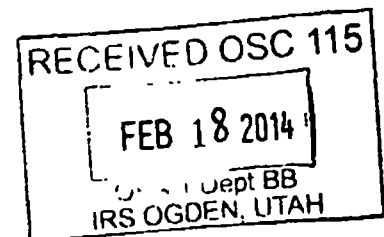




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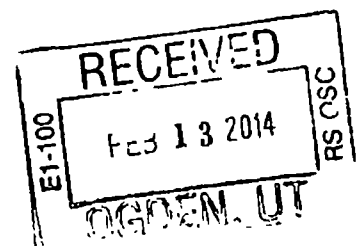


**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Consolidated Financial Statements and Supplementary
Information in Accordance with OMB Circular A-133

June 30, 2013 and 2012

(With Independent Auditors' Reports Thereon)



**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

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Independent Auditors' Report

The Board of Directors
Hospital Sisters Health System and Subsidiaries:

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Hospital Sisters Health System and Subsidiaries (HSHS), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated balance sheets of Hospital Sisters Health System and Subsidiaries as of June 30,

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("KPMG International"), a Swiss entity



2013 and 2012, and the consolidated statements of operations, the changes in its net assets, and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Emphasis of Matter

As described in note 2(n) to the consolidated financial statements, HSHS adopted the provisions of Financial Accounting Standards Board Accounting Standards Update 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Healthcare Entities*, for the year ended June 30, 2012. As a result of this adoption, HSHS has presented on a separate line the provision for uncollectible accounts as a deduction from net patient service revenue (net of contractual allowances and discounts) and included enhanced disclosures about the entity's policies for recognizing revenue and assessing bad debts. Our opinion is not modified with respect to the matter emphasized.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information included in schedules 1-3 is presented for purposes of additional analysis, and is 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 of America. In our opinion, the consolidating information included in schedules 1-3 is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 28, 2013 on our consideration of HSHS' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering HSHS' internal control over financial reporting and compliance.

KPMG LLP

Chicago, Illinois
October 28, 2013

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES
Springfield, Illinois

Consolidated Balance Sheets

June 30, 2013 and 2012

(Dollars in thousands)

Assets	2013	2012
Current assets.		
Cash and cash equivalents	\$ 81,110	90,514
Receivables:		
Patients' accounts, less allowance for uncollectible accounts		
of \$129,300 in 2013 and \$107,196 in 2012	294,578	307,814
Due from third-party reimbursement programs	2,813	4,497
Other	23,635	22,088
Total receivables	321,026	334,399
Current portion of assets whose use is limited or restricted	284,142	201,738
Inventories	40,051	40,230
Prepaid expenses	20,305	16,376
Total current assets	746,634	683,257
Assets whose use is limited or restricted, net of current portion	1,523,707	1,446,720
Property, plant, and equipment, net	1,257,517	1,152,063
Other assets	68,208	73,657
Total assets	\$ 3,596,066	3,355,697
Liabilities and Net Assets		
Current liabilities:		
Current installments of long-term debt	\$ 17,909	28,517
Long-term debt subject to short-term remarketing agreements	169,508	158,047
Accounts payable	114,093	100,336
Accrued liabilities	133,937	125,848
Estimated payables under third-party reimbursement programs	43,637	41,554
Total current liabilities	479,084	454,302
Long-term debt, excluding current installments	430,669	379,378
Estimated self-insurance liabilities	94,173	81,124
Derivative instruments	41,831	64,437
Accrued benefit liability	251,894	410,039
Other noncurrent liabilities	46,906	47,194
Total liabilities	1,344,557	1,436,474
Net assets:		
Unrestricted	2,202,951	1,875,690
Temporarily restricted	25,487	20,783
Permanently restricted	23,071	22,750
Total net assets	2,251,509	1,919,223
Total liabilities and net assets	\$ 3,596,066	3,355,697

See accompanying notes to consolidated financial statements.

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES

Springfield, Illinois

Consolidated Statements of Operations

Years ended June 30, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Net patient service revenues	\$ 2,012,108	1,981,070
Provision for uncollectible accounts	<u>(107,131)</u>	<u>(111,142)</u>
Net patient service revenue less provision for uncollectible accounts	1,904,977	1,869,928
Other revenues:		
Investment income	2,751	786
Net assets released from restrictions used for operations	1,513	1,702
Other	<u>98,325</u>	<u>57,458</u>
Total revenues	<u>2,007,566</u>	<u>1,929,874</u>
Expenses:		
Sisters' services	1,275	1,155
Salaries and wages	740,688	722,856
Employee benefits	242,056	205,171
Professional fees	113,362	114,690
Supplies	275,961	275,291
Depreciation and amortization	135,871	143,523
Interest	7,247	6,313
Other	<u>469,542</u>	<u>460,584</u>
Total expenses	<u>1,986,002</u>	<u>1,929,583</u>
Income from operations	21,564	291
Nonoperating gains (losses):		
Investment income	128,782	23,565
Change in fair value of interest rate swaps	22,606	(35,799)
Loss on conversion and early extinguishment of debt	<u>(5,073)</u>	<u>—</u>
Revenues and gains (losses) in excess (deficient) of expenses	167,879	(11,943)
Other changes in unrestricted net assets:		
Net assets released from restrictions used for the purchase of property, plant, and equipment	1,237	7,369
Reversal (recognition) of change in pension funded status	<u>158,145</u>	<u>(160,928)</u>
Change in unrestricted net assets	<u>\$ 327,261</u>	<u>(165,502)</u>

See accompanying notes to consolidated financial statements.

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES
Springfield, Illinois

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Unrestricted net assets:		
Revenues and gains (losses) in excess (deficient) of expenses	\$ 167,879	(11,943)
Other changes in unrestricted net assets:		
Net assets released from restrictions used for the purchase of property, plant, and equipment	1,237	7,369
Reversal (recognition) of change in pension funded status	158,145	(160,928)
Change in unrestricted net assets	<u>327,261</u>	<u>(165,502)</u>
Temporarily restricted net assets:		
Investment income	1,182	308
Contributions	6,272	8,630
Net assets released from restrictions	(2,750)	(9,071)
Change in temporarily restricted net assets	<u>4,704</u>	<u>(133)</u>
Permanently restricted net assets:		
Investment income (loss)	(9)	28
Contributions	330	393
Change in permanently restricted net assets	<u>321</u>	<u>421</u>
Change in net assets	332,286	(165,214)
Net assets at beginning of year	<u>1,919,223</u>	<u>2,084,437</u>
Net assets at end of year	<u>\$ 2,251,509</u>	<u>1,919,223</u>

See accompanying notes to consolidated financial statements.

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES
Springfield, Illinois

Consolidated Statements of Cash Flows

Years ended June 30, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Cash flows from operating activities:		
Change in net assets	\$ 332,286	(165,214)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Loss on conversion and early extinguishment of debt	5,073	—
Recognition (reversal) of change in pension funded status	(158,145)	160,928
Income from equity basis investments	(4,158)	(5,241)
Cash received from equity basis investments, net	4,230	3,944
Net assets released from restrictions and used for operations	1,513	1,702
Restricted contributions and investment return	(7,775)	(9,359)
Amortization of bond issuance costs, included in interest expense	244	197
Depreciation and amortization	135,871	143,523
Provision for uncollectible accounts	107,131	111,142
Change in net unrealized gain and losses on investments	(69,286)	63,563
Net realized gains on sale of investments	(40,538)	(58,743)
Change in the fair value of derivative instruments	(22,606)	35,799
Changes in assets and liabilities:		
Patients' accounts receivable	(93,895)	(141,257)
Other receivables	(1,547)	4,488
Inventories	179	(179)
Prepaid expenses	(3,929)	1,642
Net amounts due to third-party reimbursement programs	3,767	6,328
Accounts payable and accrued liabilities	21,846	18,424
Estimated self-insurance liabilities and other noncurrent liabilities	12,761	6,291
Net cash provided by operating activities	<u>223,022</u>	<u>177,978</u>
Cash flows from investing activities:		
Acquisition of property, plant, and equipment	(242,210)	(192,020)
Gross purchases of investments	(1,917,036)	(1,828,882)
Gross proceeds from sale or maturity of investments	1,867,469	1,874,143
Change in other assets	5,133	2,908
Net cash used in investing activities	<u>(286,644)</u>	<u>(143,851)</u>
Cash flows from financing activities:		
Repayment of long-term debt	(468,900)	(22,130)
Proceeds from issuance of debt	520,720	10,000
Payment of bond issuance cost	(3,864)	—
Net assets released from restrictions and used for operations	(1,513)	(1,702)
Restricted contributions and investment return	7,775	9,359
Net cash provided by (used in) financing activities	<u>54,218</u>	<u>(4,473)</u>
Change in cash and cash equivalents	<u>(9,404)</u>	<u>29,654</u>
Cash and cash equivalents at beginning of year	<u>90,514</u>	<u>60,860</u>
Cash and cash equivalents at end of year	<u>\$ 81,110</u>	<u>90,514</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest, net of amounts capitalized	\$ 7,085	4,137
Supplemental disclosure of noncash transactions:		
Assets acquired under capital lease	\$ 885	24,332

See accompanying notes to consolidated financial statements.

**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Springfield, Illinois

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

(1) Organization and Purpose

Hospital Sisters Health System (HSHS), an Illinois not-for-profit corporation, considers all wholly owned or controlled entities as subsidiaries for consolidated financial statement purposes. The accompanying consolidated financial statements include the accounts of HSHS and its subsidiaries. HSHS is the parent corporation for several subsidiary corporations and exerts control through various reserved powers. The subsidiary corporations and controlled entities presented in the accompanying consolidated financial statements include Hospital Sisters Services, Inc. (HSSI), HSHS System Services Center (the SSC), Hospital Sisters of St. Francis Foundation, Inc. (the Foundation), and Kiara, Inc.

HSSI, an Illinois not-for-profit holding company, is the sole member of 13 hospitals in Illinois and Wisconsin (collectively referred to as the Obligated Group), Hospital Sisters Healthcare – West, Inc. (HCW), HSHS Medical Group, Inc., and HSHS Wisconsin Medical Group, Inc. (collectively referred to as the Medical Group), Unity Limited Partnership, Kiara Clinical Integration Network (KCIN), and Renaissance Quality Insurance, Ltd. (RQIL). HSSI and the 13 hospitals have formed an Obligated Group for debt financing purposes through the use of a Master Trust Indenture (MTI) (note 11). The hospitals are organized for the purpose of providing inpatient and outpatient healthcare services. HSSI formed the Medical Group for the purpose of affiliating with physicians. RQIL is a captive insurance company incorporated in the Cayman Islands to provide professional and general liability insurance coverage to HSSI and affiliates. HCW, the Medical Group, Unity Limited Partnership, KCIN, and RQIL are not members of the Obligated Group.

The 13 hospitals who are members of the Obligated Group, along with HSSI, are as follows:

<u>Hospital</u>	<u>Location</u>
	Illinois:
St. Elizabeth's Hospital	Belleville
St. Joseph's Hospital	Breese
St. Mary's Hospital	Decatur
St. Anthony's Memorial Hospital	Effingham
St. Joseph's Hospital	Highland
St. Francis Hospital	Litchfield
St. John's Hospital	Springfield
St. Mary's Hospital	Streator
	Wisconsin:
St. Joseph's Hospital	Chippewa Falls
Sacred Heart Hospital	Eau Claire
St. Mary's Hospital Medical Center	Green Bay
St. Vincent Hospital	Green Bay
St. Nicholas Hospital	Sheboygan

**HOSPITAL SISTERS HEALTH SYSTEM
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Springfield, Illinois

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

The SSC administers the Workers Compensation Fund, Health Care Trust Fund, and Flex Plan. The SSC is supported by annual fees paid by the HSHS affiliated hospitals and certain other HSHS controlled entities to the SSC. The SSC utilizes these funds to provide centralized management and information services to the 13 affiliated hospitals, workers' compensation, and employee health administration. In addition, the SSC administers a centralized investment program and defined contribution pension plan on behalf of all HSHS entities.

The Foundation, an Illinois not-for-profit corporation, is an entity whose purpose is to solicit and administer philanthropic funds. The Foundation is structured into 14 separate divisions to administer restricted and unrestricted gifts and bequests at each of the respective hospital locations and the SSC.

Kiara, Inc., an Illinois for-profit corporation, provides a vehicle for joint ventures with physicians and an entry into those health related services, which do not qualify as tax-exempt services, such as pharmacy, durable medical equipment, nonaffiliate electronic health records (EHR) implementations, and real estate holdings. Kiara, Inc. is the holding company of three subsidiary corporations in which it is the sole stockholder, LaSante, Inc., LaSante Wisconsin, Inc., and Prairie Cardiovascular Consultants, Inc. (PCC). The operations of these three wholly owned subsidiaries are consolidated into the financial statements of Kiara, Inc. In connection with the acquisition of PCC, \$3,372 and \$5,059 is still payable at June 30, 2013 and 2012, respectively, and is a component of other noncurrent liabilities in the accompanying consolidated balance sheets.

All significant intercompany transactions have been eliminated in consolidation.

(2) Summary of Significant Accounting Policies

The significant accounting policies of HSHS are as follows:

(a) Presentation

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as revenues and expenses. Peripheral or incidental transactions are reported as nonoperating gains or losses. Nonoperating gains or losses include investment income, other than that which is associated with self-insurance programs, or funds held by trustee under indenture agreements, settlements on derivative instruments, loss on conversion and early extinguishment of debt, and the change in fair value of the interest rate swap agreements.

(b) Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Significant estimates include allowances for contractual allowances and bad debts, third-party payor settlements, valuation of investments, recoverability of

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Springfield, Illinois

Notes to Consolidated Financial Statements

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(Dollars in thousands)

property, plant, and equipment, self-insurance liabilities, derivative instruments, accrued benefit liability, and other liabilities. Actual results could differ from those estimates.

(c) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less when purchased, excluding those amounts included as assets whose use is limited or restricted.

(d) Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets set aside by the board of directors for future capital improvements, over which the board of directors retains control and may at its discretion subsequently use for other purposes; assets held by third-party trustees under indenture agreements; and funds temporarily or permanently restricted by donors. Management classifies the current portion of assets whose use is limited or restricted based on the approximate amount of the current portion of long-term debt.

Investments in equity securities with readily determinable values and all investments in debt securities are measured at fair value in the accompanying consolidated balance sheets. Investment income on assets associated with self-insurance programs or assets deposited in funds held by trustee under indenture agreements is reported as other revenues. Investment income from all other investments is reported as nonoperating gains – investment income, unless the income or loss is restricted by donor or law. Changes in net unrealized gains and losses on investments are included in revenues and gains (losses) in excess (deficient) of expenses and losses as all investments are considered to be trading securities.

(e) Inventories

Inventories are stated at the lower of cost or market. Cost is determined on a first-in, first-out basis.

(f) Property, Plant, and Equipment

Property, plant, and equipment additions are stated at cost or fair value at the date of acquisition or donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method of accounting. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Capitalized interest is reduced by the amount of investment income earned on unexpended proceeds from project specific borrowings.

(g) Long-Lived Assets

Long-lived assets (including property, plant, and equipment) are periodically assessed for recoverability based on the occurrence of a significant adverse event or change in the environment in which HSHS operates or if the expected future cash flows (undiscounted and without interest) would

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(Dollars in thousands)

become less than the carrying amount of the asset. An impairment loss would be recorded in the period such determination is made based on the fair value of the related entity. No impairments were recorded for the years ended June 30, 2013 and 2012.

(h) Other Assets – Joint Ventures

HSHS invests in various organizations that are not wholly owned or controlled by HSHS. Investments in affiliates in which HSHS has significant influence but does not control are reported on the equity method of accounting, which represents HSHS' equity in the underlying net book value. The equity method of accounting is discontinued when the investment is reduced to zero unless HSHS has guaranteed the obligations of the organization or is committed to provide additional capital support. There were no existing guarantees at June 30, 2013 or 2012.

(i) Loss Reserves

HSHS is self-insured for professional and general liability, workers' compensation, and employee health claims. The provisions for loss reserves include the ultimate cost for both reported losses and losses incurred, but not reported as of the respective consolidated balance sheet dates.

The liability for loss reserves represents an estimate of the ultimate net cost of all such amounts that are unpaid at the consolidated balance sheet dates. The liability is based on projections and the historical claim experience of HSHS and gives effect to estimates of trends. Although management believes that the estimate of the liability for claims is reasonable, it is possible that HSHS' actual incurred claims will not conform to the assumptions' inherent variability with respect to the significant assumptions utilized. Accordingly, the ultimate settlement of claims may vary from the liability for unpaid claims included in the accompanying consolidated financial statements.

(j) Derivative Instruments

HSHS accounts for derivatives and hedging activities in accordance with Financial Accounting Standards Board Accounting Standards Codification (ASC) Subtopic 815-10, *Accounting for Derivative Instruments and Hedging Activities*, which requires that an entity recognize all derivatives as either assets or liabilities in the consolidated balance sheet and measure those instruments at fair value. HSHS is involved in various interest rate swaps. The fair value of the interest rate swap programs is included as derivative instruments in the accompanying consolidated balance sheets. For HSHS, the derivatives are not designated as hedge instruments, and therefore, settlements on derivative instruments and the change in fair values of the interest rate swap agreements are recognized in the consolidated statements of operations as a component of nonoperating gains (losses).

(k) Asbestos Removal Costs

HSHS accounts for asbestos removal costs in accordance with ASC Subtopic 410-20, *Accounting for Conditional Asset Retirement Obligations*. ASC Subtopic 410-20 requires the current recognition of

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(Dollars in thousands)

a liability when a legal obligation exists to perform an asset retirement obligation (ARO) in which the timing or method of settlement is conditional on a future event that may or may not be under the control of the entity. ASC Subtopic 410-20 requires an ARO liability be recorded at its net present value with recognition of a related long-lived asset in a corresponding amount. The ARO liability is accreted through periodic charges to depreciation expense. The initially capitalized ARO long-lived asset is depreciated over the corresponding long-lived asset's remaining useful life. HSHS is legally liable to remove asbestos from existing buildings prior to future remodeling or demolishing of the existing hospital buildings. The estimated asbestos removal cost at June 30, 2013 and 2012 is \$28,957 and \$28,786, respectively, and is included within other noncurrent liabilities in the accompanying consolidated balance sheets. The net book value of the ARO long-lived asset at June 30, 2013 and 2012 is \$553 and \$742, respectively, and is included within other assets in the accompanying consolidated balance sheets.

(l) Donor-Restricted Net Assets

Net assets and activities are classified into three classes based on the existence or absence of donor-imposed restrictions: unrestricted, temporarily restricted, and permanently restricted. Temporarily restricted net assets represent those net assets whose use by HSHS has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by HSHS in perpetuity.

HSHS classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment, the original value of subsequent gifts to the permanent endowment, and accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. Investment returns in excess of spending are classified as increases in temporarily restricted net assets until appropriated for expenditure by HSHS.

HSHS has established a spending policy, which is evaluated and approved by the Foundation board every year. The approved spending rate for fiscal year 2013 and 2012 was 2.30% and 3.45%, respectively. In establishing this policy, the long-term expected return on the endowment is considered. This is consistent with HSHS' objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term.

Endowment funds are commingled with the pooled investment fund administered by HSHS. HSHS relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). HSHS targets a diversified asset allocation of 40.5% fixed income, 44.5% equities, and 15% custom hedge funds to achieve its long-term return objectives within prudent risk constraints.

(m) Gifts, Bequests, and Grants

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets.

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Springfield, Illinois

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(Dollars in thousands)

When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted contributions. Unrestricted contributions are included in other revenues.

Gifts of long-lived assets such as property, plant, and equipment are reported as unrestricted gifts and bequests and are excluded from revenues and gains (losses) in excess (deficient) of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted contributions. In the absence of explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(n) Net Patient Service Revenues

Net patient service revenues are reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and amounts received under the Medicaid assessment tax programs. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Effective July 1, 2012, HSHS adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. ASU 2011-07 requires that entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay must present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations. The provision for uncollectible accounts on the accompanying consolidated statements of operations for the years ended June 30, 2013 and 2012 has been presented on a separate line as a deduction from net patient service revenue.

(o) Charity Care

HSHS provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts determined to qualify as charity care are not reported as net patient service revenues, since HSHS does not pursue collection of such amounts.

(p) Revenues and Gains (Losses) in Excess (Deficient) of Expenses

The consolidated statements of operations include revenues and gains (losses) in excess (deficient) of expenses. Changes in unrestricted net assets that are excluded from revenues and gains (losses) in

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excess (deficient) of expenses, consistent with industry practice, include: contributions of property, plant, and equipment (including assets acquired using contributions that by donor restrictions or grants were to be used for the purpose of acquiring such assets); nonreciprocal transfer to affiliate for other than goods and services; and (recognition) reversal of change in pension funded status.

(q) Income Taxes

HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. *Kiara, Inc.* is an Illinois for-profit corporation that recognizes income taxes under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

HSHS has adopted ASC Subtopic 740-10, *Accounting for Uncertainty in Income Taxes – an Interpretation of FASB Statement No. 109*. ASC Subtopic 740-10 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Subtopic 740-10, HSHS must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Subtopic 740-10 also provides guidance on derecognition, classification, interest and penalties on income taxes, and accounting in interim periods and requires increased disclosures. As of June 30, 2013 and 2012, HSHS does not have an asset or liability for unrecognized tax benefits.

(r) Fair Value

HSHS has adopted the provisions of ASC Topic 820, *Fair Value Measurements*, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 also establishes a framework for measuring fair value and expands disclosures about fair value measurements.

In conjunction with the adoption of ASC Topic 820, HSHS adopted the measurement provisions of ASU 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, to certain investments in funds that do not have readily determinable fair values

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including private investments, hedge funds, real estate, and other funds. This guidance amends ASC Topic 820 and allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value using net asset value (NAV) per share or its equivalent.

(s) EHR Incentive Program

The EHR Incentive Program (the Program) provides incentive payments to eligible hospitals and professionals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years. HSHS accounts for the Program using the grant model. HSHS applies the "ratable recognition" approach, which states that the grant income can be recognized ratably over the entire EHR reporting period once a "reasonable assurance" income recognition threshold is met. For the years ended June 30, 2013 and 2012, HSHS recognized \$31,800 and \$4,181, respectively, as other revenue related to EHR incentives, which have been received or are expected to be received based on certifications prepared by management under the appropriate guidelines for year 1 and year 2 payments.

(3) Community Benefit

Consistent with its mission, HSHS provides medical care to all patients regardless of their ability to pay. In addition, HSHS provides services intended to benefit the poor and underserved, including those persons who cannot afford health insurance because of inadequate resources and/or are uninsured or underinsured, and to enhance the health status of the communities in which it operates.

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The following summary has been prepared in accordance with the Catholic Health Association of the United States' (CHA) policy document, *A Guide for Planning and Reporting Community Benefit*, released in May 2006. HSHS uses a cost-to-charge ratio to calculate the cost of charity care and the unpaid cost of Medicaid. The amounts in the following table reflect the quantifiable costs of HSHS' community benefit for the years ended June 30, 2013 and 2012:

	2013	2012
Benefits for the poor:		
Charity care at cost	\$ 45,974	43,076
Unpaid cost of Medicaid and other public programs	104,232	97,878
Community health services	1,657	1,322
Other	1,798	766
	<u>153,661</u>	<u>143,042</u>
Benefits for the broader community:		
Community health services	4,451	4,443
Health professions education	15,558	15,895
Other	13,083	10,772
	<u>33,092</u>	<u>31,110</u>
Total community benefit	<u>\$ 186,753</u>	<u>174,152</u>

Benefits for the poor represent the cost of services provided to persons who cannot afford healthcare because of inadequate resources and who are uninsured or underinsured.

Benefits for the broader community represent the cost of services provided to other needy populations that may not qualify as poor, but that need special services and support. It also includes the cost of services for the general benefit of the communities in which HSHS operates. Many programs are targeted toward populations that may be poor, but also include those areas that may need special health services and support. These programs are not financially self-supporting.

Charity care at cost represents the cost of services provided to patients who cannot afford healthcare services due to inadequate resources. All or a portion of a patient's services may be considered charity care for which no payment is anticipated in accordance with HSHS' established policies.

Unpaid cost of Medicaid and other public programs represents the cost of providing services to beneficiaries of public programs, including state Medicaid and indigent care programs, in excess of payments for those services. (See note 4 for an explanation of changes to the Medicaid reimbursement from the State of Illinois and the State of Wisconsin.)

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Community health services are activities and services for which no patient bill exist although there may be nominal patient fees. These services are not expected to be financially self-supporting although some may be partially supported by outside grants or funding.

Health professions education includes the unreimbursed cost of training health professionals, such as medical residents, nursing students, technicians, and students, in allied health professions.

Other benefits include subsidized health services, in-kind donations, and other benefits.

In addition to the amounts reported above, HSHS committed significant resources in serving the Medicare population. The cost (determined using a cost-to-charge ratio) of providing services to primarily elderly beneficiaries of the Medicare program, in excess of governmental and managed care contract payments, was \$152,293 and \$160,570 for the years ended June 30, 2013 and 2012, respectively.

A related organization, the Foundation, funded \$5,885 and \$15,948 for charity care or other operating expenses on behalf of the hospitals during the years ended June 30, 2013 and 2012, respectively. The community benefits reported above are net of the contributions from the Foundation for such benefits.

HSHS also provides a significant amount of uncompensated care for patients, which is not included above, but is reported in the consolidated statements of operations as a provision for uncollectible accounts. Many of those patients are uninsured or underinsured, but did not apply for, or qualify for, charity care.

(4) Net Patient Service Revenues

HSHS has agreements with third-party payors that provide for payment at amounts different from their established rates. A summary of the payment arrangements with major third-party payors is as follows:

Medicare – Inpatient acute care services rendered to Medicare program beneficiaries are generally paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services and certain outpatient services related to Medicare beneficiaries are paid based upon a cost reimbursement method, prospectively determined rates, established fee screens, or a combination thereof. The hospitals are reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the hospitals and audits by the Medicare fiscal intermediary. Certain outpatient services performed by the hospitals are reimbursed at a prospectively determined rate per service based upon their ambulatory payment classification. Home health services performed by the hospitals are reimbursed at a prospectively determined rate per episodic treatment.

As of June 30, 2013, Medicare cost reports have been audited and final settled through June 30, 2009.

Medicaid – Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program

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beneficiaries are reimbursed based upon per visit rates. Medicaid payment methodologies and rates for services are based on the amount of funding available to state Medicaid programs. As of June 30, 2013 and 2012, Medicaid receivables aggregate to \$24,764 and \$59,271, respectively, and are valued using historical collection percentages of enacted rates.

HSHS participates in the State of Illinois (the State) provider assessment program that assists in the financing of its Medicaid program. The program has been renewed by the State since its inception in 2004 and was renewed again on December 4, 2008 for the State's fiscal years ending June 30, 2009 through June 30, 2013. Renewal for the period July 1, 2013 to December 31, 2014 has been approved by the State. Pursuant to this program, hospitals within the State are required to remit payment to the State Medicaid program under an assessment formula approved by the Centers for Medicare and Medicaid Services (CMS).

The hospitals have included their related prorated assessments of \$26,772 and \$26,823 in 2013 and 2012, respectively, within other expenses in the accompanying consolidated statements of operations. The assessment program also provides hospitals within the State with additional Medicaid reimbursement based on funding formulas also approved by CMS. The hospitals have included their additional related prorated reimbursement of \$45,564 and \$47,108 in 2013 and 2012, respectively, within net patient service revenues in the accompanying consolidated statements of operations.

During 2009, the State of Wisconsin enacted an assessment tax on the gross revenues of all Wisconsin hospitals retroactive to July 1, 2008, which is used to increase reimbursements made under its Medicaid program. During the years ended June 30, 2013 and 2012, the HSHS Wisconsin hospitals were assessed \$21,118 and \$20,210, respectively, related to this tax, which is included as a component of other expenses in the accompanying consolidated statements of operations, and received \$24,198 and \$26,513, respectively, in supplemental Medicaid reimbursement, which is included as a component of net patient service revenues in the accompanying consolidated statements of operations.

Other – HSHS has also entered into payment agreements with Blue Cross, certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined per diem rates.

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A summary of gross and net patient service revenues for the years ended June 30, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Inpatient revenues	\$ 2,400,777	2,296,455
Outpatient revenues	2,940,995	2,791,571
Less provisions for estimated contractual adjustments under third-party reimbursement programs	<u>3,329,664</u>	<u>3,106,956</u>
Net patient service revenues	<u>\$ 2,012,108</u>	<u>1,981,070</u>

Net patient service revenues for the years ended June 30, 2013 and 2012 include \$8,591 and \$995, respectively, of favorable retrospectively determined prior year settlements with third-party payors. In addition, net patient service revenues include \$15,547 for the year ended June 30, 2012, from Medicare for fiscal years 2007–2011 as settlement of the Rural Floor Budget Neutrality Adjustment Appeal. Additionally, professional fees expense includes \$3,997 for the year ended June 30, 2012, of settlement fees paid as part of the Rural Floor Budget Neutrality Adjustment Appeal.

A summary of Medicare, Medicaid, and managed care/contracted payor utilization percentages, based upon gross patient service revenues, is as follows:

	<u>2013</u>	<u>2012</u>
Medicare	47%	46%
Medicaid	14	14
Managed care/contracted payor	32	32
Self-pay	4	5
Other	3	3

Patients' accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patients' accounts receivable, HSHS analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, HSHS analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (e.g., for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), HSHS records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for

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which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

HSHS' allowance for uncollectible accounts for self-pay patients increased from 81.0% of self-pay accounts receivable at June 30, 2012, to 81.7% of self-pay accounts receivable at June 30, 2013. In addition, HSHS' self-pay write-offs decreased \$13,604 from \$98,642 for fiscal year 2012 to \$85,038 for fiscal year 2013. Both changes were the result of current trends experienced in the collection of amounts from self-pay patients in fiscal year 2013. HSHS has not substantially changed its charity care or uninsured discount policies during fiscal years 2012 or 2013. HSHS does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant write-offs from third-party payors.

HSHS recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, HSHS recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of HSHS' uninsured patients will be unable or unwilling to pay for the services provided. Thus, HSHS records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (before the provision for bad debts), is recognized in the period from these major payor sources, as follows:

	<u>2013</u>	<u>2012</u>
Medicare	\$ 709,095	693,335
Medicaid	205,618	213,011
Managed care/contracted payor	935,800	893,712
Self-pay	104,459	111,130
Other	<u>57,136</u>	<u>69,882</u>
Net patient service revenues	<u>\$ 2,012,108</u>	<u>1,981,070</u>

(5) Concentration of Credit Risk

HSHS provides healthcare services through their inpatient and outpatient facilities located in Illinois and Wisconsin. HSHS grants credit to patients, substantially all of whom are local residents. HSHS does not require collateral or other security in extending credit to patients; however, they routinely obtain assignment of (or are otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, Blue Cross, health maintenance organizations, and commercial insurance policies).

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The mix of net receivables from patients and third-party payors as of June 30, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Medicare	26%	22%
Medicaid	8	19
Managed care/contracted payor	48	42
Self-pay	10	8
Other	8	8

(6) Investment Composition and Fair Value Measurements

(a) Overall Investment Objective

The overall investment objective of HSHS is to invest its assets in a prudent manner that will achieve an expected rate of return, manage risk exposure, and focus on downside protection. HSHS' invested assets will maintain sufficient liquidity to fund a portion of HSHS' annual operating activities and structure the invested assets to maintain a high percentage of available liquidity. HSHS diversifies its investments among various asset classes incorporating multiple strategies and managers. The HSHS board approves the investment policy statement. The Investment Subcommittee oversees the investment program in accordance with investment policy statement.

(b) Allocation of Investment Strategies

To manage risk, HSHS invests in fixed income, domestic equities, international equities, and custom hedge funds. HSHS engages outside portfolio managers as follows: 5 fixed income managers, 15 domestic equity managers, 5 international managers, and 2 custom hedge fund portfolio managers. Because of the inherent uncertainties for valuation of some holdings, the estimated fair values may differ from values that would have been used had a ready market existed.

(c) Basis of Reporting

Assets whose use is limited or restricted are reported at estimated fair value. If an investment is held directly by HSHS and an active market with quoted prices exists, the market price of an identical security is used as reported fair value. Reported fair values for shares in common and preferred stock and fixed income are based on share prices reported by the funds as of the last business day of the fiscal year. HSHS' interests in alternative investment funds are generally reported at the NAV reported by the fund managers, which is used as a practical expedient to estimate the fair value of the HSHS' interest therein, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV. As of June 30, 2013, HSHS had no plans or intentions to sell investments at amounts different from NAV.

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(d) Fair Value of Financial Instruments

The following methods and assumptions were used by HSHS in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated balance sheets for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, receivables, accounts payable, accrued liabilities, and estimated payables under third-party reimbursement programs.
- Fair values of HSHS' investments held as assets whose use is limited or restricted are estimated based on prices provided by its investment managers and its custodian bank except for the carrying value of pledges receivable and other, which equals fair value. Fair value for cash and cash equivalents, corporate and preferred stocks, foreign securities, U.S. government securities, corporate bonds, municipal bonds, and commingled mutual funds are measured using quoted market prices at the reporting date multiplied by the quantity held. The carrying value equals fair value.
- HSHS has two hedge fund investments for which quoted market prices are not available. The two hedge fund investments are K2 multistrategy fund and Mesirow multistrategy fund. The estimated fair value of these hedge fund investments includes estimates, appraisals, assumptions, and methods provided by external financial advisers and reviewed by HSHS.

The investment objective of the K2 multistrategy fund is to achieve equity type returns with reduced volatility and risk. This is achieved through a diversified portfolio targeting allocations of long strategies and low volatility strategies.

The investment objective of the Mesirow multistrategy fund is to achieve positive returns with low volatility and risk. This is achieved through a multimanager, multistrategy, and diversified investment approach.

- Fair value of fixed rate long-term debt is estimated based on the quoted market prices for the same or similar issues or on the current rates offered to HSHS for debt of the same remaining maturities. For variable rate debt, carrying amounts approximate fair value. Fair value was estimated using quoted market prices based upon HSHS' current borrowing rates for similar types of long-term debt securities.
- Fair value of interest rate swaps is determined using pricing models developed based on the LIBOR swap rate and other observable market data by financial advisers. The value was determined after considering the potential impact of collateralization and netting agreements, adjusted to reflect nonperformance risk of both the counterparty and HSHS. The carrying value equals fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although HSHS believes its

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valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents the carrying amounts and estimated fair values of HSHS' financial instruments not carried at fair value at June 30, 2013:

	2013		2012	
	Carrying amount	Fair value	Carrying amount	Fair value
Long-term debt	\$ 618,086	615,920	565,942	571,456

(e) Fair Value Hierarchy

HSHS has adopted ASC Topic 820 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that HSHS has the ability to access at the measurement date.
- Level 2 are observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 inputs are unobservable inputs for the asset or liability.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. There were no transfers between Level 1, Level 2, or Level 3 for the fiscal years ended June 30, 2013 and 2012.

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The following table summarizes HSHS' cash and cash equivalents and assets whose use is limited or restricted by major category in the fair value hierarchy as of June 30, 2013, as well as related strategy, liquidity, and funding commitments:

	June 30, 2013				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	\$ 81,110	—	—	81,110	Daily	One
Assets whose use is limited or restricted excluding accrued interest and other of \$4,491 and pledges receivable and other of \$28,248:						
Cash and cash equivalents	\$ 93,530	—	—	93,530	Daily	One
Common stocks	525,568	—	—	525,568	Daily	Three
U.S. government securities	—	162,032	—	162,032	Daily	One
Municipal bonds	—	33,890	—	33,890	Daily	Two
Corporate bonds	—	269,256	—	269,256	Daily	Two
Foreign securities	259,087	25,276	—	284,363	Daily	Three
Commingled mutual funds	—	154,378	—	154,378	Daily	Three
Hedge funds:						
K2 multistrategy fund	—	—	196,551	196,551	Monthly	Thirty
Mesirow multifund	—	—	55,542	55,542	Monthly	Thirty
Total financial assets	\$ 878,185	644,832	252,093	1,775,110		
Liabilities:						
Derivative instruments	\$ —	41,831	—	41,831		

The table below sets forth a summary of changes in the fair value of the HSHS' Level 3 assets for the year ended June 30, 2013:

	Level 3 assets, year ended June 30, 2013		
	K2 fund	Mesirow fund	Total funds
Balance, beginning of year	\$ 165,890	43,413	209,303
Purchases	11,607	7,738	19,345
Sales	—	—	—
Total net gains	19,054	4,391	23,445
Balance, end of year	\$ 196,551	55,542	252,093

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The following table summarizes HSHS' cash and cash equivalents and assets whose use is limited or restricted by major category in the fair value hierarchy as of June 30, 2012, as well as related strategy, liquidity, and funding commitments:

	June 30, 2012				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents	\$ 90,514	—	—	90,514	Daily	One
Assets whose use is limited or restricted excluding accrued interest and other of \$8,666 and pledges receivable and other of \$22,127:						
Cash and cash equivalents	\$ 114,831	—	—	114,831	Daily	One
Common stocks	443,162	—	—	443,162	Daily	Three
U.S. government securities	—	296,522	—	296,522	Daily	One
Municipal bonds	—	33,879	—	33,879	Daily	Two
Corporate bonds	—	121,931	—	121,931	Daily	Two
Foreign securities	217,740	27,460	—	245,200	Daily	Three
Commingled mutual funds	—	152,837	—	152,837	Daily	Three
Hedge funds						
K2 multistrategy fund	—	—	165,890	165,890	Monthly	Thirty
Mesirow multifund	—	—	43,413	43,413	Monthly	Thirty
Total financial assets	\$ 775,733	632,629	209,303	1,617,665		
Liabilities:						
Derivative instruments	\$ —	64,437	—	64,437		

The table below sets forth a summary of changes in the fair value of the HSHS' Level 3 assets for the year ended June 30, 2012:

	Level 3 assets, year ended June 30, 2012		
	K2 fund	Mesirow fund	Total funds
Balance, beginning of year	\$ —	—	—
Purchases	166,400	41,600	208,000
Total net gains (losses)	(510)	1,813	1,303
Sales	—	—	—
Balance, end of year	\$ 165,890	43,413	209,303

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A summary of assets whose use is limited or restricted as of June 30, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Assets whose use is limited or restricted:		
By the board for capital improvements	\$ 1,547,405	1,375,077
Funds held by trustee under indenture agreements	—	34,723
Funds held by trustee for self-insurance	90,251	83,710
Funds held by RQIL	73,541	64,051
Funds temporarily restricted by donors	463	425
Investments held at the Foundation	96,189	90,472
Total assets whose use is limited or restricted	<u>\$ 1,807,849</u>	<u>1,648,458</u>

The composition of investment return for the years ended June 30, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Investment return:		
Interest and dividend income	\$ 22,883	29,548
Net realized gains on sale of investments	40,538	58,743
Change in net unrealized gains and losses	69,286	(63,563)
Total investment return	<u>\$ 132,707</u>	<u>24,728</u>

Investment returns are included in the accompanying consolidated statements of operations and changes in net assets for the years ended June 30, 2013 and 2012 as follows:

	<u>2013</u>	<u>2012</u>
Other revenues – investment income	\$ 2,751	786
Nonoperating gains – investment income	128,782	23,565
Temporarily restricted net assets – investment income	1,182	308
Permanently restricted net assets – investment income (loss)	(9)	28
Interest income capitalized as part of construction in progress	1	41
Total investment return	<u>\$ 132,707</u>	<u>24,728</u>

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(7) Derivative Instruments

HSHS has interest-rate related derivative instruments to manage its exposure on its debt instruments. HSHS does not enter into derivative instruments for any purpose other than cash flow hedging purposes, and HSHS does not speculate using derivative instruments.

By using derivative financial instruments to hedge exposures to changes in interest rates, HSHS exposes itself to credit risk, tax risk, and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivative contract. When the fair value of a derivative contract is positive, the counterparty owes HSHS, which creates credit risk for HSHS. When the fair value of a derivative contract is negative, HSHS owes the counterparty, and therefore, it does not possess credit risk. HSHS minimizes the credit risk in derivative instruments by entering into transactions with high-quality counterparties.

Tax risk is the adverse effect that HSHS takes on to the extent tax law changes impact the rates paid to a variable rate bondholder (either positively or negatively) that would affect the variable rate received from the counterparty under a LIBOR-based swap that may not match the tax-exempt equivalent rate being paid. HSHS minimizes the tax risk in derivative instruments by maintaining sufficient cash reserves to handle potential tax law changes.

Market risk is the adverse effect on the value of the derivative instrument that results from a change in interest rates. The market risk associated with interest rate contracts is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken.

HSHS is exposed to credit loss in the event of nonperformance by the counterparty to the interest rate swap agreements; however, this is not anticipated. During the years ended June 30, 2013 and 2012, HSHS was not required to post collateral.

HSHS maintains interest rate swap agreements, which effectively change the interest rate exposure on a portion of its variable rate bonds to a fixed rate. HSHS receives the SIFMA Index variable rate and pays a fixed rate of 4.02% and 3.47%. The interest rate swap agreements have notional amounts of \$218,475 at both June 30, 2013 and 2012, which will amortize through March 2036.

HSHS also entered into a fixed spread basis swap in fiscal year 2008 that removes the tax risk from the bondholders and transfers the risk to HSHS. The premium that HSHS receives for taking on this risk is 67.00% of the one-month LIBOR plus a fixed spread of 48 basis points less the SIFMA Index rate. The fixed spread basis swap has a notional amount of \$150,000 with a final maturity in May 2033.

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The following is a summary of the swaps as of June 30, 2013:

Type of interest swap	Notional amount	Settlement value	Fair value
Fixed payor	\$ 76,750	(13,409)	(12,627)
Fixed spread basis	150,000	(4,705)	(3,633)
Fixed payor	41,300	(8,011)	(7,448)
Fixed payor	100,425	(19,495)	(18,123)
		<u>\$ (45,620)</u>	<u>(41,831)</u>

The following is a summary of the swaps as of June 30, 2012:

Type of interest swap	Notional amount	Settlement value	Fair value
Fixed payor	\$ 76,750	(25,211)	(22,536)
Fixed spread basis	150,000	(3,781)	(2,302)
Fixed payor	41,300	(13,145)	(11,533)
Fixed payor	100,425	(31,996)	(28,066)
		<u>\$ (74,133)</u>	<u>(64,437)</u>

(8) Property, Plant, and Equipment

A summary of property, plant, and equipment at June 30, 2013 and 2012 is as follows:

	2013	2012
Land	\$ 49,952	47,294
Land improvements	38,184	37,113
Buildings and permanent fixtures	1,296,440	1,246,834
Equipment and furnishings	1,193,187	1,142,086
	<u>2,577,763</u>	<u>2,473,327</u>
Less accumulated depreciation	<u>1,509,277</u>	<u>1,433,133</u>
	1,068,486	1,040,194
Construction in progress	189,031	111,869
	<u>\$ 1,257,517</u>	<u>1,152,063</u>

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As of June 30, 2013, construction in progress represents various building and remodeling projects. These projects, which have remaining contracted costs at June 30, 2013 of approximately \$84,973, will be financed with board-designated assets or from operations.

A reconciliation of total interest costs, as reported in the accompanying consolidated statements of operations for 2013 and 2012, is as follows:

	2013	2012
Interest cost capitalized	\$ 3,238	3,997
Interest cost charged to expense	7,247	6,316
Total interest cost	<u>\$ 10,485</u>	<u>10,313</u>
Interest income capitalized	\$ 1	41

(9) Self-Insurance

(a) Professional and General Liability

Under the System's professional and general liability self-insurance program through RQIL, claims are reflected based upon actuarial estimation, including both reported and incurred but not reported claims, taking into consideration the severity of incidents and the expected timing of claim payments. At June 30, 2013 and 2012, funds held by RQIL were \$73,541 and \$64,051, respectively. The related estimated self-insurance liabilities for June 30, 2013 and 2012 were \$66,881 and \$51,488, respectively. At June 30, 2013 and 2012, RQIL's estimated self-insurance liability for all future claims payments reflects the actuarially determined outstanding losses at the undiscounted/expected level. The amount included in expenses for professional and general liability insurance by RQIL for 2013 and 2012 was \$19,099 and \$14,267, respectively, and is included in other expense in the consolidated statements of operations. These calculations take into consideration any liability that may be covered under an extended reporting endorsement and considered "tail" liability.

HSHS is involved in litigation arising in the ordinary course of business. Reported claims are in various stages of litigation. Additional claims may be asserted against HSHS arising from services through June 30, 2013. It is the opinion of management that the estimated malpractice liabilities accrued at June 30, 2013 are adequate to provide for potential losses resulting from pending or threatened litigation.

(b) Workers' Compensation and Employee Health

The HSHS self-insurance program provides workers' compensation insurance and health insurance for employees. An independent actuary has been retained to assist management in determining funding requirements for workers' compensation insurance. For health insurance claims, HSHS has

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developed internal techniques for estimating the ultimate costs. The amounts funded for each program have been placed in separate accounts that are administered by the trustee.

At June 30, 2013 and 2012, funds held by the trustee and critical access hospitals for workers' compensation liability self-insurance are \$28,790 and \$25,237, respectively, and related estimated self-insurance liabilities are \$15,274 and \$13,005, respectively. The discount rate used to compute the estimated self-insurance liability at June 30, 2013 and 2012 was 4%, for all future claim payments. The amount included in employee benefits for 2013 and 2012 was \$8,256 and \$5,599, respectively, and is included in other expense in the consolidated statements of operations. Subsequently, in July 2013, the estimated workers' compensation liability of \$15,274 was transferred to RQIL to begin to administer this risk program.

At June 30, 2013 and 2012, funds held by the trustee for health insurance liability for employees' self-insurance are \$61,461 and \$58,473, respectively, and are included in assets whose use is limited or restricted. At June 30, 2013 and 2012, related estimated self-insurance liabilities are \$12,018 and \$10,518, respectively.

(10) Pension

HSHS employees participate in The Hospitals Sisters Health System Employees Pension Plan (the Plan). This noncontributory defined benefit pension plan covers substantially all employees of the System who have completed 1,000 hours of employment during any calendar year subsequent to the commencement of employment. The Plan recognizes and funds the costs related to employee service using the projected unit credit actuarial cost method. The information below represents the aggregation of HSHS' pension financial status, which is determined by the consulting actuaries on a member-specific basis.

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The following table sets forth the Plan's funded status, amounts recognized in HSHS' consolidated financial statements, and assumptions at June 30, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Change in benefit obligation.		
Benefit obligation at beginning of year	\$ 1,293,236	1,057,227
Service cost	49,622	40,998
Interest cost	60,884	58,154
Actuarial loss (gain)	(6,623)	161,114
Expected expenses	(102,258)	(6,061)
Benefits paid	(23,091)	(18,196)
Benefit obligation at end of year	<u>\$ 1,271,770</u>	<u>1,293,236</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 883,197	808,116
Actual gain on plan assets	92,864	52,814
Employer contributions	66,906	40,463
Benefits paid	(23,091)	(18,196)
Fair value of plan assets at end of year	<u>\$ 1,019,876</u>	<u>883,197</u>
Reconciliation of funded status:		
Funded status	\$ (251,894)	(410,039)
Amounts recognized in the accompanying consolidated balance sheets:		
Accrued benefit liability	(251,894)	(410,039)
Amounts not yet reflected in net periodic benefit cost and included as an accumulated charge to unrestricted net assets:		
Prior service cost	\$ (2,495)	(3,070)
Actuarial loss	(249,399)	(406,969)
	<u>\$ (251,894)</u>	<u>(410,039)</u>

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	<u>2013</u>	<u>2012</u>
Changes recognized in unrestricted net assets:		
Net loss (gain) arising during the period	\$ (128,269)	170,762
Amortization of prior service credit	(575)	303
Amortization or settlement recognition of net loss	(29,301)	(10,137)
Total recognized in unrestricted net assets	<u>\$ (158,145)</u>	<u>160,928</u>
Total recognized in net periodic pension cost and unrestricted net assets	\$ (91,239)	201,392
Estimated amounts that will be amortized from unrestricted net assets over the next fiscal year:		
Prior service credit	(575)	(575)
Net loss	(16,866)	(28,876)
Accumulated benefit obligation	1,169,337	1,172,307
Components of net periodic benefit cost:		
Service cost	\$ 49,622	40,998
Interest cost	60,884	58,154
Expected return on plan assets	(73,476)	(68,522)
Amortization of prior service cost	575	(303)
Amortization of net loss	29,301	10,137
Net periodic benefit cost	<u>\$ 66,906</u>	<u>40,464</u>
	<u>2013</u>	<u>2012</u>
Weighted average assumptions used to determine benefit obligations at June 30:		
Discount rate	5.24%	4.75%
Average rate of compensation increase	3.00	3.00
Measurement date	6/30/2013	6/30/2012
Weighted average assumptions used to determine net periodic benefit cost for the year ended June 30:		
Discount rate	4.75%	5.69%
Expected long-term return on plan assets	8.25	8.25
Average rate of compensation increase	3.00	3.00
Measurement date	6/30/2012	6/30/2011

The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual assets categories. The return is based exclusively on historical returns, without adjustments.

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As of June 30, 2013 and 2012, the Mercer Bond Model was used to determine the discount rate used to measure liabilities of the Plan. HSHS concluded the Mercer Bond Model provided the best estimate of the interest rates at which the pension benefits could be effectively settled in accordance with ASC Section 715-30-55-25. The Mercer Bond Model discounts the Plan's cash flow and calculates the Plan's appropriate equivalent single discount rate for the given cash flow based on a hypothetical bond portfolio whose cash flows from coupons and maturities match year-by-year the projected liability benefit payments from the Plan.

HSHS expects to contribute to its pension plan for the 2014 fiscal year the following amount

	\$	49,908
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The following benefit payments that reflect expected future service, as appropriate, are expected to be paid:

2014	\$	30,401
2015		36,236
2016		42,432
2017		49,385
2018		56,541
2019-2023		384,527

The expected benefits are based on the same assumptions used to measure HSHS' benefit obligation at June 30, 2013 and include estimated future employee service.

The Plan has developed a Pension Plan Investment Policy Statement (the IPS), which is reviewed and approved by the HSHS board of directors. The IPS established goals and objectives of the fund, asset allocations, allowable and prohibited investments, socially responsible guidelines, and asset classifications, as well as specific investment manager guidelines. The IPS dictates that assets should be rebalanced back to target allocation on a quarterly basis. Investments are managed by independent advisers. Management monitors the performance of these managers on a monthly basis.

The table below lists the target asset allocation and acceptable ranges and actual asset allocations as of June 30, 2013 and 2012:

Asset	Target allocation	Acceptable range	Actual allocation at June 30	
			2013	2012
Equities	57%	30%-70%	58%	55%
Debt securities	30	20-70	26	29
Alternative investments	13	0-15	13	12
Cash and cash equivalents	—	0-6	3	4

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(a) Overall Investment Objective

The overall investment objective of the Plan is to invest the Plan's assets in a prudent manner to best serve the participants of the Plan. Plan investment assets are to produce investment results that achieve the Plan's actuarial assumed rate of return, protect the integrity of the Plan, assist HSHS in meeting the obligations to the Plan's participants, manage risk exposures, focus on downside protection, and to maintain enough liquidity in the portfolio to ensure timely cash outflows and beneficiary payments. The Plans' investments are diversified among various asset classes incorporating multiple strategies and managers to exceed a weighted benchmark return based upon policy asset allocation targets and standard index returns. Major investment decisions are authorized by the Board's Retirement Committee, which oversees the Plan's investment program in accordance with established guidelines.

(b) Allocation of Investment Strategies

The Plan maintains a percent of assets in domestic and international equity stocks to achieve the expected rate of return. To manage risk exposure, up to 30% of the Plans' assets are invested in a liability driven investment strategy

(c) Basis of Reporting

Investments are reported at estimated fair value. If an investment is held directly by HSHS and an active market with quoted prices exists, the market price of an identical security is used as reported fair value. Reported fair values for shares in mutual funds registered with them are based on share prices reported by the funds as of the last business day of the fiscal year. The Plan's interests in alternative investment funds are generally reported at the net asset value reported by the fund managers, which is used as a practical expedient to estimate the fair value of the Plan's interest therein, unless it is probable that all or a portion of the investment will be sold for an amount different from net asset value. As of June 30, 2013, the Plan had no plans or intentions to sell investments at amounts different from net asset value.

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The fair values of HSHS' pension plan assets at June 30, 2013, by asset category class, are as follows:

	June 30, 2013			Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3		
Pension plan assets excluding accrued interest of \$2,084:					
Cash and cash equivalents \$	56,421	—	—	Daily	One
Common stocks	409,767	—	—	Daily	Three
U.S. government securities	—	105,915	—	Daily	One
Commingled mutual funds	—	143,194	—	Daily	One
Municipal bonds	—	2,688	—	Daily	Two
Corporate bonds, notes, and debentures	—	5,794	—	Daily	Two
Foreign securities	154,366	5,092	—	Daily	Three
Hedge funds:					
K2 multistrategy fund	—	—	29,679	Monthly	Thirty
Mesrow multistrategy fund	—	—	104,876	Monthly	Thirty
Total assets at fair value	\$ 620,554	262,683	134,555		

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2013:

	Level 3 assets, year ended June 30, 2013		
	K2 fund	Escrow fund	Total funds
Balance, beginning of year	\$ 20,537	86,305	106,842
Purchases	6,657	9,986	16,643
Total net gains	2,485	8,585	11,070
Sales	—	—	—
Balance, end of year	\$ 29,679	104,876	134,555

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The fair values of the HSHS' pension plan assets at June 30, 2012, by asset category class, are as follows:

	June 30, 2012			Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3		
Pension plan assets excluding accrued interest of \$2,017.					
Cash and cash equivalents \$	31,627	—	—	Daily	One
Common stocks	342,927	—	—	Daily	Three
U.S. government securities	—	108,654	—	Daily	One
Commingled mutual funds	—	142,355	—	Daily	One
Municipal bonds	—	2,917	—	Daily	Two
Corporate bonds, notes, and debentures	—	11,893	—	Daily	Two
Foreign securities	129,130	4,835	—	Daily	Three
Hedge funds					
K2 multistrategy fund	—	—	20,537	Monthly	Thirty
Mesrow multistrategy fund	—	—	86,305	Monthly	Thirty
Total assets at fair value	\$ 503,684	270,654	106,842		

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2012:

	Level 3 assets, year ended June 30, 2012		
	K2 fund	Mesrow fund	Total funds
Balance, beginning of year	\$ —	—	—
Purchases	20,600	82,700	103,300
Total net gains (losses)	(63)	3,605	3,542
Sales	—	—	—
Balance, end of year	\$ 20,537	86,305	106,842

(d) Fair Value of Financial Instruments

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2013 and 2012.

- Cash and cash equivalents: Valued at the carrying amount that approximates fair value because of the short-term maturity of these investments.

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- Common and preferred stocks, U.S. government securities, commingled mutual funds, and foreign securities: Valued at the closing price reported on the active market on which the individual securities are traded.
- Municipal bonds, corporate bonds, notes, and debentures: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity.

The Plan has certain hedge fund investments for which quoted market prices are not available. The estimated fair value of these hedge fund investments includes estimates, appraisals, assumptions, and methods provided by external financial advisers and reviewed by HSHS.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(e) Fair Value Hierarchy

The Plan has adopted ASC Subtopic 715-20-50, *Compensation – Retirement Benefits: Defined Benefit Plans – General: Disclosures*, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Subtopic 715-20-50 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

(11) Long-Term Debt

HSSI and its 13 hospital affiliates are included in the HSSI Obligated Group. Under the terms of the Obligated Group MTI, each member of the Obligated Group is jointly and severally liable for all obligations issued thereunder. Bonds issued are unsecured general obligations, but carry covenants regarding withdrawals from the Obligated Group, issuance of additional debt, and creations of liens on property. Obligations outstanding under the Obligated Group MTI are issued through state health facility authorities and comprise both serial and term bonds with varying maturities.

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As of June 30, 2013, long-term debt consisted of the following:

Series	Interest rates	Final maturity dates	2013
Fixed interest rate issues:			
2007A	5.00%	March 15, 2028	\$ 72,035
2012B	2.00% to 5.00%	August 15, 2021	76,880
2012C	2.00% to 5.00%	August 15, 2021	68,785
Variable interest rate issues:			
2012A	Variable 0.88% at June 30, 2013	June 30, 2041	20,300
2012D	Variable 0.05% at June 30, 2013	August 1, 2040	61,050
2012E	Variable 0.05% at June 30, 2013	August 1, 2040	41,550
2012F	Variable 0.07% at June 30, 2013	August 1, 2040	31,645
2012G	Variable 0.07% at June 30, 2013	August 1, 2040	31,645
2012H	Variable 0.15% and 0.16% at June 30, 2013	August 1, 2040	65,885
2012I	Variable 0.13% to 0.17% at June 30, 2013	August 1, 2040	89,460
2012J	Variable 0.16% at June 30, 2013	August 1, 2040	14,160
Total fixed and variable interest debt			573,395
Other long-term debt			23,974
Plus unamortized bond issue premiums			20,717
Total debt			618,086
Less current installments			17,909
Less long-term debt subject to short-term remarketing agreements			169,508
Total long-term debt, excluding current installments			\$ 430,669

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As of June 30, 2012, long-term debt consisted of the following:

Series	Interest rates	Final maturity dates	2012
Fixed interest rate issues:			
2007A	5.00%	March 15, 2028	\$ 72,035
Variable interest rate issues:			
2003A	Variable 0.50% at June 30, 2012	December 1, 2023	65,550
2003B	Variable 0.25% to 0.37% at June 30, 2012	December 1, 2023	69,850
2007B-1	Variable 0.35% at June 30, 2012	March 15, 2036	76,750
2007B-2	Variable 0.50% at June 30, 2012	March 15, 2036	41,300
2007C	Variable 0.50% at June 30, 2012	March 15, 2036	100,425
2008A	Variable 0.15% to 0.19% at June 30, 2012	June 1, 2029	89,005
2008B	Variable 0.17% to 0.18% at June 30, 2012	June 1, 2029	14,090
			<u>529,005</u>
Other long-term debt			<u>34,318</u>
			563,323
Plus unamortized bond issue premiums			<u>2,619</u>
Total debt			565,942
Less current installments			28,517
Less long-term debt subject to short-term remarketing agreements			<u>158,047</u>
Total long-term debt, excluding current installments			<u>\$ 379,378</u>

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The Obligated Group's effective interest rates for variable debt for the years ended June 30, 2013 and 2012 are as follows:

	<u>2013</u>
Variable interest rate issues:	
2012A	0.06%
2012D	0.05
2012E	0.05
2012F	0.07
2012G	0.07
2012H	0.16
2012I	0.15
2012J	0.16
	<u>2012</u>
Variable interest rate issues:	
2003A	0.26%
2003B	0.32
2007B-1	0.19
2007B-2	0.26
2007C	0.27
2008A	0.16
2008B	0.15

Bond issue premiums and costs are amortized over the term of the related bonds using the bonds outstanding method. Bond issuance costs, net of amortization, are reported as other assets in the accompanying consolidated balance sheets.

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HSSI has variable rate bonds, a portion of which have a put option available to the creditor. If the put option is exercised, the bonds are presented to the bank, which in turn draws on the underlying direct pay letter of credit, if available. Self-liquidity bonds are backed by the financial assets of HSSI. The bond series and the underlying credit facility terms are described as follows as of June 30, 2013:

Series	Term
Series 2012 D, E, F, and G	Equal quarterly installments on the first business day of each January, April, July, or October whichever occurs first on or following the 367th day after the purchase date and paid in full no later than the third anniversary of the purchase date
Series 2012 H, I, and J	Self-liquidity – 270 days

On October 1, 2012, HSSI issued \$601,475 of Series 2012 bonds of which \$100,115 remain held as bank bonds as of June 30, 2013. HSSI received a bond premium of \$19,360 related to this issuance as part of the proceeds. The proceeds of \$520,720 were used to refund prior outstanding bonds and issue new bonds. As part of this issuance, \$160,415 was issued as new bonds of which \$100,115 remain held as bank bonds. The remaining part of the issuance of \$441,060 was issued as bonds refunding prior outstanding bonds. As a result of this issuance, HSSI incurred a non-cash loss of \$5,073 for previously unamortized bond issue costs.

Scheduled principal repayments on long-term debt based on the variable rate demand notes being put back to HSHS and a corresponding draw being made on the underlying credit facility, if available, are as follows:

Year ending June 30:	
2014	\$ 187,417
2015	72,872
2016	71,769
2017	71,649
2018	16,919
Thereafter	176,743
	<u>\$ 597,369</u>

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Scheduled principal repayments on the long-term debt based on the scheduled redemptions according to the Obligated Group MTI are as follows:

Year ending June 30:	
2014	\$ 17,909
2015	17,575
2016	16,473
2017	16,353
2018	16,919
Thereafter	<u>512,140</u>
	<u>\$ 597,369</u>

(12) Capital Leases

HSHS leases certain equipment under capital leases. Included with property, plant, and equipment are \$25,184 of assets held under capital leases and \$8,317 of related accumulated amortization at June 30, 2013. A summary of future minimum lease payments and the present value of future minimum lease payments related to capital leases at June 30, 2013 is as follows:

	<u>Amount</u>
Year	
2014	\$ 4,606
2015	3,805
2016	2,251
2017	1,381
2018	1,189
Thereafter	<u>9,882</u>
Total future minimum lease payments	23,114
Less amount representing interest at rates ranging from 5.0% to 6.5%	<u>5,535</u>
Present value of future minimum lease payments	17,579
Less current portion of obligations under capital leases included in current installments of long-term debt	<u>3,684</u>
Obligations under capital leases, excluding current portion included in long-term debt, excluding current installments	<u>\$ 13,895</u>

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(13) Functional Expenses

HSBS provides general healthcare services to residents within its respective geographic regions. Expenses related to providing these services for the years ended June 30, 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Healthcare services	\$ 1,545,042	1,506,246
General and administrative services	440,960	423,337
	<u>\$ 1,986,002</u>	<u>1,929,583</u>

(14) Prevea

St. Vincent Hospital (St. Vincent) and St. Mary's Hospital Medical Center (St. Mary's) (collectively referred to as the Green Bay Hospitals), two members of the Obligated Group located in Green Bay, Wisconsin, each have a 25% interest in Prevea Health Systems, Inc. (Prevea). The Green Bay Hospitals held \$21,989 (21,989 shares), at June 30, 2013 and 2012, of Prevea preferred stock. Prevea has 9,000 shares of authorized stock consisting of 900 shares of Class P voting common stock, 3,600 shares of Class P nonvoting, and 4,500 shares of Class H common stock.

With respect to all matters upon which shareholders are entitled to vote or give consent, the outstanding shares of Class P voting common stock constitute one voting group and the holders of outstanding shares of Class H common stock constitute a separate voting group. Each voting group gets 50% of the total voting privileges (with each entitled to elect one-half of the total authorized number of directors of the corporation). Based on Prevea numbers as of June 30, there are 100 voting shares for the Hospitals (Class H), 146 voting shares for Physicians (Class P). There are 457 nonvoting shares. The preferred stockholders of Prevea have liquidation preferences to common stockholders, as defined in the Articles of Incorporation of Prevea. The preferred stock entitles the Green Bay Hospitals to receive dividends equal to 7% of the face value of the preferred stock. Additionally, preferred stock dividends are cumulative. The Green Bay Hospitals' policy is to recognize preferred stock dividends when the dividends are declared. Dividends were declared and paid by Prevea totaling \$0 in 2013 and \$500 in 2012. The investment in Prevea is accounted for using the equity method. The carrying value of the Green Bay Hospitals' investment in Prevea, inclusive of preferred stock holdings, is reported as other assets in the accompanying consolidated balance sheets.

Prevea formed a wholly owned subsidiary, Prevea Clinic, Inc. (the Clinic). The Clinic started operations in 1995. The Clinic consists of several medical clinic locations throughout the Green Bay and Sheboygan area with approximately 296 physicians and midlevel providers.

Prevea formed Prevea Regional Services, Inc. (Prevea Regional) in 1997 to develop a regional clinic system throughout the outlying areas of Green Bay. Prevea held all of the voting common stock of Prevea Regional on June 30, 2009. The Green Bay Hospitals held \$5,550 (1,110 shares) at June 30, 2009 of nonvoting preferred stock in Prevea Regional. In August 2009, Prevea Regional was merged into the Clinic.

**HOSPITAL SISTERS HEALTH SYSTEM
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by Prevea. Also in August 2009, the Green Bay Hospitals' preferred stock shares of \$5,550 (1,110 shares) in Prevea Regional were exchanged for preferred shares of equal value in Prevea Health Services, Inc.

In September 2009, the Clinic entered into several transactions with St. Vincent. They are summarized as follows:

- Certain assets of the Clinic were sold, transferred, and assigned in the amount of \$31,370 in exchange for the redemption of the appropriate number of shares of preferred stock owned by St. Vincent having the same value.
- Lease arrangements – St. Vincent leased all real property, equipment, furnishings, and other personal property and intellectual property from the Clinic for use in the operations of the Clinic.
- Physician services agreement – St. Vincent entered into physician services agreement with the Clinic whereby the Clinic provides certain professional medical services in connection with the operations of the clinic.
- Managed and staff services agreement – St. Vincent entered into a management and nonphysician staff services agreement with the Clinic in connection with the operations of the clinics whereby the Clinic provides certain management and nonphysician staff services in connection with the operations of the Clinic.

Since September 2009, St. Vincent, with the completion of these transactions, has assumed operations of the Clinic's medical clinic locations, and it is now operating these sites as St. Vincent doing business as Prevea Health receiving all of the Clinic's patient revenues and responsible for all of the operating expenses. The expenses directly related to Prevea Health, mainly for the leasing of all employees and doctors, for the years ended June 30, 2013 and 2012 are \$184,806 and \$178,214, respectively, included in other expenses in the consolidated statements of operations.

During the years ended June 30, 2013 and 2012, the Green Bay Hospitals have \$906 and \$930, respectively, of notes receivable for cash advances to Prevea.

The following are Prevea's condensed unaudited financial statement data as of and for the years ended June 30, 2013 and 2012:

	2013	2012
Total assets	\$ 86,283	83,914
Total liabilities	50,347	50,458
Total equity	35,935	33,456
Total net revenue	198,779	182,007
Net income	2,682	2,220

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The Green Bay Hospitals' equity portion in Prevea at June 30, 2013 and 2012 increased by \$774 and \$1,595, respectively, and is included in other operating income in the accompanying consolidated statements of operations.

During fiscal year 2010, the Obligated Group replaced the St. Vincent guarantee whereby the Obligated Group agrees to guarantee the lesser of \$10,500, or 39.92%, of the outstanding notes. The Obligated Group will be paid 1.25% of the lesser of 39.92% of the average outstanding principal amount of \$10,500 the outstanding notes. Included in the guarantee executed in December 2009 are \$2,920 taxable variable rate demand notes of PHP Insurance Plan, Inc. (PHP). PHP, a former health maintenance organization, sold its insurance license, changed its corporate structure, and became Prevea Ventures, LLC (PV). Prevea is the sole corporate member of PV. At June 30, 2013 and 2012, the Clinic has notes outstanding with balances of \$21,291 and \$22,555, respectively. At June 30, 2013 and 2012, PV has notes outstanding of \$2,364 and \$2,505, respectively.

(15) Joint Ventures

Joint ventures are accounted for using the equity method of accounting and represent \$14,925 and \$18,002 of other long-term assets in the accompanying consolidated balance sheets at June 30, 2013 and 2012, respectively. The most significant of these investments, excluding Prevea (note 14), include:

- Protestant Memorial Medical Center and St. Elizabeth's Healthcare Services, LLP (held by St. Elizabeth's Hospital) – 50% ownership interest
- Northeast Wisconsin Radiation Therapy Services, LLC (held by St. Vincent and St. Mary's, Green Bay) – each hospital has a 25% ownership interest
- Pain Center of Wisconsin (held by St. Vincent) – 50% ownership interest
- Surgery Center of Sheboygan, LLC (held by St. Nicholas Hospital) – 50% ownership interest
- Orange Cross Ambulance, Inc. (held by St. Nicholas Hospital) – 50% ownership interest
- Holy Family (held by St. Vincent) – 50% ownership interest
- Wisconsin Upper Peninsula Oncology Management Services, Inc. (held by St. Vincent) – 50% ownership interest
- Community Memorial Hospital – (held by St. Vincent (70%) and St. Mary's, Green Bay (30%)) – 24% ownership interest overall, beginning May 17, 2011.

For the years ended June 30, 2013 and 2012, HSHS recognized income of \$3,384 and \$4,131, respectively, in investments in affiliated companies. This activity is included as a component of other revenue in the accompanying consolidated statements of operations. During 2013 and 2012, HSHS received cash distributions of \$4,230 and \$4,039, respectively, from the joint ventures. During 2012, HSHS also contributed cash of \$95 to the joint ventures.

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The following table summarizes the unaudited aggregated financial information of unconsolidated affiliated companies of HSHS as of June 30, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Total assets	\$ 51,504	52,613
Total liabilities	17,143	18,411
Total equity	34,361	34,202
Total net revenue	33,489	35,030
Net income	6,590	7,886

(16) Pledges Receivable

Pledges, net of a present value discount rate, determined in the year the pledge is made, and an allowance for uncollectible pledges are recorded as a component of assets whose use is limited or restricted in the accompanying consolidated financial statements based on their expected collection date.

Included in assets whose use is limited or restricted at June 30, 2013 and 2012 are the following unconditional promises to give:

	<u>2013</u>	<u>2012</u>
Unconditional promises to give	\$ 7,103	8,291
Less unamortized discount	158	419
	<u>6,945</u>	<u>7,872</u>
Less allowance for uncollectible pledges	260	286
Net pledges receivable	<u>\$ 6,685</u>	<u>7,586</u>
Amounts due in:		
Less than one year	\$ 2,487	2,553
One to five years	4,413	4,751
More than five years	203	987
Total	<u>\$ 7,103</u>	<u>8,291</u>

**HOSPITAL SISTERS HEALTH SYSTEM
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Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(Dollars in thousands)

(17) Temporarily and Permanently Restricted Assets

Temporarily restricted assets are available for the following purposes or periods at June 30, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Healthcare services	\$ 11,916	9,475
Capital expenditures	13,109	10,883
Catholic Radio	207	221
College of nursing	255	204
	<u>\$ 25,487</u>	<u>20,783</u>

As of June 30, 2013 and 2012, HSHS has permanently restricted endowments as follows:

	<u>2013</u>	<u>2012</u>
Assets to be held in perpetuity, the income from which is expendable to support nursing schools	\$ 2,430	2,300
Assets to be held in perpetuity, the income from which is expendable to support specific operations of HSHS facilities	20,641	20,450
	<u>\$ 23,071</u>	<u>22,750</u>

As of June 30, 2013 and 2012, HSHS has unrestricted and temporarily restricted funds that represent the unspent accumulation of earnings for endowment funds as follows:

	<u>2013</u>	<u>2012</u>
Unspent income from which is expendable to support nursing schools	\$ 324	241
Unspent income from which is expendable to support specific operations of HSHS facilities	8,673	7,334
	<u>\$ 8,997</u>	<u>7,575</u>

(18) Commitments and Contingencies

(a) Operating Leases

HSHS occupies space in certain facilities and leases various pieces of equipment under long-term noncancelable operating lease arrangements. Total equipment rental, asset lease, and facility rental expense in 2013 and 2012 were \$29,053 and \$28,552, respectively.

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Notes to Consolidated Financial Statements

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(Dollars in thousands)

The following is a schedule by year of future minimum lease payments to be made under operating leases as of June 30, 2013 that have initial or remaining lease terms in excess of one year:

	<u>Amount</u>
Year ending June 30:	
2014	\$ 23,278
2015	17,936
2016	15,785
2017	14,600
2018	14,102
Thereafter	17,651

(b) Legal, Regulatory, and Other Contingencies and Commitments

The laws and regulations governing the Medicare, Medicaid, and other government healthcare programs are extremely complex and subject to interpretation, making compliance an ongoing challenge for HSHS and other healthcare organizations. Recently, the federal government has increased its enforcement activity, including audits and investigations related to billing practices, clinical documentation, and related matters. HSHS maintains a compliance program designed to educate employees and to detect and correct possible violations.

(c) Litigation

HSHS is involved in litigation arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the HSHS's future consolidated financial position or results of operations.

(d) Unemployment

The Wisconsin hospitals of HSHS pledged a U.S. Treasury note as collateral for any unpaid unemployment compensation claims with a face value of \$4,000 for 2013 and 2012 to the Wisconsin Unemployment Reserve Fund. The pledged U.S. Treasury note remained unused at June 30, 2013 and 2012.

(e) The Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (often referred to, collectively, as the Affordable Care Act or the healthcare reform law), was signed into law on March 23, 2010. The statute will change how healthcare services are delivered and reimbursed through a variety of mechanisms. The law contains stronger antifraud enforcement provisions and provides additional funding for enforcement activity.

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On May 6, 2011, CMS issued a final rule establishing a value-based purchasing program for acute care hospitals paid under the Medicare Inpatient Prospective Payment System. Beginning in federal fiscal year 2013, incentive payments will be made based on achievement of or improvement in a set of clinical and quality measures designed to foster improved clinical outcomes. HSHS continues to monitor the impact of this ruling as regulations become finalized.

(f) *Tax Exemption for Sales Tax and Property Tax*

Effective June 14, 2012, the Governor of Illinois signed into law, *Public Act 97-0688*, which creates new standards for state sales tax and property tax exemptions in Illinois. The law establishes new standards for the issuance of charitable exemptions, including requirements for a nonprofit hospital to certify annually that in the prior year, it provided an amount of qualified services and activities to low-income and underserved individuals with a value at least equal to the hospital's estimated property tax liability. HSHS certified in 2013 and has not recorded a liability for related property taxes based upon management's current determination of qualified services provided.

(g) *Investment Risk and Uncertainties*

HSHS invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

(19) Subsequent Events

HSHS evaluated events and transactions through October 28, 2013, the date the consolidated financial statements were issued, noting no subsequent events requiring recording or disclosure.

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES
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Consolidating Balance Sheet Information

June 30, 2013

(Dollars in thousands)

Assets	HSSI - Obligated Group	RQIL	Unity Limited Partnership	KCIN	Healthcare West
Current assets					
Cash and cash equivalents	\$ 55,473	—	3,693	1,666	106
Receivables					
Patients' accounts, less allowance for uncollectible accounts of \$129,300	276,021	—	1,932	—	—
Due from third-party reimbursement programs	2,813	—	—	—	—
Other	18,702	—	26	380	—
Total receivables	297,536	—	1,958	380	—
Current portion of assets whose use is limited or restricted	156,825	—	4,048	—	—
Inventories	38,875	—	—	—	—
Prepaid expenses	9,691	—	—	438	—
Total current assets	558,400	—	9,699	2,484	106
Assets whose use is limited or restricted	1,552,282	73,541	317	—	8,571
Property, plant, and equipment, net	1,058,097	—	5,216	7,495	1,971
Other assets	71,232	—	—	—	—
Total assets	\$ 3,240,011	73,541	15,232	9,979	10,648
Liabilities and Net Assets					
Current liabilities					
Current installments of long-term debt	\$ 14,481	—	—	—	—
Long-term debt subject to short-term remarketing agreements	169,508	—	—	—	—
Accounts payable	96,058	—	1,319	3,005	78
Accrued liabilities	96,804	475	43	721	12
Estimated payables under third-party reimbursement programs	43,637	—	—	—	—
Total current liabilities	420,488	475	1,362	3,726	90
Long-term debt, excluding current installments	474,091	—	—	5,000	—
Estimated self-insurance liabilities	15,274	66,881	—	—	—
Derivative instruments	41,831	—	—	—	—
Accrued benefit liability	232,510	—	—	—	—
Other noncurrent liabilities	30,041	—	6,242	—	411
Total liabilities	1,214,235	67,356	7,604	8,726	501
Net assets					
Unrestricted	1,929,884	6,185	7,628	1,253	10,147
Temporarily restricted	72,821	—	—	—	—
Permanently restricted	23,071	—	—	—	—
Total net assets	2,025,776	6,185	7,628	1,253	10,147
Stockholder's equity	—	—	—	—	—
Total liabilities and net assets	\$ 3,240,011	73,541	15,232	9,979	10,648

See accompanying independent auditors' report

Schedule 1

System Office	HSHS Medical Group	Health Care Trust Fund	Flex Plan	Foundation	Klara	Eliminations	Total
6,381	7,733	—	762	2,717	5,296	(2,717)	81,110
—	7,829	—	—	—	8,796	—	294,578
—	—	—	—	—	—	—	2,813
14,430	4,588	—	1,983	6,685	4,838	(27,997)	23,635
14,430	12,417	—	1,983	6,685	13,634	(27,997)	321,026
108,645	6,599	—	—	—	8,025	—	284,142
41	—	—	—	—	1,135	—	40,051
9,034	659	—	—	—	483	—	20,305
138,531	27,408	—	2,745	9,402	28,573	(30,714)	746,634
760	—	61,461	—	87,931	—	(261,156)	1,523,707
173,657	6,132	—	—	—	4,949	—	1,257,517
28,223	—	—	—	918	9,989	(42,154)	68,208
341,171	33,540	61,461	2,745	98,251	43,511	(334,024)	3,596,066
3,199	—	—	—	—	229	—	17,909
—	—	—	—	—	—	—	169,308
9,007	1,948	20,558	2,557	—	875	(21,312)	114,093
14,193	10,795	3,351	—	98,251	7,755	(98,463)	133,937
—	—	—	—	—	—	—	43,637
26,399	12,743	23,909	2,557	98,251	8,859	(119,775)	479,084
121,836	—	—	—	—	7,755	(178,013)	430,669
—	—	12,018	—	—	—	—	94,173
—	—	—	—	—	—	—	41,831
15,480	3,405	—	—	—	499	—	251,894
6,237	—	—	—	—	3,975	—	46,906
169,952	16,148	35,927	2,557	98,251	21,088	(297,788)	1,344,557
170,459	17,392	25,534	188	—	—	34,281	2,202,951
760	—	—	—	—	—	(48,094)	25,487
—	—	—	—	—	—	—	23,071
171,219	17,392	25,534	188	—	—	(13,813)	2,251,509
—	—	—	—	—	22,423	(22,423)	—
341,171	33,540	61,461	2,745	98,251	43,511	(334,024)	3,596,066

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES
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Consolidating Statement of Operations Information

Year ended June 30, 2013

(Dollars in thousands)

	HSSI - Obbigated Group	RQIL	Unity Limited Partnership	KCIN	Healthcare West
Net patient service revenues	\$ 1,902,152	—	19,777	—	—
Provision for uncollectible accounts	(100,341)	—	—	—	—
Net patient service revenue less provision for uncollectible accounts	1,801,811	—	19,777	—	—
Other revenues:					
Investment income	2,036	4,789	—	—	—
Net assets released from restrictions used for operations	1,933	—	—	—	—
Other	65,763	14,310	617	6,922	885
Total revenues and other support	1,871,543	19,099	20,394	6,922	885
Expenses					
Sisters' services	244	—	—	—	—
Salaries and wages	550,241	—	9,649	—	—
Employee benefits	208,683	—	4,094	—	—
Professional fees	96,221	—	211	95	7
Supplies	275,015	—	217	19	44
Depreciation and amortization	102,209	—	430	1,908	322
Interest	7,881	—	—	99	—
Other	570,069	19,099	5,226	9,218	306
Total expenses	1,810,563	19,099	19,827	11,339	679
Income (loss) from operations	60,980	—	567	(4,417)	206
Nonoperating gains (losses)					
Investment income	110,721	—	(26)	4	573
Change in fair value of interest rate swaps	22,606	—	—	—	—
Loss on conversion and early extinguishment of debt	(5,073)	—	—	—	—
Revenues and gains (losses) in excess (deficient) of expenses	189,234	—	541	(4,413)	779
Other changes in unrestricted net assets:					
Net assets released from restrictions used for the purchase of property, plant, and equipment	4,218	—	—	—	—
Reversal of change in pension funded status	150,522	—	—	—	—
Transfers from (to) affiliates	(47,095)	—	—	1,500	—
Change in unrestricted net assets	\$ 296,879	—	541	(2,913)	779

See accompanying independent auditors' report

Schedule 2

System Office	HSHS Medical Group	Health Care Trust Fund	Flex Plan	Foundation	Kiara	Eliminations	Total
—	55,862	—	—	—	34,317	—	2,012,108
—	(6,597)	—	—	—	(193)	—	(107,131)
—	49,265	—	—	—	34,124	—	1,904,977
—	—	2,737	1	—	814	(7,626)	2,751
—	—	—	—	2,483	—	(2,903)	1,513
118,304	46,117	140,121	160	2,056	29,745	(326,675)	98,325
118,304	95,382	142,858	161	4,539	64,683	(337,204)	2,007,566
1,031	—	—	—	—	—	—	1,275
48,866	71,081	—	—	—	60,848	3	740,688
13,301	11,200	139,649	126	—	8,054	(143,051)	242,056
7,447	8,417	—	—	—	964	—	113,362
228	3,228	—	—	—	1,148	(3,938)	275,961
28,098	1,211	—	—	—	1,693	—	135,871
3,305	—	—	—	—	256	(4,294)	7,247
38,656	16,599	—	—	9,493	8,631	(207,755)	469,542
140,932	111,736	139,649	126	9,493	81,594	(359,035)	1,986,002
(22,628)	(16,354)	3,209	35	(4,954)	(16,911)	21,831	21,564
15,411	606	—	—	5,683	—	(4,190)	128,782
—	—	—	—	—	—	—	22,606
—	—	—	—	—	—	—	(5,073)
(7,217)	(15,748)	3,209	35	729	(16,911)	17,641	167,879
—	—	—	—	—	—	(2,981)	1,237
4,643	1,264	—	—	—	1,716	—	158,145
28,737	16,858	—	—	(729)	15,195	(14,466)	—
26,163	2,374	3,209	35	—	—	194	327,261

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES
Springfield, Illinois

Consolidating Statement of Changes in Net Assets Information

Year ended June 30, 2013

(Dollars in thousands)

	<u>HSSI – Obligated Group</u>	<u>ROIL</u>	<u>Unity Limited Partnership</u>	<u>KCIN</u>	<u>Healthcare West</u>
Unrestricted net assets:					
Revenues and gains (losses) in excess (deficient) of expenses	\$ 189,234	—	541	(4,413)	779
Other changes in unrestricted net assets:					
Net assets released from restrictions use for the purchase of property, plant, and equipment	4,218	—	—	—	—
Reversal of change in pension funded status	150,522	—	—	—	—
Transfers from (to) affiliates	(47,095)	—	—	1,500	—
Change in unrestricted net assets	296,879	—	541	(2,913)	779
Temporarily restricted net assets:					
Investment income	6,118	—	—	—	—
Contributions	5,423	—	—	—	—
Transfers from (to) affiliates	—	—	—	—	—
Net assets released from restrictions	(6,151)	—	—	—	—
Change in temporarily restricted net assets	5,390	—	—	—	—
Permanently restricted net assets:					
Investment income (loss)	(9)	—	—	—	—
Contributions	330	—	—	—	—
Transfers from (to) affiliates	—	—	—	—	—
Change in permanently restricted net assets	321	—	—	—	—
Change in net assets	302,590	—	541	(2,913)	779
Net assets at beginning of year	1,723,186	6,185	7,087	4,166	9,368
Net assets at end of year	\$ 2,025,776	6,185	7,628	1,253	10,147

See accompanying independent auditors' report

Schedule 3

System Office	HSHS Medical Group	Health Care Trust Fund	Flex Plan	Foundation	Kiara	Eliminations	Total
(7,217)	(15,748)	3,209	35	729	(16,911)	17,641	167,879
—	—	—	—	—	—	(2,981)	1,237
4,643	1,264	—	—	—	1,716	—	158,145
28,737	16,858	—	—	(729)	15,195	(14,466)	—
26,163	2,374	3,209	35	—	—	194	327,261
752	—	—	—	1,182	—	(6,870)	1,182
(703)	—	—	—	5,967	—	(4,415)	6,272
—	—	—	—	(4,666)	—	4,666	—
—	—	—	—	(2,483)	—	5,884	(2,750)
49	—	—	—	—	—	(735)	4,704
—	—	—	—	(9)	—	9	(9)
—	—	—	—	329	—	(329)	330
—	—	—	—	(320)	—	320	—
—	—	—	—	—	—	—	321
26,212	2,374	3,209	35	—	—	(541)	332,286
145,007	15,018	22,325	153	—	—	(13,272)	1,919,223
171,219	17,392	25,534	188	—	—	(13,813)	2,251,509

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES

Schedule of Expenditures of Federal Awards

Year ended June 30, 2013

Federal grantor/pass-through grantor/ program or cluster title	CFDA number	Grantor's contract number	Total expenditures of federal awards
Major federal programs.			
Student Financial Aid Cluster:			
U S Department of Education			
Federal Pell Grant Programs:			
St. John's College	84.063	Not applicable	\$ 112,957
Federal Direct Student Loans			
St. John's College of Nursing	84.268	Not applicable	1,157,949
St. John's College of Clinical Labs	84.268	Not applicable	12,376
Federal Supplemental Educational Opportunity Grant			
St. John's College	84.007	Not applicable	9,435
Federal Work-Study Program	84.033	Not applicable	7,097
Total U S. Department of Education			1,299,814
U S Department of Health and Human Services:			
Nursing Student Loan Program			
St. John's College	93.364	Not applicable	39,580
Total Student Financial Aid Cluster			1,339,394
U S Department of Health and Human Services:			
Passed through National Cancer Institute			
Cancer Treatment Research	93.395	5U10CA095968-11	835,168
Total major federal programs			2,174,562
Nonmajor federal programs.			
U S. Department of Health and Human Services			
Health Resources and Services Administration.			
Telehealth Programs	93.211	5 H2ARH20161-03-00	203,889
Telehealth Programs	93.211	5 H2ARH20161-02-00	50,421
Total Telehealth Programs			254,310
Passed through Illinois Department of Public Health			
HPP and PHEP Aligned Cooperative Agreements	93.074	37281128A	74,287
Passed through Illinois Department of Public Health:			
National Bioterrorism Hospital Preparedness Program	93.889	37281113A	3,957
National Bioterrorism Hospital Preparedness Program	93.889	27281129	16,387
National Bioterrorism Hospital Preparedness Program	93.889	37281129A	12,549
National Bioterrorism Hospital Preparedness Program	93.889	37281134A	31,132
National Bioterrorism Hospital Preparedness Program	93.889	37281125A	30,161
National Bioterrorism Hospital Preparedness Program	93.889	37281132A	29,573
National Bioterrorism Hospital Preparedness Program	93.889	37281130A	28,760
Total CFDA 93.889 Passed through Illinois Department of Public Health			152,519
Passed through Wisconsin Division of Public Health.			
National Bioterrorism Hospital Preparedness Program	93.889	1UT90TP0561-01	6,552
National Bioterrorism Hospital Preparedness Program	93.889	5-U3REP090269-02-00	4,887
National Bioterrorism Hospital Preparedness Program	93.889	5-U3REP090269-02-00	7,202
Total CFDA 93.889 Passed through Wisconsin Division of Public Health			18,641
Passed through Illinois Department of Public Health			
Maternal and Child Health Services Block Grant to the States	93.994	33789008A	214,689
Maternal and Child Health Services Block Grant to the States	93.994	23789008	57,004
Total CFDA 93.994 Passed through Illinois Department of Public Health			271,693

HOSPITAL SISTERS HEALTH SYSTEM AND SUBSIDIARIES

Schedule of Expenditures of Federal Awards

Year ended June 30, 2013

Federal grantor/pass-through grantor/ program or cluster title	CFDA number	Grantor's contract number	Total expenditures of federal awards
Passed through Illinois Department of Public Health: Administered by Illinois Critical Access Hospital Network			
State Rural Hospital Flexibility Program	93.241	2341A	\$ 5,000
Small Rural Hospital Improvement Grant Program	93.301	2398A	8,190
Passed through Illinois State Office of Rural Health: Administered by Illinois Critical Access Hospital Network			
State Rural Hospital Flexibility Program	93.241	2342A	7,000
Total Illinois Critical Access Hospital Network			20,190
Passed through Illinois Department of Public Health: Administered by Illinois Hospital Association			
Sodium Reduction in Communities	93.082	Not applicable	1,533
Total U.S. Department of Health and Human Services			793,173
U.S. Department of Agriculture			
Passed through Illinois Department on Aging: National Lunch Program	10.555	Not applicable	16,139
Child and Adult Care Food Program	10.558	Not applicable	1,065
Total U.S. Department of Agriculture			17,204
Total Federal Awards			\$ 2,984,939

See accompanying independent auditors' report and notes to schedule of expenditures of federal awards

**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Notes to Schedule of Expenditures of Federal Awards

June 30, 2013 and 2012

(1) Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) summarizes the federal awards expended by Hospital Sisters Health System and Subsidiaries (HSHS) for the year ended June 30, 2013. For purposes of the Schedule, federal awards include all grants, contracts, loans, and loan guarantee agreements entered into directly between HSHS and agencies and departments of the federal government. For the year ended June 30, 2013, HSHS had no expenditures in the form of noncash assistance, no subrecipients, and no federally provided insurance in effect. Expenditures for federal award programs are recognized on the accrual basis of accounting.

Awards have been classified into major and nonmajor programs in accordance with the provisions of Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-profit Organizations*. HSHS' major programs consist of the following:

Student financial aid cluster – Includes certain awards to provide financial assistance to students, primarily under Federal Pell Grant (Pell), Federal Work-Study (FWS), and Federal Supplemental Educational Opportunity Grant (FSEOG) programs of the Department of Education. Also, HSHS received awards to make loans to eligible students under the Nursing Student Loan Program, and federally guaranteed loans are issued to students by HSHS under the Federal Direct Student Loan Program.

Cancer treatment research – Includes awards administered through the National Institutes of Health National Cancer Institute (NCI) to reduce cancer incidence, morbidity, and mortality through an orderly sequence research on interventions and their impact on the broader population and the systematic application of research results through dissemination and diffusion strategies. Program funds may be used for personnel, consultant costs, equipment, supplies, travel, patient costs, animals, alterations and renovations, miscellaneous items, and indirect costs associated with the program. The indirect costs of the program consist of facility and administrative costs. The indirect cost allocation rate is determined by the NCI as part of the grant award.

(2) Federal Student Loan Programs

Loans made by HSHS to eligible students under federal student loan programs and federally guaranteed loans issued to students of HSHS by financial institutions during the year ended June 30, 2013 are summarized as follows:

Direct loan programs:		
Nursing student loans disbursed	\$	39,580
Federal Direct Student Loans		1,170,325

The Nursing Student Loan Program is administered directly by HSHS. Balances and transactions relating to this program are included in HSHS' consolidated financial statements. The balance of loans outstanding under the Nursing Student Loan Program was \$150,993 at June 30, 2013.

**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Notes to Schedule of Expenditures of Federal Awards

June 30, 2013 and 2012

HSHS is responsible only for the performance of certain administrative duties with respect to the Federal Family Education Loan programs, and accordingly, these loans are not included in its consolidated financial statements, and it is not practical to determine the balance of loans outstanding to students and former students of HSHS under these programs at June 30, 2013.



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**Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements Performed in Accordance with
*Government Auditing Standards***

The Board of Directors
Hospital Sisters Health System and Subsidiaries:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the consolidated financial statements of Hospital Sisters Health System and Subsidiaries (HSHS), which comprise the consolidated balance sheet as of June 30, 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 28, 2013.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered HSHS' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of HSHS' internal control. Accordingly, we do not express an opinion on the effectiveness of HSHS' internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified. We did identify certain deficiencies in internal control, described in the accompanying schedule of findings and responses that we consider to be significant deficiencies (2013-001).



Compliance and Other Matters

As part of obtaining reasonable assurance about whether HSHS' consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

HSHS' Response to Findings

HSHS' response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. HSHS' response was not subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we express no opinion on the response.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of HSHS' internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering HSHS' internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

Chicago, Illinois
October 28, 2013



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Independent Auditors' Report on Compliance for Each Major Program; Report on Internal Control over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations

The Board of Directors
Hospital Sisters Health System and Subsidiaries:

Report on Compliance for Each Major Federal Program

We have audited Hospital Sisters Health System and Subsidiaries (HSHS) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of HSHS' major federal programs for the year ended June 30, 2013. HSHS' major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of HSHS' major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about HSHS' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of HSHS' compliance.

Opinion on Each Major Federal Program

In our opinion, Hospital Sisters Health System and Subsidiaries complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2013.



Report on Internal Control over Compliance

Management of HSHS is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered HSHS' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of HSHS' internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.



Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

We have audited the consolidated financial statements of HSHS as of and for the year ended June 30, 2013, and have issued our report thereon dated October 28, 2013, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by OMB Circular A-133 and is 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 of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Chicago, Illinois
January 10, 2014

**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Schedule of Findings and Questioned Costs

Year ended June 30, 2013

(1) Summary of Auditors' Results

- (a) The type of report issued on the basic consolidated financial statements: **Unmodified**
- (b) Significant deficiencies in internal control were disclosed by the audit of the consolidated financial statements: **Yes**

Material weaknesses: **No**
- (c) Noncompliance that is material to the basic consolidated financial statements: **No**
- (d) Significant deficiencies in internal control over major programs: **None reported**

Material weaknesses: **No**
- (e) The type of report issued on compliance for major programs: **Unmodified**
- (f) Any audit findings that are required to be reported under Section 510(a) of OMB Circular A-133: **No**
- (g) Major programs:

Student Financial Assistance Cluster – CFDA Nos. **84.063, 84.268, 84.007, 84.033, and 93.364**

Cancer Treatment Research – **CFDA No. 93.395**
- (h) Dollar threshold used to distinguish between Type A and Type B programs: **\$300,000**
- (i) Auditee qualified as a low-risk auditee under Section 0.530 of OMB Circular A-133: **Yes**

(2) Findings Relating to the Financial Statements Reported in Accordance with *Government Auditing Standards*

2013-001: Information Technology (Significant Deficiency)

As part of the consolidated financial statement audit, we assess the general control environment along with access controls to key applications in order to place reliance on certain reporting used in the financial reporting process. As a result of our procedures over the Eastern Wisconsin Region, we noted certain control matters that are referenced below.

**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Schedule of Findings and Questioned Costs

Year ended June 30, 2013

Eastern Wisconsin Region

In 2012, with the implementation of Epic in the three local systems in the Eastern Wisconsin Region, the application and control environment was deemed ineffective and remains ineffective in 2013 based on access and program change findings that are still in process of being remediated. There have been significant improvements in the control environment for Epic since 2012; however, deficiencies were noted in the following areas:

Finding – Formal Change Management – Within the Eastern Wisconsin Division, Epic is being on-boarded to a unified, HSHS-wide change management process. During the financial statement audit, it was noted that this process was implemented in June 2013. However, this unified systemwide change management process was not in place during the first 11 months of the fiscal 2013 HSHS audit period. A lack of a formalized change management process could lead to inappropriate implementation of changes. Areas such as definition of changes, documentation, communication, approval, testing, and go-live could be inconsistently applied.

Recommendation – While the new change process was implemented in June 2013, management should continue to periodically assess the acceptance and compliance with the new change requirements to ensure key activities are being performed.

Response – Management agrees with the recommendation. HSHS will continue to utilize the Change Management process implemented across the system to ensure key activities are performed to support changes.

Finding – Access Review – Throughout the year, users are given specific access to various modules in Epic in order to perform their day-to-day activities. As users' job functions change or administrative access is no longer needed, access to certain modules should be adjusted and/or removed in line with the user's job function. Additionally, as users are terminated and leave the system to pursue new opportunities, access should be removed. However, there is not a formal process in place to periodically review or recertify Epic user access and the associated roles/privileges of the users.

Recommendation – It is recommended that management establish a formal plan to remediate this by performing an annual periodic access review of all users in the system. Since full user access reviews are difficult to manage with such large end-user communities, management should, at a minimum, prioritize reviewing key or sensitive access until a full review is instituted. This would include access such as administrative access, access to critical master files/programs, and the IT user community. To facilitate such a review, management should establish a risk profile for the Epic roles and master files that are deemed sensitive.

Response – Management agrees with the recommendation and comment that it is difficult to manage a full access review of all users who currently have access. We will develop a formal plan of identifying and monitoring those roles that are most at risk. Key roles identified as of now are Physicians, EWD Epic IT staff, and terminated users. We have implemented a committee to review the existing Epic access templates. This committee comprises a System Responsibility representative (EWD Privacy Officer), IT staff, and hospital clinic directors to verify that the current roles defined in Epic are appropriate. Even though the committee is established, we are waiting for People Services to consolidate jobs codes for all of

**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Schedule of Findings and Questioned Costs

Year ended June 30, 2013

HSBS to start this process. Once their work is complete, the committee will meet and identify/review appropriate access based on a colleague's job code. We are expecting to have the initial monitoring and templates of identified roles reviewed by June 2014.

Finding – Inappropriate authorization to sensitive systems – During the course of testwork, 152 users were noted with Chronicles administrative access in Epic, with 127 also having access to the "text" side of the application. It was determined that the key Epic master files were locked in production, which forces changes to be routed through Data Courier reducing the risk; however, some master files were noted as still being unlocked in production. Users with access to Chronicles and text (UNIX) can make changes in the build environment and there is a (minor) risk that changes could be made within the build environment that are inadvertently migrated to production as part of other changes resulting in errors.

Recommendation – The following could help management reduce the risk exposure from the identified issues:

It was noted that the overall risk of the number of Chronicles/Text users in the system is lower due to the fact that key Epic master files are locked via Data Courier; however, some files are still unlocked. Management could assess the unlocked items within critical master files to determine whether there is risk associated with items that are able to be edited directly in the production environment by users with access to Chronicles and text.

Response – Management agrees that there needs to be an assessment of the current Epic Master File configurations to determine which files are unlocked and why. A risk analysis will be done to see whether we can lock down those identified files. If we cannot lock down those files or if there is little risk to keeping those files open we will document why.

Findings – Segregation of Duties – A segregation of duties issue exists, as there are approximately 35 users with the ability to develop (build) changes and migrate those changes to production independently via Data Courier. This is a deficiency if there are not controls in place which would detect if one of these users implemented an inadvertent or unauthorized change. There is a risk that changes are developed and migrated by the same individual resulting in inappropriate changes to production, impacting the accurate processing of the system and reports.

Recommendation – KPMG recommends the following that could help management reduce the risk exposure from the identified segregation of duties issues:

Management could implement an ongoing review to identify and follow up on users who performed both the build/test movements and the final implementation activity by obtaining the system generated extract of Data Courier migrations. Such a review would help identify potentially unauthorized changes and ensure that the Change Log is being properly maintained.

**HOSPITAL SISTERS HEALTH SYSTEM
AND SUBSIDIARIES**

Schedule of Findings and Questioned Costs

Year ended June 30, 2013

Response – Management agrees with the recommendation. We currently have a documented Release Management Process and all moves are logged and tracked. Though we have Data Courier users that also create builds, our process is to have another builder test the changes and document that they tested the changes. If the builder is a Data Courier user, we allow them to make the move if there is no other person available at the time. Every move made is documented on the Change Log. As we continue to evolve our processes, we will periodically review colleague access to Data Courier abilities and adjust user security rights as appropriate. We will also look into getting a process developed of performing a Data Courier review by looking at the system generated extract of Data Courier moves and try to identify any instances where the builder and Data Courier are the same (and follow up for reason/explanation/appropriateness). This will tie back to the change log to ensure that the change processes are being properly recorded and moved.

(3) Findings and Questioned Costs Relating to Federal Awards

None reported.