vincent Hospital and 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.
Unrestricted net assets, controlling interest:								
Excess (deficit) of revenues and gains over expenses and losses	$ 149,189	$ (34,668)	$ 2,048	$ 38,926	$ 2,755	$ 1,654	$ (79)	$ 1,873
Pension and other postretirement liability adjustments	–	–	(626)	–	(248)	(273)	(1,006)	(259)
Transfers (to) from sponsor and other affiliates, net	(141,589)	22,445	–	(12,240)	–	–	169	–
Net assets released from restrictions for property acquisitions	2,436	–	104	38	34	11	90	31
Other	(4,416)	–	(3)	162	–	–	(169)	–
Increase (decrease) in unrestricted net assets, controlling interest	5,620	(12,223)	1,523	26,886	2,541	1,392	(995)	1,645
Unrestricted net assets, noncontrolling interest:								
Excess of revenues and gains over expenses and losses	–	–	–	616	27	–	–	–
Distributions of capital	–	–	–	(650)	–	–	–	–
Other	–	–	–	21	–	–	–	–
Increase (decrease) in unrestricted net assets, noncontrolling interest	–	–	–	(13)	27	–	–	–
Temporarily restricted net assets:								
Contributions and grants	319	–	81	20	300	63	–	89
Net change in unrealized (losses) gains on investments	(211)	–	–	(8)	–	(115)	–	–
Investment return	150	–	–	6	–	58	3	–
Net assets released from restrictions	(4,729)	–	(117)	(174)	(160)	(38)	(176)	(42)
Other	4,294	–	8	158	(1)	–	169	–
Increase (decrease) in temporarily restricted net assets	(177)	–	(28)	2	139	(32)	(4)	47
Permanently restricted net assets:								
Contributions	–	–	–	–	–	–	–	–
Net change in unrealized (losses) gains on investments	–	–	–	–	–	–	–	–
Investment return	–	–	–	–	–	–	–	–
Other	(10)	–	–	–	–	–	–	–
Increase (decrease) in permanently restricted net assets	(10)	–	–	–	–	–	–	–
Increase (decrease) in net assets	5,433	(12,223)	1,495	26,875	2,707	1,360	(999)	1,692
Net assets, beginning of the year	1,066,017	(16,714)	10,237	502,877	18,663	27,772	3,616	30,753
Net assets, end of the year	$ 1,071,450	$ (28,937)	$ 11,732	$ 529,752	$ 21,370	$ 29,132	$ 2,617	$ 32,445

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2012
(Dollars in Thousands)

	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.
Unrestricted net assets, controlling interest:								
Excess (deficit) of revenues and gains over expenses and losses	$ 2,956	$ 532	$ 95	$ (1,176)	$ (68,631)	$ 3,810	$ 7,848	$ (1,736)
Pension and other postretirement liability adjustments	(555)	(266)	(53)	(34)	–	–	–	–
Transfers (to) from sponsor and other affiliates, net	–	(19)	18	27	65,257	3	6	(4,013)
Net assets released from restrictions for property acquisitions	139	43	92	60	–	–	21	–
Other	–	–	(11)	(8)	(55)	(3)	(4)	5,493
Increase (decrease) in unrestricted net assets, controlling interest	2,540	290	141	(1,131)	(3,429)	3,810	7,871	(256)
Unrestricted net assets, noncontrolling interest								
Excess of revenues and gains over expenses and losses	–	–	–	–	–	–	–	–
Distributions of capital	–	–	–	–	–	–	–	–
Other	–	–	–	–	–	–	–	–
Increase (decrease) in unrestricted net assets, noncontrolling interest	–	–	–	–	–	–	–	–
Temporarily restricted net assets:								
Contributions and grants	147	92	109	51	–	–	13	6,077
Net change in unrealized (losses) gains on investments	–	–	–	–	–	–	–	(1,041)
Investment return	–	–	–	–	–	–	–	1,223
Net assets released from restrictions	(140)	(83)	(108)	(61)	(55)	(3)	(43)	–
Other	–	–	11	9	55	3	4	(5,352)
Increase (decrease) in temporarily restricted net assets	7	9	12	(1)	–	–	(26)	907
Permanently restricted net assets:								
Contributions	–	–	–	–	–	–	–	98
Net change in unrealized (losses) gains on investments	–	–	–	–	–	–	–	(117)
Investment return	–	–	–	–	–	–	–	109
Other	–	–	–	–	–	–	–	(38)
Increase (decrease) in permanently restricted net assets	–	–	–	–	–	–	–	52
Increase (decrease) in net assets	2,547	299	153	(1,132)	(3,429)	3,810	7,845	703
Net assets, beginning of the year	29,119	2,577	7,799	(941)	8,142	25,158	71,078	69,779
Net assets, end of the year	$ 31,666	$ 2,876	$ 7,952	$ (2,073)	$ 4,713	$ 28,968	$ 78,923	$ 70,482

St. Vincent Health, Inc.

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

AS CORRECTED

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	
	2012	**2011**
Traditional charity care provided (Note 1)	**$ 59,980**	$ 52,740
Unpaid cost of public programs for persons living in poverty (Note 1)	**95,440**	97,100
Other programs for persons living in poverty and other vulnerable persons	**5,749**	4,523
Community benefit programs	**35,226**	36,967
Care of persons living in poverty and community benefit programs	**$ 196,305**	$ 191,330

Note 1 – These line items for the year ended June 30, 2012 have been corrected as of October 29, 2012, to consider the Medicaid provider tax and should replace the amounts previously reported The amounts previously reported for the year ended June 30, 2012, were $61,943 and $46,096, respectively