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DLN: 93493045011523

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

ntemai Re						Inspection			
		2011 calendar year, or tax year beginning 10-01-2011 C Name of organization	and ending 09-30-20:	12	D Employer i	dentification number			
_	ck if ap ess ch	ST BERNARDS HOSPITAL INC			71-02900	119			
_	e char	Doing Business As			E Telephone				
_	ıl retur	31 BERNAROS FIEBZONE CENTER			(870)972	2-4100			
_	nnated	225 FAST TACKSON	to street address) Room/s	suite	G Gross receip	ts \$ 301,907,707			
_	nded r			<u> </u>					
_		JONESBORO, AR 72401							
Арріі	cation								
		F Name and address of principal officer CHRIS BARBER		H(a) Is the	s a group reti tes?	ırn for ┌ Yes			
		225 E JACKSON JONESBORO, AR 72401							
		JONESBORO, AR 72401		1 ' '	affiliates incl				
Tax-	-exem	pt status	947(a)(1) or			st (see instructions) number ▶ 0928			
We	bsite	∷► WWW STBERNARDS INFO			'				
				1		Maria di III I an			
Par		panization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► Summary		L Year of for	mation 1962	M State of legal domicile AR			
Pal		<u> </u>							
		Briefly describe the organization's mission or most signi FO PROVIDE CHRIST-LIKE HEALING TO THE COMM		UCATION, TR	EATMENT, A	ND HEALTH			
g	5	SERVICES							
raovellialice	-								
<u>.</u>	_								
5	2 (Check this box 🔰 if the organization discontinued its o	operations or disposed	of more than 2	5% of its net	assets			
Aculvines &		Number of voting members of the governing body (Part \			3	12			
<u></u>		Number of independent voting members of the governing				12			
5		Fotal number of individuals employed in calendar year 2			5	2,295			
₹		Fotal number of volunteers (estimate if necessary)			6	571			
		Fotal unrelated business revenue from Part VIII, colum Net unrelated business taxable income from Form 990-			7a 7b	3,169,926			
	<u>.</u>	vet unrelated business taxable meome noni rollings o	1,11110 31 1 1	Prior	r Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)			928,732	1,331,117			
<u>≗</u>	9	Program service revenue (Part VIII, line 2g)			54,204,773	276,903,136			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		1,810,111	723,709				
#	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		7,535,864	12,735,237				
	12	Total revenue—add lines 8 through 11 (must equal Pa			64,479,480	291,693,199			
	13	Grants and similar amounts paid (Part IX, column (A)		_	1,148,828	1,166,856			
	14	Benefits paid to or for members (Part IX, column (A),			0	0			
	15	Salaries, other compensation, employee benefits (Par	•						
Expenses		5-10)			98,524,901	98,559,739			
<u>₹</u>	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)		0	0			
	b 	Total fundraising expenses (Part IX, column (D), line 25) ▶0	446.24.)		F7.00F.F13	174 222 700			
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses Add lines 13-17 (must equal Part IX			57,005,513 56,679,242	174,333,780 274,060,375			
	19	Revenue less expenses Subtract line 18 from line 12			7,800,238	17,632,824			
	<u></u>			Beginning	of Current				
net Assets or Fund Balances				Y	ear	End of Year			
(1) THE CONTROL OF TH	20	Total assets (Part X, line 16)			90,229,864	199,999,520			
2 5	21	Total liabilities (Part X, line 26)			57,260,308				
≄ഥ Part	22	Net assets or fund balances Subtract line 21 from lin Signature Block	e 20	1	32,969,556	140,094,732			
		ties of perjury, I declare that I have examined this return, ir	ncluding accompanying	schedules and st	atements and	to the hest of my			
	edge a	and belief, it is true, correct, and complete. Declaration of p							
		*****		20	13-02-14				
Sign		Signature of officer		Da	te				
Here		HARRY HUTCHISON CFO Type or print name and title							
		 			<u> </u>				
		riepaiei s	Date	Check if self-	Preparer's tax (see instruction	payer identification number ins)			
Paid		Signature	signature AMBER SHERRILL self- employed I						
^o repar Jse O		Firm's name (or yours by BKD LLP if self-employed),			EIN Þ				
JOE O	ıııy	address, and ZIP + 4 PO BOX 3667			Dh	(FO1) 272 4040			
		LITTLE ROCK, AR 722033667			Phone no 🕨	(501) 372-1040			

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

Par		t of Program Servic edule O contains a respo				/
1	Briefly describe the	organization's mission				
<u>TO F</u>	ROVIDE CHRIST-L	KE HEALING TO THE C	COMMUNITY T	HROUGH EDUCATI	ON, TREATMENT, AND HEALT	H SERVICES
2	the prior Form 990	or990-EZ?			which were not listed on	Yes 🗸 No
	If "Yes," describe th	ese new services on Sc	nedule O			
3		cease conducting, or m				Yes ✓ No
	If "Yes," describe th	ese changes on Schedu	le O			
4	expenses Section 5	501(c)(3) and 501(c)(4)	organizations a	nd section 4947(a)(ee largest program services, as 1) trusts are required to report t h program service reported	
	(Code) (Expenses \$	219,253,233 ı	ncluding grants of \$	1,154,856) (Revenue \$	274,461,466)
	AND EXPERIENCED EM TODAY, AS WELL AS IN CONTROL, SERVICE, A	PLOYEES, ADVANCED TECHNO THE FUTURE, ST BERNARDS	LOGY, AND THE LAI WILL CONTINUE TO AL YEAR 2012, \$28,	RGEST MEDICAL STAFF IN PUT PATIENTS AND COM 401,412 WAS SPENT FOR	EHENSIVE, COMPASSIONATE HEALTHCA N THE REGION, ST BERNARDS IS THE M MMUNITY NEEDS FIRST BY FOCUSING O COMMUNITY BENEFIT AND 456,654 PE TS	EDICAL CENTER OF CHOICE N QUALITY, SAFETY, COST
4b	(Code) (Expenses \$	ır	cluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ır	icluding grants of \$) (Revenue \$)
4d	Other program ser (Expenses \$	vices (Describe in Sche inclu	dule O) ding grants of \$) (Revenue \$)
	Total program serv	rice expenses ⊁ \$	219,253,233			

Form 990 (<u> </u>
Part IV	Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)^{9}$ If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

,					
Part V	Statements	Regarding Othe	er IRS Filings and	Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
-	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
h	·			140
,	If "Yes," enter the name of the foreign country ►			
	See mad actions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C L		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	-		
-	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		<u> </u>
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
4 >	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a		110

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
h	Enter the number of voting members included in line 1a, above, who are			
_	Independent 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	140
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	•	165	
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	44-	V	
	the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
		.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ction C. Disclosure	_05		.,,

- 17 List the States with which a copy of this Form 990 is required to be filed▶AR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 HARRY HUTCHISON
 225 E JACKSON
 JONESBORO, AR 72401
 (870) 972-4100

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

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

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

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

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	organizations
(1) SISTER LILLIAN MARIE REITER CHAIRPERSON	1 0	х		Х				0	0	0
(2) SISTER EILEEN SCHNEIDER OSB MEMBER	1 0	х						0	0	0
(3) SISTER MONICA SWIRCZYNSKI OSB SECRETARY	1 0	х		Х				0	0	0
(4) SISTER DEPORRES POLK VICE CHAIRPERSON	1 0	х		Х				0	0	0
(5) WARREN SHULL MEMBER	1 0	х						0	0	0
(6) STEVE COX MEMBER	1 0	х						0	0	0
(7) OH CLOPTON MD MEMBER	1 0	х						0	0	0
(8) BRIAN HYNEMANN MEMBER	1 0	х						0	0	0
(9) JOHN FREEMAN MEMBER	1 0	х						0	0	0
(10) GUY PATTESON CONVENER	1 0	х		Х				0	0	0
(11) SISTER LISA O'CONNELL OSB MEMBER	1 0	х						0	0	0
(12) MARK DUCKWORTH MEMBER	1 0	х						0	0	0
(13) GARY WOODWARD CHIEF OF STAFF	1 0	х		Х				0	0	0
(14) MICHAEL GIVENS ADMINISTRATOR	40 0			х				219,088	0	8,351
(15) HARRY HUTCHISON CFO	1 0			Х				0	225,545	7,943
(16) BRENDA MILLION VP CHIEF NURSING OFFICER	40 0				х			176,795	0	6,389
(17) THOMAS MULLIGAN MEDICAL DIRECTOR SR HEALTH	40 0					х		274,442	0	180

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

(A) Name and Title		(describe director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of oth compensation from the organization a	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relati organiza	
. ,	DAVID L PYLE MEDICAL AFFAIRS	40 0					х		246,781		0		8,351
	BENJAMIN SHAW ITALIST	40 0					х		290,376		0		8,351
(20)	DON HOWARD ISIVIST	40 0					х		358,629		0		8,351
(21)	CHALED AL KHASAWNEH	40 0					х		288,982		0		105
TINIEL	ISIVIST										+		
1b	Sub-Total					•		>					
	Total from continuation sheets	to Part VII, Sec	tion A		•	•		•	4.055.002	225.5	4.5		40.034
d	Total (add lines 1b and 1c)				•		•	<u> </u>	1,855,093	225,5	45		48,021
2	Total number of individuals (inc \$100,000 of reportable compen					tea	above) Who	received more than	1			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.								or highest compensa	ted employee	3		No No
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_	r individual for	5		No
	action R. Indonordant Co-	tractors											
1	ection B. Independent Con Complete this table for your five												

or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
THERAPY PROVIDERS OF ARK LLC	PHYSICAL THERAPY	6,239,885
EMCARE INC	PHYSICIANS SERVICES	2,973,132
NABHOLZ CLIENT SERVICE	CONSTRUCTION	9,289,076
PHILIPS MEDICAL SYSTEMS	EQUIP MAINTENANCE	1,368,491
MEDICAL INFORMATION	COMPUTER SOFTWARE	1,336,125
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Form 99		•						Page 9
Part \	/***	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$ \$2	1a	Federated cam	paigns 1a					
e Ta	ь	Membership du	ies 1b					
ું. He	С	Fundraising ev	ents 1c					
<u>≅</u> ,≅	d		zations 1d	964,131				
ĕ. <u>E</u>	е	Government grant						
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ibutions included in	366,986				
ှင် မ	h	Total. Add line	s 1 a - 1 f	· · · •	1,331,117			
<u> </u>				Business Code				
Ti eu	2a	PATIENT REVENUE		621110	260,498,765	260,498,765	0	0
æ	b	MEDICAID ASSESS	MENT FEE	621110	12,607,593	12,607,593	0	0
90e	C	SENIOR HEALTH S	ERVICES	621110	1,355,108	1,355,108	0	0
<u> </u>	d	REFERENCE LAB		621500	2,441,670	0	2,441,670	0
Program Service Revenue	e							
210°	f	All other progra	am service revenue					
Ť	g	Total. Add line:	s 2a-2f		276,903,136			
	3	Investment inc	come (including dividen	ds, interest				
			aramounts)	⊢	1,437,535	0	0	1,437,535
	4		stment of tax-exempt bond	proceeds	0			
	5	Royalties .			0			
	62	Grace rante	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 7,626,611	(II) O ther 1,874,071				
	b	Less cost or other basis and sales expenses	7,684,391	2,530,117				
	C	Gain or (loss)	-57,780	-656,046				
	d	Net gain or (los		▶	-713,826	0	0	-713,826
Other Revenue	8a	events (not inc \$ of contributions	from fundraising luding s reported on line 1c) ne 18					
the	ь		penses b					
٥	c 9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events 🗠	0			
	b c		a penses b (loss) from gaming acti	vities	o			
	10a	Gross sales of returns and allo	inventory, less					
	b c		oods sold b (loss) from sales of inv	entory 🏲	o			
		Mıscellaneou	s Revenue	Business Code				
	11a	CAFETERIA/G	UEST MEALS	900099	1,311,867	0	0	1,311,867
	Ь	PURCHASE DI	SCOUNTS	900099	871,473	0	0	871,473
	C		CHINE INCOME	900099	232,268	0	0	,
	d	All other reven			10,319,629	0	728,256	9,591,373
	12		s 11a-11d See Instructions .	· · · ·	12,735,237			
	1				291,693,199	274,461,466	3,169,926	12,730,690

Part IX Statement of Functional Expenses

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

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

	heck if Schedule O contains a response to any question in this Part IX			· · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,125,606	1,125,606		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	41,250	41,250		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	408,813	0	408,813	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	77,700,884	53,127,933	24,572,951	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,020,422	4,116,460	1,903,962	0
9	Other employee benefits	8,661,621	5,922,378	2,739,243	0
10	Payroll taxes	5,767,999	3,943,866	1,824,133	0
11	Fees for services (non-employees)				
а	Management	3,009,342	2,057,636	951,706	0
b	Legal	1,300,460	889,189	411,271	0
c	Accounting	134,039	91,649	42,390	0
d	Lobbying	27,255	18,636	8,619	0
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	126,248	86,322	39,926	0
g	Other	26,992,358	18,456,009	8,536,349	0
12	Advertising and promotion	316,073	216,115	99,958	0
13	Office expenses	4,104,795	2,806,651	1,298,144	0
14	Information technology	1,123,841	768,426	355,415	0
15	Royalties	0			
16	Occupancy	4,326,933	2,958,538	1,368,395	0
17	Travel	755,371	516,484	238,887	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	100,065	68,419	31,646	0
20	Interest	256,108	175,114	80,994	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,743,911	8,713,641	4,030,270	0
23	Insurance	1,592,052	1,088,565	503,487	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MEDICAL SUPPLIES	60,138,346	60,138,346	0	0
b	BAD DEBT EXPENSE	37,250,477	37,250,477	0	0
c	EQUIPMENT RENT	6,289,844	4,300,677	1,989,167	0
d	DIETARY SUPPLIES & FOOD	3,136,458	2,144,551	991,907	0
е					
f	All other expenses	10,609,804	8,230,295	2,379,509	
25	Total functional expenses. Add lines 1 through 24f	274,060,375	219,253,233	54,807,142	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

2 Sevings and temporary cash investments 28,2550,845 2 42,045,800 3 Pledges and grants receivable, net 20,971,777 4 22,997,895 4 Accounts receivable, net 20,971,777 4 22,997,895 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 0 5	Pa	rt X	Balance Sheet					
2 Sevings and temporary cash investments								
A		1	Cash—non-interest-bearing			856,882	1	962,313
4 Accounts receivable, net		2	Savings and temporary cash investments			28,250,843	2	42,843,896
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net			0	3	0
highest compensated employees Complete Part II of Schedule L 0 5 0 0 0 0 0 0 0 0		4	Accounts receivable, net			20,971,777	4	22,987,495
6 Receivables from other disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(E) Complète Part II of Schedule L. 0. 6 6 C.		5		s, key	employees, and			
persons described in section 4958 (c)(3)(8) Complete Part II of Schedule L						0	5	0
7 Notes and loans receivable, net		6			1 4958(f)(1)) and			
10a	w		Schedule L			0	6	0
10a	ē	7	Notes and loans receivable, net					0
10a	883	8	Inventories for sale or use			4,434,800	8	4,822,285
Description 100 126,810,088 92,658,124 100 85,416,188 11 Investments—publicly traded securities 36,997,327 11 37,83,161 12 Investments—other securities See Part IV, line 11 0 13 0 0 14 0 0 14 0 0 0 14 0 0 0 14 0 0 0 0 0 0 0 0 0	•	9	Prepaid expenses and deferred charges			2,025,732	9	1,760,168
11 Investments—publicly traded securities 36,997,327 11 37,863,161 12 Investments—other securities See Part IV, line 11		10a		10a	212,226,251			
12 Investments—other securities See Part IV, line 11		b	Less accumulated depreciation	10b	126,810,065	92,658,124	10 c	85,416,186
13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 14 0 14 0 15 0 14 0 15 0 14 0 15 0 14 0 15 0 0 15 0 0 15 0 0 0 0 0 0 0 0 0		11	Investments—publicly traded securities			36,997,327	11	37,863,161
14 Intangible assets		12	Investments—other securities See Part IV, line 11	0	12	0		
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11	0	13	0		
16 Total assets. Add lines 1 through 15 (must equal line 34) 190,229,864 16 199,999,502		14	Intangible assets			0	14	0
17 Accounts payable and accrued expenses 15,524,190 17 16,761,466 18 Grants payable		15	Other assets See Part IV, line 11			4,034,379	15	3,344,016
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34) .			190,229,864	16	199,999,520
19 Deferred revenue		17	Accounts payable and accrued expenses .			15,524,190	17	16,761,466
20 Tax-exempt bond liabilities		18	Grants payable	0	18	0		
Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	0	19	0		
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities	7,445,000	20	0		
23 Secured mortgages and notes payable to unrelated third parties	co.	21	Escrow or custodial account liability Complete Part IV of Schedu	0	21	0		
23 Secured mortgages and notes payable to unrelated third parties	ilitie	22		′				
23 Secured mortgages and notes payable to unrelated third parties	æ		persons Complete Part II of Schedule L			О	22	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties	s .	·	0	23	4,995,000
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties			0	24	0
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Par			24 201 119	25	20 440 222
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26						
through 29, and lines 33 and 34. 27 Unrestricted net assets		26			in	57,260,308	26	59,904,766
Permanently restricted net assets	lce s		through 29, and lines 33 and 34.	ріете і	ines 27			
Permanently restricted net assets	<u>5</u>							
30 Capital stock or trust principal, or current funds		1					• •	
30 Capital stock or trust principal, or current funds	Ξ	29	·		0	29	0	
30 Capital stock or trust principal, or current funds	or Fu		- · · · · · · · · · · · · · · · · · · ·	nd con	ıplete			
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds	•			30	
33 Total net assets or fund balances	ŞΦ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
33 Total net assets or fund balances 132,969,556 33 140,094,732 34 Total liabilities and net assets/fund balances 190,229,864 34 199,999,520		32	Retained earnings, endowment, accumulated income, or other fu	unds			32	
34 Total liabilities and net assets/fund balances	<u>क</u>	33	Total net assets or fund balances		132,969,556	33	140,094,732	
	~	34	Total liabilities and net assets/fund balances			190,229,864	34	199,999,520

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		291,6	593,199
2	Total expenses (must equal Part IX, column (A), line 25)	2			060,37!
3	Revenue less expenses Subtract line 2 from line 1	3		17,6	532,824
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		132,9	969,556
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-10,5	507,648
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		140,0	94,732
Pa	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
		1		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493045011523

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization ST BERNARDS HOSPITAL INC

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

									71-02900		
	rt I			blic Charity Sta						nstructions	
The c	rganı			te foundation becaus			= -) x		
1	Г	A chur	ch, convent	ion of churches, or a	ssociation of	fchurches s	section 170(b)(1)(A)(i).			
2	Г			d in section 170(b)(1							
3	<u>~</u>	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ			h organızatıon opera [.] ıty, and state	ted in conjun	ction with a	hospital des	cribed in sec	tion 170(b)(1)(A)(iii). E	Enter the
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by a	government	al unit desc	cribed in
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, or	local government o	r government	tal unıt desc	rıbed ın secti	ion 170(b)(1)(A)(v).		
7	Γ	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or fi	rom the gen	eral public
8	Г			: described in sectio		A)(vi) (Cor	nplete Part II	[)			
9				at normally receives					outions, mem	bership fee	s, and gross
	•			rities related to its e							
				oss investment inco							
				ganızatıon after June						,	
10	\vdash			ganized and operated							
11				ganized and operated						o carry out	the nurnoses of
one or more publicly supported organizations described in section 509 the box that describes the type of supporting organization and complet a Type I b Type II c Type III - Func						ion 509(a)(1 complete line) or section ! s 11e throu	509(a)(2) S gh 11h	ee section 5		
e	Γ	other t	-	ox, I certify that the ion managers and ot	_						
f		If the o		received a written d	etermınatıon	from the IR	S that it is a	Type I, Type	e II or Type :	III supportı	ng organization,
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		,
			ng persons? erson who di	rectly or indirectly c	ontrols, eith	er alone or t	ogether with	persons des	crıbed ın (ıı)		Yes No
		and (III) below, the	governing body of th	ne the suppor	rted organiza	ation?			11 g	ı(i)
		(ii) a fa	amıly memb	er of a person descrı	bed in (i) abo	ove?				11g	(ii)
		(iii) a 3	35% contro	lled entity of a perso	rson described in (i) or (ii) above?						(iii)
h		Provide	e the followi	ng information about	the supporte	ed organızat	ıon(s)				
(i) Name of supported organization		e of rted	ted EIN lines 1- 9 above vour governing		on in ted in rning	(v) Did you not organizat col (i) of suppor	ıon ın your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
				ınstructions))	Yes	No	Yes	No	Yes	No	
Tota											

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

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

DLN: 93493045011523

OMB No 1545-0047

Yes

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

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

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

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

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

Did the filing organization file Form 1120-POL for this year?

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Employer identification number

71-0290019

Part I-A	Complete if the or	ganization is exemp	pt under section 501((c) or is a sec	tion 52/ organization.

- in opposition to candidates for public office in Part IV Political expenditures
- Volunteer hours

art I-B	Complete if	the orga	anization is	s exempt	under	section	501(c)(3	3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	•		2
Part II-B	Complete if the organization	on is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section 50	L(h)).	

		(6	a)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,000	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV	Yes		20,757	
j	Total lines 1c through 1i			26,757	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		

4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

Dues, assessments and similar amounts from members

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART II-B, LINE 1I	PERCENTAGE OF DUES TO VARIOUS PROFESSIONAL ASSOCIATIONS ALLOCABLE TO LOBBYING EXPENSES \$20,757

1 1

4

5

DLN: 93493045011523

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

Employer identification number

T BERNARDS HOSPITAL INC	Employer identification number
	71-0290019
Organizations Maintaining Donor Advisorganization answered "Yes" to Form 990, P.	ed Funds or Other Similar Funds or Accounts. Complete if
organization anowered res to rottin 330, 11	(a) Donor advised funds (b) Funds and other accounts
Total number at end of year	
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
,	
Did the organization inform all donors and donor advisors funds are the organization's property, subject to the organ	
Did the organization inform all grantees, donors, and dono used only for charitable purposes and not for the benefit o conferring impermissible private benefit	
	organization answered "Yes" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organic Preservation of land for public use (e.g., recreation or Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified or	Preservation of an historically importantly land area Preservation of a certified historic structure
easement on the last day of the tax year	
Tabal assessment and the second and	Held at the End of the Yea
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic	structure included in (a) 2c
Number of conservation easements included in (c) acquire	d after 8/17/06 2d
Number of conservation easements modified, transferred, the taxable year -	eleased, extinguished, or terminated by the organization during
Number of states where property subject to conservation	asement is located ►
Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	periodic monitoring, inspection, handling of violations, and
Staff and volunteer hours devoted to monitoring, inspecting	g and enforcing conservation easements during the year 🛌
Amount of expenses incurred in monitoring, inspecting, a	d enforcing conservation easements during the year
▶ \$	
Does each conservation easement reported on line 2(d) a 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ove satisfy the requirements of section
In Part XIV, describe how the organization reports consei	vation easements in its revenue and expense statement, and itnote to the organization's financial statements that describes
rt III Organizations Maintaining Collections of Complete of the organization answered "Yes"	f Art, Historical Treasures, or Other Similar Assets. to Form 990, Part IV, line 8.
If the organization elected, as permitted under SFAS 116	not to report in its revenue statement and balance sheet works of blic exhibition, education or research in furtherance of public service,
	to report in its revenue statement and balance sheet works of art, exhibition, education, or research in furtherance of public service,
(i) Revenues included in Form 990, Part VIII, line 1	* \$
(ii) Assets included in Form 990, Part X	-
•	treasures, or other similar assets for financial gain, provide the
Revenues included in Form 990, Part VIII, line 1	▶ \$

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art,	, His	tori	cal Tr	easu	ures, or Ot	he	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie foll	_		-		se of its coll	ection	1	
а	Public exhibition		d	Γ	Loan	orexo	:hange progra	ms				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	v they	/ furthe	er the	organızatıon's	s ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the o	organ	ızatıo			es" to Forr	n 990),	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribu	itions	or other asse	ts r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $^{\circ}$	/ and complete the t	follow	ıng ta	ble							
							_	_		Amou	ınt	
С	Beginning balance						<u> </u>	lc				
d	Additions during the year						1	Ld				
е	Distributions during the year						_ 1	Le				
f	Ending balance						1	Lf				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,										
	t V Endowment Funds. Complete		n ans	were	d "Ye	s" to	Form 990,	Par	t IV, line 1	0.		
		(a)Current Year		Prior \					Three Years Ba) Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
_	and programs									+		
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	ıs									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
За	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that a	re held	dand	admınıstered	for	the			
	organization by (i) unrelated organizations								Г	2-/:\	Yes	No
				•		•		•	—	3a(i) 3a(ii)		
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio				 D 2			•	· · · [3b	<u> </u>	
4	Describe in Part XIV the intended uses of th	•				•		•		- 55		
	VI Land, Buildings, and Equipme					10.						
			<u>0, . u</u>		Cost or		(b)Cost or oth	ne r	(c) Accumula	hete		
	Description of property				(invest		basis (other)		depreciation		(d) Bo	ok value
1a L	and						4,310,	168				4,310,168
	Buildings						102,380,		56,58	5.785		5,794,816
	easehold improvements		-				3,227,),276		1,306,811
	quipment		-				101,359,		68,304	_		3,055,828
	Other		•				948,			.,007	<u>.</u>	948,563
	. Add lines 1a-1e (Column (d) should equal Fo			line	10(c)) .	940,		<u> </u>	\dashv	Ω	5,416,186
cui	aa iiiico za za (colulliii (u) siloulu cyual l	JJJ, rure A, coluli	(<i>D)</i>	, ,,,,,,,,,	(-/-/					1	0	o, iro, 100

Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of Cost or end-of-yea	
		Cost of end-of-yea	ii iiiaiket value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of	
	(-,	Cost or end-of-yea	ir market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
	-		
DUE TO AFFILIATES ASSET RETIDEMENT OR LCATION	279,124		
ASSET RETIREMENT OBLIGATION	398,031		
EST 3RD PARTY SETTLEMENTS	5,312,211		
PENSION LIABILITY	32,158,956		
OTHER LIABILITIES	0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	38,148,322		

Total revenue (Form 990, Part VIII, column (A), line 12)

291,693,199

1

3 4	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Excess of (deficit) for the year subtract fine 2 from fine 1	3	17,632,824
	Net unrealized gains (losses) on investments	4	1,172,80
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,680,45
9	Total adjustments (net) Add lines 4 - 8	9	-10,507,648
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,125,176
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	255,127,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,172,80
3	Subtract line 2e from line 1	3	253,955,13
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	37,738,066
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	291,693,199
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	236,809,898
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	236,809,898
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	37,250,47
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	274,060,37

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

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

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER CHANGES IN NET ASSETS	FORM 990, SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN PENSION LIABILITY \$(2,134,059) TRANSFER TO AFFILIATE \$(9,591,043) CHANGE IN INTEREST IN NET ASSETS OF ST BERNARDS DEVELOPMENT FOUNDATION, INC \$ 42,238 PET CENTER, LLC INCOME VS BOOK INCOME \$ (9,735) AR MEDICAL CYCLOTRON INCOME VS BOOK INCOME \$ 12,146 \$(11,680,453)
OTHER REVENUE ON AUDITED FINANCIALS, BUT NOT IN INCOME ON RETURN		PET CENTER, LLC LOSS VS BOOK LOSS \$ 9,735 AR MEDICAL CYCLOTRON INCOME VS BOOK INCOME \$ (12,146) CONTRIBUTIONS RECORDED TO NET ASSETS \$ 490,000 PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$ 37,250,477 \$37,738,066
OTHER EXPENSES ON RETURN, NOT INCLUDED AS EXPENSES ON AUDITED FINANCIALS	FORM 990, SCHEDULE D, PART XIII, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$37,250,477

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization ST BERNARDS HOSPITAL INC

Employer identification number

					71-	0290019			
P	art I Charity Care and	Certain O	ther Comr	nunity Benefits at	Cost				
								Yes	No
1 a	-						1a	Yes	
Ŀ	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization had multip care policy to the various hos		ındıcate whic	h of the following best	describes application o	of the charity			
	Applied uniformly to all ho	spitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospıtal	ls						
3	Answer the following based or organization's patients during	•	_	y criteria that applies t	to the largest number o	of the			
а	Did the organization use Fede If "Yes," indicate which of the					are?	3a	Yes	
	▽ 100% ┌ 150%		00% Г	Other	<u>%</u>		Ja	165	
b	Did the organization use FPG	to determine	eliaibility for		are? If				
_	"Yes," indicate which of the fo						3b	Yes	
		_	о ₀ % Г	_	_	0,	<u> </u>	163	
	200% 250%	I* 30	10% I	350% I 40	0% Other_	<u>%</u>			
С	If the organization did not use determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organizatior				
4	Did the organization's policy	provide free o	r discounted	care to the "medically	ındıgent"?		4	Yes	
5a		mounts for fre	ee or discoun		=	1	5a	Yes	
b	If "Yes," did the organization'	's charity care	e expenses e	exceed the budgeted ar	mount?		5b	Yes	
c	If "Yes" to line 5b, as a resul- care to a patient who was elig						5c		No
6a	Did the organization prepare a	a community	benefit repor	tduring the tax year?			6a	Yes	
6b	If "Yes," did the organization	make it avail	able to the p	ublic?			6b	Yes	
	Complete the following table i worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmıt these			
7	Charity Care and Certain O	ther Commur	nity Benefits	at Cost					
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex	
а	Charity care at cost (from Worksheet 1)	,	72,379	12,586,479	0	12,58	6,479	5	320 %
b	Medicaid (from Worksheet 3, column a)		32,238	27,878,881	13,999,528	13,87	9,353	5	860 %
С	Costs of other means-tested government programs (from Worksheet 3, column b)								
d	Total Charity Care and Means-Tested Government Programs		104,617	40,465,360	13,999,528	26,46	5,832	11	180 %
e	Other Benefits Community health improvement services and community benefit operations (from								
f	(Worksheet 4)	23	236,662	266,882	34,593	23	2,289	0	190 %
g	(from Worksheet 5) Subsidized health services	4	287	229,213	0	22	9,213	0	100 %
9 h	(from Worksheet 6) Research (from Worksheet 7)								
i	Cash and in-kind contributions for community benefit (from Worksheet 8)	5	115,088	1,474,078	0	1,47	4,078	0	620 %
-	Total Other Benefits	32	352,037	1,970,173	34,593	<u> </u>	5,580		910 %
k	Total. Add lines 7d and 7j	32	456,654	42,435,533	14,034,121	28,40	1,412	12	090 %

Pa	rt II Community Building	ng Activitie	s Complete	this table if the or	ganızat	ion co	nducte	d any commur	nity b	ouildin	g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off revenue	-	(e) Net community building expense		(f) Perco	
1	Physical improvements and housing										
2	Economic development										
3	Community support	1	120	21,100			0	21	,100	0	010 %
4		_					_				
5	Environmental improvements Leadership development and training										
	for community members										
	Coalition building										
7	Community health improvement advocacy										
8	Workforce development	1	10	468	3		0		468		
9	Other										
10 Par	Total ** IIII Bad Debt, Medicar	e & Collec	tion Practic	,	3		0	21	,568	0	010 %
ECI	Bad Debt, Medical	e, & conec	uon Pracuc	es							
Sect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report ba			e with Heathcare Fin	ancıal M	anage	ment A	ssociation	1	V	
2	Statement No 15? Enter the amount of the organ					2	 			Yes	
3	Enter the estimated amount o		· ·		to			37,250,477			
_	patients eligible under the org	_		•		3		3,725,048			
4	Provide in Part VI the text of the In addition, describe the cost of rationale for including a portion	ing methodolog	gy used in dete	rmining the amounts							
Sect	ion B. Medicare										
5	Enter total revenue received f	rom Medicare	(ıncludıng DSH	and IME)		5		96,932,739			
6	Enter Medicare allowable cost	s of care relati	ing to payment	s on line 5		6		83,627,498			
7	Subtract line 6 from line 5 Th	ıs ıs the surplu	ıs or (shortfall)			7		13,305,241			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method the method us	ology or source ed	e used to determine	the amo						
	Cost accounting system	l ✓ Co	st to charge ra	tio	Other						
Sect	ion C. Collection Practices										
9a	Did the organization have a wr	ntten debt colle	ection policy d	uring the tax year?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the coll assistance? Describe in Part	ection practice VI	s to be followe	d for patients who ar	e known	to qua	lify for	financial	9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	ires (see instruct	ons)				_		
	(a) Name of entity	(b	 Description of p activity of entit 		(c) Organi profit % o ownersh	r stock	e) Officers, directors, trustees, or key mployees' profit % stock ownership%	pro	e) Physic ofit % or ownershi	stock
1		<u></u>									
2											
3		1					\top		1		
4											
5											
6		1							+		
7		+					+		+		
8											
9		1		<u> </u>			\top		1		
10							\top				
11							\top				
12							\top				
13											

Part	V Facility Information									
Section	on A. Hospital Facilities	Licens	Genera	Childre	Teachi	Ortica	Resear	ER-24 houre	ER-other	
(lıst ın	order of size from largest to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	access	Research facility	hours	Ę	
How m	oital	al & surgical	ptal	ortal	Critical access hospital	rty				
Name	and address									Other (Describe)
1	ST BERNARDS MEDICAL CENTER 225 E JACKSON AVE JONESBORO, AR 72401	×	х		х		х	х	х	FAST TRACK ER
2	ST BERNARDS MEDICAL CENTER TCF 225 E JACKSON AVE JONESBORO, AR 72401	х								SKILLED NURSING
3	ST BERNARDS MED CTR BEHAVIORAL HEALTH 2712 E JOHNSON JONESBORO, AR 72401	x								ADULT PSYCH
						<u> </u>				
		-				<u> </u>				
						 				
		+								
						<u> </u>				
		+				 				
		+								
		1								

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

ST BERNARDS MEDICAL CENTER

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

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		No
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
1	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that	1		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used		-	
_	Schedula	U /Far	m 000	201

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)		163	
	a ✓ Income level			
	b ▼ Asset level			
	c ▼ Medical indigency			
	d ✓ Insurance status			
	e V Uninsured discount			
	f ✓ Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	1
	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
-	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		1	
	a ▼ The policy was posted at all times on the hospital facility's web site			
	b ▼ The policy was attached to all billing invoices			
	c ▼ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ✓ The policy was posted in the hospital facility's admissions offices			
	e ▼ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ▼ The policy was available upon request			
	g ▼ Other (describe in Part VI)			
Bil	ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	<u> </u>
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			l
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)	1		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Votified patients of the financial assistance policy upon admission	1		
	b Votified patients of the financial assistance policy prior to discharge			
	c			
	d 🔽 Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy Other (describe in Part VI)			
	E IZ VINCINESCINE IN FAULVII	4		

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? **18** | Yes If "No " indicate why

	ii No, illulcate wily		
	a The hospital facility did not provide care for any emergency medical conditions		
	b The hospital facility's policy was not in writing		
	c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part		
	VI)		
	d Cother (describe in Part VI)		
In	dividuals Eligible for Financial Assistance	•	
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b 🔽 The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20	No
	If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?		l
		21	No
	If "Yes," explain in Part VI		

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

ST BERNARDS MEDICAL CENTER TCF

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

			Yes	No
Coi	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 100%			
	If "No," explain in Part VI the criteria the hospital facility used			

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)		163	
	a ✓ Income level			
	b ▼ Asset level			
	c ▼ Medical indigency			
	d ✓ Insurance status			
	e V Uninsured discount			
	f ✓ Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	1
	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
-	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		1	
	a ▼ The policy was posted at all times on the hospital facility's web site			
	b ▼ The policy was attached to all billing invoices			
	c ▼ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ✓ The policy was posted in the hospital facility's admissions offices			
	e ▼ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ▼ The policy was available upon request			
	g ▼ Other (describe in Part VI)			
Bil	ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	<u> </u>
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			l
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)	1		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Votified patients of the financial assistance policy upon admission	1		
	b Votified patients of the financial assistance policy prior to discharge			
	c			
	d 🔽 Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy Other (describe in Part VI)			
	E IZ VINCINESCINE IN FAULVII	4		

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? **18** | Yes If "No " indicate why

	ii No, illulcate wily		
	a The hospital facility did not provide care for any emergency medical conditions		
	b The hospital facility's policy was not in writing		
	c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part		
	VI)		
	d Cother (describe in Part VI)		
In	dividuals Eligible for Financial Assistance	•	
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b 🔽 The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20	No
	If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?		l
		21	No
	If "Yes," explain in Part VI		

Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

ST BERNARDS MED CTR BEHAVIORAL HEALTH

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

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community d How data was obtained			
	·			
	The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
_	j Cother (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	,		
1	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	3		
_	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 100%			
	If "No," explain in Part VI the criteria the hospital facility used	_		

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)		163	
	a ✓ Income level			
	b ▼ Asset level			
	c ▼ Medical indigency			
	d ✓ Insurance status			
	e V Uninsured discount			
	f ✓ Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	1
	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
-	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		1	
	a ▼ The policy was posted at all times on the hospital facility's web site			
	b ▼ The policy was attached to all billing invoices			
	c ▼ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ✓ The policy was posted in the hospital facility's admissions offices			
	e ▼ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ▼ The policy was available upon request			
	g ▼ Other (describe in Part VI)			
Bil	ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	<u> </u>
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			l
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)	1		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Votified patients of the financial assistance policy upon admission	1		
	b Votified patients of the financial assistance policy prior to discharge			
	c			
	d 🔽 Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy Other (describe in Part VI)			
	E IZ VINCINESCINE IN FAULVII	4		

If "Yes," explain in Part VI

Part V Facility Information (continued)

Policy	Relating	tol	Fmergency	Medical	Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	Yes	
	If "No," indicate why			
	The hospital facility did not provide care for any emergency medical conditions	l		
	b The hospital facility's policy was not in writing	l		
	c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part	l		
	VI)	l		
	d			
Inc	dividuals Eligible for Financial Assistance			
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP- eligible individuals for emergency or other medically necessary care			
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
	b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
	c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged	l		
	d Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		No
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?			
		21		Νo

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

How many non-hospital facilities did the organization operate during the tax year?		
Name and address	Type of Facility (Describe)	
1 See Additi	onal Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PERCENT OF TOTAL EXPENSE	PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE IN THE AMOUNT OF \$37,250,477 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) ("TOTAL FUNCTIONAL EXPENSES"), BUT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN

Identifier	ReturnReference	Explanation
CHARITY CARE	PARI I, LINE /	THE AMOUNTS ON LINE 7A AND 7B WERE CALCULATED USING THE COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
BAD DEBT FOOTNOTE	PART III, LINE 4	BAD DEBT FOOTNOTE TO FINANCIAL STATEMENTS THE MEDICAL CENTER PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS AS A SERVICE TO THE PATIENT, THE MEDICAL CENTER BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT SCHEDULE H, PART III, LINE 2 WAS DETERMINED USING THE OVERALL COST TO CHARGE RATIO FOR THE MOST RECENT "AS FILED" MEDICARE COST REPORT THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 WAS DETERMINED BY ANALYZING ACCOUNTS THAT HAVE BEEN DENIED FINANCIAL ASSISTANCE DUE TO A LACK OF DOCUMENTATION MANY TIMES WE ARE UNABLE TO GET PATIENTS WHO WE THINK WOULD QUALIFY FOR CHARITY TO COMPLETE OUR CHARITY APPLICATION OFTEN TIMES WE DON'T CLASSIFY SOMEONE AS CHARITY WHO WOULD EASILY QUALIFY IF THEY WOULD JUST COMPLETE THE PAPER WORK SOMETIMES, DUE TO FAULTY ADDRESSES, WE CANNOT CONTACT THESE PATIENTS TO ATTEMPT TO QUALIFY THEM AS CHARITY THERE IS A SIGNIFICANT AMOUNT OF BAD DEBT THAT IS, IN REALITY, CHARITY

Identifier	ReturnReference	Explanation
SOURCE USED	PART III, LINE 8	THE AMOUNTS WERE PULLED FROM THE MOST RECENT "AS FILED" MEDICARE COST REPORT THE ORGANIZATION FOLLOWS CHA COMMUNITY BENEFIT GUIDELINES AND DOES NOT COUNT MEDICARE SHORTFALL AS COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES	PART III, LINE 95	ACCOUNTS WHICH ARE DEEMED UNCOLLECTIBLE ARE REFERRED TO AN OUTSIDE AGENCY FOR COLLECTING AN ACCOUNT IS CONSIDERED UNCOLLECTIBLE WHEN THE GUARANTOR HAS HAD SUFFICIENT NOTICE AND TIME TO PAY A BILL OR MAKE ARRANGEMENTS TO PAY A BILL, BUT HAS FAILED TO DO SO MEDICARE BAD DEBT IS DEFINED ACCORDING TO CENTERS FOR MEDICARE AND MEDICAID SERVICES GUIDELINES

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	ST BERNARDS HEALTHCARE PARTNERS WITH SOUTHWIND HEALTH PARTNERS EVERY TWO YEARS TO CONDUCT A
		PHYSICIAN NEEDS ASSESSMENT PHYSICIAN NEEDS
		ASSESSMENTS ARE ESSENTIAL MANAGEMENT TOOLS THAT HELP ALIGN A HEALTHCARE ORGANIZATION'S
		PHYSICIAN STRATEGY WITH ITS MISSION AND GOALS THE PRINCIPAL OBJECTIVES OF A PHYSICIAN NEEDS
		ASSESSMENT ARE TO FIND SURPLUSES OR DEFICITS OF
		PHYSICIANS IN A COMMUNITY, DOCUMENT COMMUNITY NEED IF IT EXISTS AND ASSIST HEALTHCARE
		ORGANIZATIONS IN DETERMINING THEIR ROLES IN ALTERING THE MIX OR SUPPLY OF PHYSICIANS IN A
		COMMUNITY BASIC COMPONENTS OF THE ASSESSMENT INCLUDE I SERVICE AREA DEFINITION AND
		DEMOGRAPHICS THE SERVICE AREA DEFINITION IS A
		BREAKDOWN OF THE ORGANIZATION'S SERVICE AREA BY IDENTIFIABLE BOUNDARIES THAT MAY INCLUDE ZIP
		CODES OR COUNTY LINES THE SERVICE AREA FOR SBHC IS COMPRISED OF A PRIMARY SERVICE AREA FROM
		WHICH A MAJORITY OF THE PATIENT BASE ORIGINATES
		AND THEN A SECONDARY SERVICE AREA FROM WHICH A SMALLER, BUT SIGNIFICANT, PORTION OF THE PATIENT
		BASE ORIGINATES SBMC ALSO HAS A TERTIARY SERVICE AREA INCLUDED IN THE ANALYSES CRITERIA USED TO
		DETERMINE WHETHER OR NOT A ZIP CODE OR COUNTY IS
		INCLUDED IN THE TOTAL SERVICE AREA MAY INCLUDE 1) MARKET SHARE IN THAT AREA MEETS A SPECIFIC
		TARGET, 2) RESIDENTS WITHIN A COMMUNITY CONTRIBUTE A CERTAIN PERCENTAGE TO OVERALL
		VISITS/DISCHARGES AND/OR 3) THE AREA MEETS OTHER
		REQUIREMENTS DEFINED BY SBHC, SUCH AS BEING WITHIN A CERTAIN DISTANCE OR DRIVING TIME ONCE
		THE SERVICE AREA IS DETERMINED, DEMOGRAPHICS OF THE SERVICE AREA ARE STUDIED TO DETERMINE
		FACTORS OR CHARACTERISTICS THAT WILL AFFECT THE HEALTH CARE RESOURCES NEEDED IN THAT COMMUNITY
		THESE FACTORS MAY INCLUDE, BUT ARE NOT LIMITED
		TO, A LARGE MEDICARE OR MEDICAID POPULATION, OVERALL HEALTHCARE INSURANCE COVERAGE,
		GEOGRAPHIC BARRIERS, MEDIAN/AVERAGE HOUSEHOLD INCOME, HEALTHCARE UTILIZATION, PAYER MIX,
		MANAGED CARE PENETRATION, AND MARKET-SHARE DISTRIBUTION II PHYSICIAN DEMOGRAPHICS AFTER
		ANALYZING COMMUNITY DEMOGRAPHICS, THE
		PHYSICIAN INFRASTRUCTURE OF THE SERVICE AREA IS ASSESSED A ROSTER OF EVERY ACTIVE PHYSICIAN IN
		THE COMMUNITY, DETAILING EACH PHYSICIAN'S SPECIALTY OR SUBSPECIALTY, ADDRESS, AGE, MEDICAL
		STAFF STATUS AND FULL-TIME EQUIVALENCY (FTE) IN THE COMMUNITY IS DEVELOPED THIS DETERMINES THE
		SIZE AND MAKEUP OF THE PHYSICIAN COMMUNITY BY
		SPECIALTY AND IDENTIFIES WHICH SPECIALTIES/SERVICES ARE AREAS OF STRENGTH AND
		WHICH AREAS MAY BENEFIT FROM STRATEGIC ACTION INCLUDING RECRUITMENT AND/OR INVESTMENT OF TIME
		AND RESOURCES III PHYSICIAN NEED DETERMINATION ONCE THE SERVICE AREA IS BETTER UNDERSTOOD IN
		TERMS OF COMMUNITY DEMOGRAPHICS AND PHYSICIAN
		INFRASTRUCTURE, THE APPROPRIATE SUPPLY AND MIX OF PHYSICIANS IS ASSESSED SEVERAL DIFFERENT
		METHODS, INCLUDING SUPPLY-BASED PLANNING, NEED- BASED PLANNING, INTERVIEWING/SURVEYING, DEMAND-
		BASED PLANNING AND BENCHMARKING ARE USED TO DETERMINE PHYSICIAN NEED IV CALCULATION OF
		PHYSICIAN SURPLUSES AND DEFICITS USING THE CURRENT SUPPLY AND PROJECTED PHYSICIAN NEEDS,
		PHYSICIAN SURPLUSES AND DEFICITS ARE DETERMINED
		FOR A COMMUNITY THE RATIONALE IS THAT THERE SHOULD BE 1 0 FTE PHYSICIAN SUPPLY, OR A
		COMBINATION OF PART-TIME PHYSICIANS THAT EQUAL A 1 0 FTE, IN THE COMMUNITY FOR EVERY 1 0 FTE
		PHYSICIANS THAT IS NEEDED IF NOT, A SURPLUS OR DEFICIT EXISTS V RECOMMENDATIONS AND
		CONCLUSIONS THE SURPLUSES AND DEFICITS THAT ARE
		CALCULATED IN THE PHYSICIAN NEEDS ASSESSMENT ARE RANKED AND EVALUATED TO DETERMINE
		RECRUITMENT PRIORITIES FOR SBHC QUANTITATIVE PLANNING ANALYSIS, MEDICAL STAFF
		INTERVIEWS/SURVEY RESULTS, MARKET SHARE POTENTIAL AND SERVICE LINE PRIORITY ARE ALL
		CONSIDERED IN MAKING RECOMMENDATIONS AND
		RESULTS IN 2010, THE FOLLOWING SPECIALTIES WERE
		RECRUITED PLASTIC SURGERY (1), FAMILY PRACTICE (1), HOSPITALIST (4), NEPHROLOGY (1), INTERVENTIONAL
		CARDIOLOGY (1), EMERGENCY MEDICINE (4), PSYCHIATRY (1), AND NEUROSURGERY (1) *REFER TO 2010 PHYSICIAN
		NEEDS ASSESSMENT FOR COMPLETE DETAILS
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
PATIENT EDUCATION	PARI VI, LINE 3	ALL REGISTRATION AREAS HAVE OUR FINANCIAL ASSISTANCE NOTICE EITHER ON THE REGISTRATION DESK, ON THE WALL AT REGISTRATION OR IN A DISPLAY CASE IN REGISTRATION THIS INCLUDES, GENERAL ADMISSIONS, RADIOLOGY, ER (ALSO EVERY ROOM IN THE ER), DIALYSIS, RADIATION ONCOLOGY AND HEARTCARE CENTER, IMAGING CENTER AND WOUND CENTER UPON REGISTRATION, IF REGISTERED AS A SELF PAY, A FINANCIAL APPLICATION AUTOMATICALLY PRINTS AND IS GIVEN TO THE PATIENT APPLICATIONS ALONG WITH SBHC ENVELOPES ARE DISPLAYED AT THE DESK FOR ANYONE TO PICK UP INFORMATION AND TELEPHONE NUMBERS ARE ON THE BACK OF ALL OUR STATEMENTS AND LETTERS THAT GO OUT TO PATIENTS A THIRD PARTY LOOKS AT ALL INPATIENTS THAT ARE SELF PAY AND CONTACTS THE PATIENT TO SEE IF THEY WOULD BE ELIGIBLE FOR MEDICAID, CHARITY, OR ANY OTHER ASSISTANCE OUR FINANCIAL ASSISTANCE APPLICATION AND PHONE NUMBER ARE ALSO AVAILABLE ON OUR WEB SITE WWW STBERNARDS INFO AND FINANCIAL ASSISTANCE INFORMATION IS PRINTED ON EACH STATEMENT MAILED TO PATIENTS

FIRST PRIORITY IS TO PROVIDE QUALITY HEALTHCARE, AS A CORPORATE LEADER, SBHC RECOGNIZES THE POSITIVE AND CRITICAL IMPACT OF ITS COMMUNITY HEALTH INITIATIVES FOR THE RESIDENTS OF NORTHEAST ARKANSAS AND SOUTHEAST MISSOURI THE SERVICE AREA IS DEFINED AS 23 COUNTIES, 17 IN ARKANSAS AND SIX IN MISSOURI THE COUNTIES HAVE BEEN DIVIDED INTO PRIMARY, SECONDARY AND TERTIARY SERVICES BASED ON ADMISSIONS BY COUNTY OF THE 23 COUNTIES, 18 COUNTIES ARE HEALTH PROFESSIONAL SHORTAGE AREAS AND 22 COUNTIES INCLUDE MEDICALLY UNDERSERVED AREAS OR MEDICALLY UNDERSERVED POPULATIONS BASED ON 2000 CENSUS DATA, THE TOTAL SERVICE AREA POPULATION IS ESTIMATED AT 623,552 IN 2007 WITH A FORECASTED POPULATION OF 626,470 BY 2014 THE MEDIAN HOUSEHOLD INCOME FOR THE PRIMARY SERVICE AREA IS \$33,701 WHICH IS APPROXIMATELY	Identifier	ReturnReference	Explanation
\$39,079 AND IS 66% OF THE UNITED STATES MEDIAN	COMMUNITY INFORMATION	PART VI, LINE 4	HEALTH SYSTEM, IS GUIDED BY A COMMUNITY-BASED CHARITABLE MISSION ALTHOUGH THE ORGANIZATION'S FIRST PRIORITY IS TO PROVIDE QUALITY HEALTHCARE, AS A CORPORATE LEADER, SBHC RECOGNIZES THE POSITIVE AND CRITICAL IMPACT OF ITS COMMUNITY HEALTH INITIATIVES FOR THE RESIDENTS OF NORTHEAST ARKANSAS AND SOUTHEAST MISSOURI THE SERVICE AREA IS DEFINED AS 23 COUNTIES, 17 IN ARKANSAS AND SIX IN MISSOURI THE COUNTIES HAVE BEEN DIVIDED INTO PRIMARY, SECONDARY AND TERTIARY SERVICES BASED ON ADMISSIONS BY COUNTY OF THE 23 COUNTIES, 18 COUNTIES ARE HEALTH PROFESSIONAL SHORTAGE AREAS AND 22 COUNTIES INCLUDE MEDICALLY UNDERSERVED AREAS OR MEDICALLY UNDERSERVED POPULATIONS BASED ON 2000 CENSUS DATA, THE TOTAL SERVICE AREA POPULATION IS ESTIMATED AT 623,552 IN 2007 WITH A FORECASTED POPULATION OF 626,470 BY 2014 THE MEDIAN HOUSEHOLD INCOME FOR THE PRIMARY SERVICE AREA IS \$33,701 WHICH IS APPROXIMATELY 86% OF THE ARKANSAS MEDIAN INCOME LEVEL AT \$39,079 AND IS 66% OF THE UNITED STATES MEDIAN HOUSEHOLD INCOME AT \$51,287 BOTH THE SECONDARY AND TERTIARY SERVICE AREAS FALL BELOW THAT OF THE PRIMARY SERVICE AREA ST BERNARDS HEALTHCARE ADDRESSES COMMUNITY HEALTH NEEDS BY IMPLEMENTING HEALTH PROMOTION, PREVENTION INTERVENTION, AND HEALTHCARE SERVICES TO THE UNINSURED, UNDERSERVED

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	THE HOSPITAL COORDINATES THE ARKANSAS HOSPITAL PREPAREDNESS PROGRAM FOR THE NORTHEAST REGION OF THE STATE THE PURPOSE IS TO ENHANCE THE CAPACITIES AND CAPABILITIES OF HEALTHCARE SYSTEMS AND FOR EXERCISING AND IMPROVING PREPAREDNESS PLANS FOR ALL-HAZARDS INCLUDING PANDEMIC INFLUENZA THE COUNTIES WITHIN THE REGION ARE CLAY, CRAIGHEAD, CRITTENDEN, CROSS, GREENE, LAWRENCE, LEE, MISSISSIPPI, MONROE, PHILLIPS, POINSETT, PRAIRIE, RANDOLPH AND ST FRANCIS COUNTIES THE REGION PARTICIPATES IN TESTING AND USING THE TANDBERGS VIDEO CONFERENCING SYSTEM THE REGION WORKS WITH ADH TO COORDINATE AND ENSURE MAINTENANCE OF THE LINE FOR THE TANDBERGS THE REGION USES EMSYSTEMS EMRESOURCE FOR HOSPITAL BED TRACKING ST BERNARDS PROVIDES A BIOTERRORISM PREPAREDNESS COORDINATOR WHO SERVES AS A CENTRAL POINT OF CONTACT FOR EMERGENCY PREPAREDNESS ACTIVITIES OF THE ARKANSAS DEPARTMENT OF HEALTH & HUMAN SERVICES THE HOSPITAL CONDUCTS BIOTERRORISM TRAINING AND EDUCATION ACTIVITIES FOR HOSPITAL STAFF AND OTHER EMERGENCY MEDICAL RESPONDERS THE HOSPITAL PARTICIPATES IN REGIONAL DRILLS AND TESTING OF HAM & AWIN RADIOS AND THE FACILITY MUST BE 100% NIMS COMPLIANT THE HOSPITAL COORDINATES WITH LOCAL OEM, EMS, PUBLIC HEALTH, COMMUNITY HEALTH CENTERS, LONG TERM HEALTH CARE, INCLUDING NURSING HOMES, AND OTHERS AS APPROPRIATE

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM		SBHC SYSTEM FOCUSES ITS ENERGIES AND RESOURCES ON PARTNERSHIPS THAT HAVE THE GREATEST POTENTIAL FOR A POSITIVE IMPROVEMENT IN THE HEALTH AND QUALITY OF LIFE FOR INDIVIDUALS AND COMMUNITIES AREAS WHERE CONSIDERABLE ACTIVITY IS EXPENDED INCLUDE - COMMUNITY HEALTH EDUCATION, PREVENTION, EARLY DETECTION, AND INTERVENTION ACTIVITIES THAT WOULD REDUCE THE INCIDENCE AND SERIOUSNESS OF ILLNESS, THEREBY MINIMIZING THE NEED FOR PREVENTABLE AND EXPENSIVE MEDICAL INTERVENTIONS - CHRONIC DISEASE MANAGEMENT ACTIVITIES, WHICH, WHEN DONE EFFECTIVELY, MINIMIZE THE NEED FOR MEDICAL INTERVENTIONS - PROACTIVE HEALTH GRANT PROGRAMS THAT FUND COMMUNITY BASED HEALTH PROGRAMS AND INITIATIVES - INCREASING ACCESS TO HEALTH COVERAGE FOR ELIGIBLE RESIDENTS IN PROGRAMS SUCH AS AR KIDS FIRST - INCREASING ACCESS TO HEALTHCARE SERVICES FOR THOSE IN NEED REGARDLESS OF ABILITY TO PAY - COLLABORATIVE PARTNERSHIPS THAT SUPPORT THE PURPOSE OF INCREASING INDIVIDUAL AND COMMUNITY CAPACITY TO ACHIEVE THE HEALTHY COMMUNITY VISION - HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - DONATIONS OF FOOD, SURPLUS EQUIPMENT AND STAFF TIME TO ORGANIZATIONS ADDRESSING THE HEALTH NEEDS OF THE COMMUNITY - PARTNERSHIPS WHICH MOTIVATE RESIDENTS TO GIVE BACK TO THEIR COMMUNITIES TO MOVE THE COMMUNITY CLOSER TO THE HEALTHY COMMUNITY

Identifier	ReturnReference	Explanation
ACTIONS PRIOR TO COLLECTION		THE FOLLOWING STATEMENT APPLIES TO ALL THREE LICENSED HOSPITAL FACILITIES LISTED IN PART V, SECTION A ATTEMPTS MADE TO CONTACT THE PATIENT PRIOR TO PLACING WITH COLLECTIONS (PHONE CALLS, STATEMENTS/LETTERS)

Identifier	ReturnReference	Explanation
GROSS CHARGE TO PATIENTS	PART V, LINE 21	THE FOLLOWING STATEMENT APPLIES TO ALL THREE LICENSED HOSPITAL FACILITIES LISTED IN PART V, SECTION A SELF PAY PATIENTS RECEIVE AN AUTOMATIC DISCOUNT GROSS CHARGES ARE BILLED TO INSURANCE PATIENT OWES DIEFFERENCE IN ALLOWED AND PAID

Identifier	ReturnReference	Explanation
PUBLICIZE THE POLICY	PART V, LINE 13G	THE FOLLOWING STATEMENT APPLIES TO ALL THREE LICENSED HOSPITAL FACILITIES LISTED IN PART V, SECTION A SOCIAL WORKERS PROVIDE THE POLICY TO PATIENTS THEY WORK WITH

Identifier	ReturnReference	Explanation
EFFORTS THE HOSPITAL FACILITY MADE	FART V, LINE 17	FOR EACH OF THE THREE FACILITIES, LINE 17 WAS ANSWERED SHOWING THE ACTIONS THAT THE HOSPITAL FACILITY TOOK BEFORE INITIATING ANY OF THE COLLECTION ACTIONS LISTED IN LINE 16

Software ID: Software Version:

EIN: 71-0290019

Name: ST BERNARDS HOSPITAL INC

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Recognized as a nospital racility	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 41	
	Type of Facility
Name and address	(Describe)
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401 ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401 ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS JONESBORO,AR 72401	
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401 ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	IMA CINIC CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO, AR 72401	IMAGING CENTER
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS JONESBORO,AR 72401	

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

	T
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 41	
	Type of Facility
Name and address	(Describe)
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	THASING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS JONESBORO,AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	THAT GENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	THAT GENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	THA CINC CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	I MACING CENTER
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS	IMAGING CENTER
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO, AR 72401	
ST BERNARD'S IMAGING CENTER	IMAGING CENTER
1144 EAST MATTHEWS	
JONESBORO,AR 72401	I

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address

ST BERNARD'S IMAGING CENTER

1144 EAST MATTHEWS

Type of Facility (Describe)

JONESBORO, AR 72401

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

DLN: 93493045011523

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ST BERNARDS HOSPITAL INC Employer identification number

71-0290019

Part I General Inform	nation on Grants	and Assistance				•	
Does the organization ma the selection criteria useDescribe in Part IV the o	d to award the grants o	orassistance?					▽ Yes N
Form 990, Part I	IV, line 21 for any r	Governments and ecipient that received o) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AHEC - UAMS223 EAST JACKSON JONESBORO,AR 72401	71-6046242	501(C)(3)	1,050,000		N/A	N/A	GENERAL SUPPORT
(2) AR HOSPITAL EDUCATION & RESEARCH TRUST419 NATURAL RESOURCES DR LITTLE ROCK, AR 72205	71-0563245	501(C)(3)	45,645		N/A	N/A	GENERAL SUPPORT
(3) ARKANSAS STATE UNIVERSITY2713 PAWNEE STREET UNVERSITY,AR 72467	71-6000556	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT
Enter total number of secEnter total number of other							3 0

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP	7	41,250		N/A	N/A

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

Identifier	Return Reference	Explanation
MONITORING PROCEDURES FOR THE USE OF GRANT FUNDS	I, LINE 2	THE ORGANIZATION MAKES ONE TIME GRANTS TO ORGANIZATIONS QUALIFYING AS A CHARITY IN THE U S BASED ON APPLICATIONS RECEIVED BY THE ORGANIZATION GRANTS ARE FOR A SPECIFIC PURPOSE OR USE AND POST GRANT MONITORING IS PERFORMED ON AN AS NEEDED BASIS

DLN: 93493045011523

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ST BERNARDS HOSPITAL INC

Employer identification number

71-0290019

Pa	Questions Regarding Compensati	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	⊳	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de:			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Execution			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all Compensation committee					
	✓ Independent compensation consultant	ر اح				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymen	nt?	4a		No
ь	Participate in, or receive payment from, a supplen	nental non	iqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only i	must comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		No
Ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section a compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described	lın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follows section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MI	.SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) BRENDA MILLION	(I) (II)	176,795 0	0 C	0 0	0 0	6,389 0	9 183,184 0 0	,
(2)THOMAS MULLIGAN	(ı) (ıı)	271,481 0	2,961	0 0	0 0		0 274,622 0 0	,
(3) DAVID L PYLE	(ı) (ıı)	246,781 0	0 C	0 0	-		1 255,132 0 0	,
(4) BENJAMIN SHAW	(ı) (ıı)	290,376 0	0 0	0 0	0 0	1	1 298,727 0 0	,
(5) DON HOWARD	(I) (II)	358,629 0	0 C	0 0	0 0	1	1 366,980 0 0	,
(6) MICHAEL GIVENS	(I) (II)	219,088 0	0 C	0 0	0 0	1	1 227,439 0 0	,
(7) HARRY HUTCHISON	(ı) (ıı)	0 225,545	0 C	0 0	·		0 3 233,488	,
(8) KHALED AL KHASAWNEH	(I) (II)	268,982	20,000	0 0	- I		289,087 0 0	
			-	 				
	 '	 	 	 	 	 		

Part III Supplemental Information

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

·		
Identifier	Return Reference	Explanation
REIMBURSEMENT	1 '	THE ORGANIZATION IS CONSIDERING IMPLEMENTING A WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF THE EXPENSES ON SCHEDULE J, PART I, LINE 1A
PENSION PLAN	SCHEDULE J, PART II, COLUMN D	THE INCREASE OF THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PENSION PLAN IS NOT CALCULATED ON AN INDIVIDUAL EMPLOYEE BASIS BUT RATHER ON THE EMPLOYEE GROUP TAKEN AS A WHOLE THE INCREASE IN EACH INDIVIDUAL'S BALANCE WOULD HAVE TO BE ESTIMATED USING ASSUMPTIONS UNIQUE TO THAT INDIVIDUAL RATHER THAN THE PLAN AS A WHOLE THIS INFORMATION IS NOT AVAILABLE AT THIS TIME HOWEVER, WE BELIEVE THE INCREASE TO EACH INDIVIDUAL'S ACCOUNT WOULD NOT MATERIALLY CHANGE THE COMPENSATION REPORTED WE WILL WORK WITH OUR ACTUARY TO DETERMINE THE ANNUAL INCREASE IN FUTURE PERIODS

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DLN: 93493045011523

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization ST BERNARDS HOSPITAL INC

Employer identification number

71-020010

Pa	rt I Types of Property				71-0290019			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1 g	(d Method of d contributio	letermı	_	
1	Art—Works of art			,				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .	X	55	49,010	COST			
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	X	176	25,389	COST			
	Other ► (<u>RADIOS</u>) Other ► ()		176	25,369	C031			
	Other ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received	by the ora	anization during the tax vea	ar for contributions				
	for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent ın Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization ST BERNARDS HOSPITAL INC

Employer identification number 71-0290019

STATEMENT OF FORM 9 PROGRAM SERVICE PAGE 3	ST BERNARDS MEDICAL CENTER (SBMC) BEGAN SERVING THE CITIZENS OF NORTHEAST ARKANSAS
ACCOMPLISHMENTS PART III	IN THE YEAR 1900 THROUGH ITS MISSION OF PROVIDING CHRIST-LIKE-HEALING TO THE COMMUNITY THROUGH EDUCATION, TREATMENT, AND HEALTH SERVICES IT IS THE SAFETY NET PROVIDER FOR A 23 COUNTY AREA THAT INCLUDES SOUTHEAST MISSOURI IN ACCORDANCE WITH ITS STATED MISSION AND VALUES OF PROVIDING CHRIST-LIKE HEALING SBMC IS COMMITTED TO PROVIDING HEALTHCARE SERVICES REGARDLESS OF A PERSON'S ABILITY TO PAY CHARITY IS A CORE COMPONENT OF THE MISSION OF THE OLIVETAN BENEDICTINE SISTERS AND ITS HEALTHCARE MINISTRY IN THE FISCAL YEAR WHICH ENDED SEPTEMBER'S 30, 2012, SBMC PROVIDED \$11,731,000 IN CHARITY CARE THE TOTAL AMOUNT OF QUANTIFIABLE COMMUNITY BENEFITS PROVIDED BY ST BERNARDS MEDICAL CENTER WAS \$28,401,412 IN FISCAL YEAR 2012 THROUGH 456,654 ENCOUNTERS WITH INDIVIDUALS INVOLVING HEALTH SCREENINGS, EDUCATION, DONATIONS, AND VOLUNTEER ACTIVITIES IN PROVIDING EDUCATION, TREATMENT AND HEALTHCARE SERVICES SBMC BELIEVES FINANCIAL MATTERS ARE SECONDARY TO THE RENDERING OF THESE SERVICES NO PERSON WHO SEEKS THESE SERVICES WILL BE TURNED AWAY SBMC PROVIDES DIRECT FINANCIAL ASSISTANCE (CHARITY) USING A SLIDING SCALE BASED UPON INCOME LEVELS OF THE CURRENT FEDERAL INCOME POVERTY GUIDELINES AS ESTABLISHED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PATIENTS WHO HAVE NO INSURANCE WILL RECEIVE A DISCOUNT FROM CHARGES AND SBMC DOES NOT TAKE LEGAL ACTION AGAINST ANY DEBTOR FOR SERVICES PROVIDED THE MEDICALLY INDIGENT OR WHO HAD MEDICAID COVERAGE 52,135 PATIENT DAYS OF CARE 46,794 PATIENT DAYS WERE PROVIDED TO THE ELDERLY WHILE 10,287 WERE PROVIDED TO THE MEDICALLY INDIGENT OR WHO HAD MEDICAID COVERAGE 52,135 PATIENTS WERE SEEN IN THE SBMC EMERGENCY ROOM DURING THE SAME TIME PERIOD TODAY, AS WELL INTO THE FUTURE, SBMC WILL CONTINUE TO PUT PATIENTS AND COMMUNITY NEEDS FIRST BY FOCUSING ON QUALITY, SAFETY, COST CONTROL, SERVICE, AND DIVERSITY

ldentifier	Return Reference	Explanation
MEMBER INFORMATION	FORM 990, PART VI, LINES 6, 7a, & 7b	ST BERNARDS HEALTHCARE, INC IS THE SOLE MEMBER OF ST BERNARDS MEDICAL CENTER THE MEMBER RESERVES POWER OVER THE FOLLOWING ACTS A ANY AGGREGATE BORROWING BY THE CORPORATION OF FUNDS IN EXCESS OF \$1 MILLION FOR ANY SINGLE TRANSACTION OR PROJECT B ANY PURCHASE, SALE, LEASE, DISPOSITION, EXCHANGE, GIFT PLEDGE, OR MORTGAGE OF REAL ESTATE PROPERTY VALUED IN EXCESS OF \$1 MILLION C ANY VARIANCE WITH CONGREGATIONL POLICY, PHILOSOPHY, OR ETHICS OF THE MEMBER D ANY AMENDMENT, ALTERATION, OR REPEAL OF THE BY LAWS E THE POWER OF THE MEMBER TO REMOVE ANY MEMBER OF THE GOVERNING BOARD IF IN THE SOLE DISCRETION OF MEMBER THE GOVERNING BOARD MEMBER ACTS AT VARIANCE WITH CONGREGATIONAL POLICY, PHILOSOPHY, OR THE ETHICS OF THE MEMBER ALL OF THE DESCRIBED MATTERS SHALL BE SUBJECT TO APPROVAL BY A MAJORITY VOTE OF THE MEMBERS OF THE COUNCIL OF OLIVETAN BENEDICTINE SISTERS, INC

ldentifier	Return Reference	Explanation
REVIEW PROCEDURES FOR FORM 990	FORM 990, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY THE FOLLOWING PERSONS OR GROUPS CONTROLLER OF ST BERNARDS HEALTHCARE, INC, VICE PRESIDENT OF FINANCE OF ST BERNARDS HEALTHCARE, INC, PRESIDENT/CEO OF ST BERNARDS HEALTHCARE, INC, LEGAL COUNSEL, AND THE AUDIT COMMITTEE OF ST BERNARDS HEALTHCARE, INC PRIOR TO FILING

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST MONITORING POLICY	FORM 990, PART VI, LINE 12C	DIRECTORS AND ABOVE ANNUALLY SUBMIT A WRITTEN STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST MANAGEMENT INVESTIGATES ANY POTENTIAL CONFLICTS AND TAKES APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT LEGAL COUNSEL ALSO REVIEWS ANY POTENTIAL CONFLICTS OF INTEREST AND ADVISES MANAGEMENT

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW & DETERMINATION PROCEDURES	FORM 990, PART VI, LINE 15A & 15B	THE BOARD OF DIRECTORS SELECTS DIRECTORS TO SERVE ON THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE APPROVES THE INITIAL SALARY AND ANY SUBSEQUENT SALARY ADJUSTMENTS OF ALL MANAGEMENT THE COMPENSATION COMMITTEE OBTAINS AN INDEPENDENT SALARY SURVEY FROM CLARK CONSULTING ON AN ANNUAL BASIS FOR USE IN DETERMINING THE APPROPRIATE SALARY RANGES FOR MANAGEMENT THE COMPENSATION COMMITTEE PRESENTS THE INFORMATION TO THE BOARD FOR APPROVAL IN 2009, COMPENSATION OF ALL MANAGEMENT PERSONNEL AND ALL OTHER EMPLOYEES OF THE ORGANIZATION WAS REVIEWED BY CLARK CONSULTING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 16B	ALL OPERATING AGREEMENTS OF JOINT VENTURE ARRANGEMENTS IN WHICH THE ORGANIZATION PARTICIPATES CONTAIN A CLAUSE THAT SAFEGUARDS THE ORGANIZATION'S EXEMPT STATUS

ldentifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS	'	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, LINE 5	CHANGE IN PENSION LIABILITY \$(2,134,059) TRANSFER TO AFFILIATE \$(9,591,043) CHANGE IN INTEREST IN NET ASSETS OF ST BERNARDS DEVELOPMENT FOUNDATION, INC \$ 42,238 CHANGE IN UNREALIZED GAINS ON INVESTMENTS \$ 1,172,805 PET CENTER, LLC INCOME VS BOOK INCOME \$ (9,735) AR MEDICAL CYCLOTRON INCOME VS BOOK INCOME \$ 12,146 \$(10,507,648)

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEHARRY HUTCHISON TITLE CFO HOURS 40

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SCHEDULE R
(Form 990) | Related Organic

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493045011523

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ST BERNARDS HOSPITAL INC 71-0290019								
Part I	Identification of Disregarded Entities (Complet	e if the organization	on answered "Yes'	" on Form 990, Pa		9		
	(a) Name, address, and EIN of disregarded entity		(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
	Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		ıf the organızatıor	n answered "Yes"	on Form 990, Pa	rt IV, line 34 becau	se it had	lone
N	(a) lame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13 trolled nization
See Additional Da	ata Table						Yes	No
For Privacy Ac	t and Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No 50	0135Y		Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No									
(1) PET CENTER LLC PO BOX 13267 MAUMELLE, AR 72113 71-0876911	PET SCANS	AR	NA	RELATED	111,735	336,255		No	0		No	51 000 %								
(2) ALLCARE OF ARKANSAS 225 EAST JACKSON JONESBORO, AR 72401 20-3315907	HEALTHCARE	AR	NA	NONE	0	0		No	0		No	0 %								
(3) OUTPATNT SRGRY CTR 1100 E MATTHEWS JONESBORO, AR 72401 74-3052826	HEALTHCARE	AR	NA	NONE	0	0		No	0		No	0 %								
(4) PAIN CENTER LLC 505 EAST MATTHEWS STE 103 JONESBORO, AR 72401 33-1048492	PAIN MGT	AR	NA	NONE	0	0		No	0		No	0 %								
	L			l																

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

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

chedule R (Form 990) 2011		Рa	age 3
Part V Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or	or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1 g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	lacksquare
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	11	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	_
• Reimbursement paid to related organization(s) for expenses	10	Yes	+
p Reimbursement paid by related organization(s) for expenses	1р	Yes	lacksquare
q Other transfer of cash or property to related organization(s)	1q		No
r O ther transfer of cash or property from related organization(s)	1r		No

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

		•	
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ST BERNARDS PET CENTER	К	181,608	FMV
(2) ST BERNARDS PET CENTER	Α	27,300	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 71-0290019

Name: ST BERNARDS HOSPITAL INC

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

Form 990, Schedule R, Part II - 10	- Italication of Re	Idica Idx L	The state of the s	IIIZucions	1	
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
ST BERNARDS HEALTHCARE INC (SBHCI) 225 EAST JACKSON JONESBORO, AR 72401 71-0853900	HEALTHCARE	AR	501(C) (3)	9	O BS	No
OLIVETAN BENEDICTINE SISTERS INC PO DRAWER 130 JONESBORO, AR 72403 71-0654621	CONVENT	AR	501(C) (3)	N/A	NA	No
ST BERNARDS COMM HOSPITAL 310 SOUTH FALLS BLVD WYNNE, AR 72396 71-0835247	HEALTHCARE	AR	501(C) (3)	3	SBHCI	No
ST BERNARDS VILLAGE INC	HOUSING	AR	501(C) (3)	9	SBHCI	No
BENEDICTINE MANOR I 225 EAST JACKSON JONESBORO, AR 72401 20-8030553	HOUSING	AR	501(C) (3)	7	VILLAGE	No
BENEDICTINE MANOR II 225 EAST JACKSON JONESBORO, AR 72401 20-8030603	HOUSING	AR	501(C) (3)	7	VILLAGE	No
JONESBORO REAL ESTATE HOLDINGS INC 225 EAST JACKSON JONESBORO, AR 72401 71-0835010	REAL ESTATE	AR	501(C) (3)	11	SBHCI	No
TOTAL LIFE HEALTHCARE 700 EAST WASHINGTON AVE JONESBORO, AR 72401 26-0262745	HEALTHCARE	AR	501(C) (3)	9	SBHCI	No
ST BERNARDS DEVELOPMENT FOUNDATION 400 EAST STREET JONESBORO, AR 72401 71-0563245	SUPPORT	AR	501(C) (3)	7	O BS	No
MATTHEWS MEDICAL MILE 225 EAST JACKSON JONESBORO, AR 72401 27-3865388	ADVERTISING	AR	501(C) (3)	9	SBHCI	No
AUX TO ST BERNARDS MEDICAL CENTER 225 E JACKSON JONESBORO, AR 72401 71-0493824	FUNDRAISING	AR	501(C) (3)	11A	SBHI	Yes

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 990, Schedule R, Pa	TC TV TUCHTHU	don or iter	reed Organiz	utions iu	Aubic us u	or por a cron	i oi ii ust
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
REGIONAL HEALTHCARE HOLDINGS INC PO BOX 9320 JONESBORO, AR 72403 73-1650896	HOLDING CO	AR	NA	C CORP	0	0	0 %
JONESBORO ANESTHESIA INC 221 HUGHES STE C JONESBORO, AR 72401 02-0644209	ANESTHESIOLOG	AR	NA	C CORP	0	0	0 %
HEART SURGERY ASSOCIATION PO BOX 9320 JONESBORO, AR 72403 20-0120406	HEALTHCARE	AR	NA	C CORP	0	0	0 %
MID SOUTH NEUROSURGERY PO BOX 9320 JONESBORO, AR 72403 20-1345149	NEURO SURGERY	AR	NA	C CORP	0	0	0 %
JONESBORO NEUROSURGERY CLINIC PO BOX 9320 JONESBORO, AR 72403 20-5938180	NEUROSURGERY	AR	NA	C CORP	0	0	0 %
DOCTORS HEALTH GROUP PO BOX 9320 JONESBORO, AR 72403 71-0788355	HEALTHCARE	AR	NA	C CORP	0	0	0 %
REGIONAL HEALTHCARE SERVICES PO BOX 9320 JONESBORO, AR 72403 71-0780305	HEALTHCARE	AR	NA	C CORP	0	0	0 %
SURGICAL ASSOCIATES OF JONESBORO PO BOX 9320 JONESBORO, AR 72403 26-3827817	HEALTHCARE	AR	NA	C CORP	0	0	0 %
HEALTH NET INC PO BOX 9320 JONESBORO, AR 72403 71-0792538	HEALTHCARE	AR	NA	C CORP	0	0	0 %
THE HEARTCARE CENTER INC 225 EAST JACKSON JONESBORO, AR 72401 20-2061837	HEALTHCARE	AR	NA	C CORP	0	0	0 %
JONESBORO PLASTIC SURGERY 800 S MAIN STREET JONESBORO, AR 72401 27-1450995	PLASTIC SURGE	AR	NA	C CORP	0	0	0 %
OB-GYN ASSOC OF JONESBORO 800 S MAIN STREET JONESBORO, AR 72401 27-2717909	O B-GYN	AR	NA	C CORP	0	0	0 %
CARDIOLOGY ASSOCIATES OF JONESBORO 800 S MAIN ST JONESBORO, AR 72401 27-3757274	C A R D I O L O G Y	AR	NA	C CORP	0	0	0 %
CLOPTON CLINIC OF JONESBORO INC 800 S MAIN ST JONESBORO, AR 72401 27-3722124	HEALTHCARE	AR	NA	C CORP	0	0	0 %

Accountants' Report, Consolidated Financial Statements and Supplementary Information

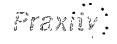
September 30, 2012 and 2011

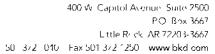


September 30, 2012

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Independent Accountants' Report on Financial Statements and Supplementary Information

Board of Governors St Bernards HealthCare, Inc Jonesboro, Arkansas

We have audited the accompanying consolidated balance sheets of St. Bernards Hospital, Inc. d/b/a St. Bernards Medical Center (a subsidiary of St. Bernards HealthCare, Inc.) (the Medical Center) as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

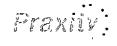
We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Bernards Hospital, Inc. d/b/a St. Bernards Medical Center as of September 30, 2012 and 2011, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was performed for the purpose of forming an opinion on the basic financial statements as a whole. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it

BKD, LLP

January 14, 2013





Consolidated Balance Sheets September 30, 2012 and 2011

Assets

	2012	2011
Current Assets		
Cash	\$ 44.254.020	\$ 29,549,864
Patient accounts receivable, net of allowance.		
2012 - \$17.454.443, 2011 - \$14.956.864	23,181,655	21.129.482
Supplies	4.822.285	4.434.800
Prepaid expenses and other	1.775.468	2.025.732
Accounts receivable, other	621.733	569.397
Estimated third-party payer receivable	337.536	998.555
Due from affiliates	187.638	396.248
Total current assets	75.180.335	59.104.078
Assets Limited as to Use		
Internally designated	37,557,180	36,686,497
Other	305,981	310,830
	37,863,161	36.997.327
Property and Equipment, at Cost		
Land and land improvements	7,169,174	6,896,004
Buildings and leasehold improvements	102.748.682	91,363,783
Equipment	103,345,522	102,581,358
Construction in progress	758.946	12,410,681
	214,022,324	213,251,826
Less accumulated depreciation	128,604,086	120,589,587
	85.418.238	92.662.239
Other Assets		
Interest in net assets of St. Bernards Development		
Foundation, Inc	1.569.937	1.527.699
Interest in subsidiaries and equity investees	310,700	55,700
Other assets	298.731	319,043
Deferred financing costs		149,881
	2.179.368	2.052.323
Total assets	\$ 200.641.102	\$ 190.815.967

Liabilities and Net Assets

	2012	2011
Current Liabilities	•	
Current maturities of long-term debt	\$ 4,995,000	\$ 2,300,000
Current maturities of related party long-term debt	-	147,453
Accounts payable	5,445,650	4,888,999
Accrued expenses	11,349,003	10,684,013
Estimated third-party payable	5,312,211	4,973,230
Due to affiliates	279,124	31,333
Total current liabilities	27,380,988	23,025,028
Pension Liability	32,158,956	28,107,704
Long-term Debt	-	5,145,000
Related Party Long-term Debt	-	649,777
Asset Retirement Obligations	398,031	381,621
Total liabilities	59,937,975	57,309,130
Net Assets Unrestricted		
St Bernards Medical Center	138,835,003	131,715,797
Noncontrolling interests	298,187	263,341
Total unrestricted net assets	139,133,190	131,979,138
Temporarily restricted net assets	1,569,937	1,527,699
Total net assets	140,703,127	133,506,837
Total liabilities and net assets	\$ 200,641,102	\$ 190,815,967

Consolidated Statements of Operations and Changes in Net Assets Years Ended September 30, 2012 and 2011

	2012	2011		
Unrestricted Revenues, Gains and Other Support				
Patient service revenue (net of				
contractual allowances and discounts)	\$ 264,245,545	\$ 244,492,481		
Provision for uncollectible accounts	(37,521,757)	(36,700,592)		
Net patient service revenue less				
provision for uncollectible accounts	226,723,788	207,791,889		
Provider assessment revenue and other	26,135,317	20,074,694		
Total unrestricted revenues, gains and				
other support	252,859,105	227,866,583		
Expenses				
Salaries and wages	78,109,697	78,238,382		
Employee benefits	20,385,853	20,133,685		
Professional fees	30,690,811	27,739,002		
Supplies and other	95,141,100	84,249,230		
Depreciation and amortization	12,745,974	12,198,048		
Interest	256,108	132,728		
Total expenses	237,329,543	222,691,075		
Operating Income	15,529,562	5,175,508		
Other Income (Expense)				
Investment return	2,553,454	478,649		
Net unrealized gains on investments from prior periods	-	1,462,772		
Equity in earnings of equity investee	65,849	44,815		
Other	338,289	190,632		
Total other income	2,957,592	2,176,868		
Excess of Revenues Over Expenses	\$ 18,487,154	\$ 7,352,376		

Consolidated Statements of Operations and Changes in Net Assets (Continued) Years Ended September 30, 2012 and 2011

	 2012	2011
Unrestricted Net Assets		
Excess of revenues over expenses	\$ 18,487,154	\$ 7,352,376
Change in unrealized gains and losses on		
other-than-trading securities	-	(1,462,772)
Distributions to noncontrolling interests	(98,000)	(96,040)
Change in pension liability, net of periodic pension cost	(2.134.059)	(2,483,159)
Contributions received for purchase of property		
and equipment	490,000	695,000
Transfer to affiliate	(9,591,043)	 (5,993,133)
Increase (decrease) in unrestricted net assets	 7,154,052	 (1,987,728)
Temporarily Restricted Net Assets		
Change in interest in net assets of St Bernards		
Development Foundation, Inc	42,238	(475,191)
Increase (decrease) in temporarily restricted net assets	42,238	(475,191)
Change in Net Assets	7,196,290	(2,462,919)
Net Assets, Beginning of Year	 133,506,837	 135,969,756
Net Assets, End of Year	\$ 140,703,127	\$ 133,506,837

Consolidated Statements of Cash Flows Years Ended September 30, 2012 and 2011

	2012	2011		
Operating Activities	•			
Change in net assets	\$ 7,196,290	\$ (2.462.919)		
Change in net assets attributable to noncontrolling interest	34,846	32.317		
Change in net assets attributable to St Bernards Medical Center	7.161.444	(2.495.236)		
Items not requiring (providing) cash				
Depreciation and amortization	12,745,974	12,198,048		
Net realized and unrealized (gains) losses on investments	(1.115.026)	1,026,500		
Change in interest in net assets of St Bernards				
Development Foundation, Inc	(42,238)	475,191		
Equipment transfers from affiliates	(320,616)	(68,805)		
Equity in earnings of equity investments	(65,849)	(44.815)		
Loss on sale of property and equipment	656,001	11,411		
Contributions received for purchase of property				
and equipment	(490,000)	(695,000)		
Change in pension liability	4.051.252	3,333,324		
Changes in				
Patient accounts receivable, net	(2.052,173)	4,821,882		
Prepaids, due from affiliates and supplies	266,844	(788,458)		
Accounts payable and accrued expenses	2.002.067	1,008,482		
Estimated third-party payer settlements	1,000,000	(157.972)		
Noncontrolling interest in net income of equity investees	34,846	32,317		
Net cash provided by operating activities	23.832.526	18,656,869		
nvesting Activities				
Purchases of investments	(10,634,907)	(13,219,899)		
Proceeds from disposition of investments	10.884.099	12,279,327		
Capital expenditures	(8.428.488)	(17,197,323)		
Proceeds from sale of property and equipment	1.874.071			
Other investing activities	(65,915)	(10,185)		
Net cash used in investing activities	(6,371,140)	(18.148.080)		

Consolidated Statements of Cash Flows (Continued) Years Ended September 30, 2012 and 2011

	2012	2011
Financing Activities		
Payments to affiliate for equipment under sublease agreement	\$ (797,230)	\$ (11.865)
Principal payments on long-term debt	(7.445,000)	(2,255,000)
Proceeds from contributions for purchase of property		
and equipment	490,000	695,000
Proceeds from issuance of debt	 4.995,000	
Net cash used in financing activities	(2.757.230)	(1.571.865)
Increase (Decrease) in Cash	14,704,156	(1.063.076)
Cash, Beginning of Year	 29.549.864	 30,612,940
Cash, End of Year	 44,254,020	\$ 29,549,864
Supplemental Cash Flows Information		
Interest paid (related party and third party debt)	\$ 274.495	\$ 290,466
Property and equipment in accounts payable at year-end	\$ 780,426	\$ 1,128,020
Contributions of property and equipment from parent	\$ 320.616	\$ 68,805
Equipment acquired from affiliate under a sublease agreement	\$ 0	\$ 806,114

Notes to Consolidated Financial Statements
September 30, 2012 and 2011

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

St Bernards Hospital, Inc d/b/a St Bernards Medical Center (the Medical Center) is operated by the Olivetan Benedictine Sisters and is a subsidiary of St Bernards HealthCare. Inc (SBHC) The Medical Center is an acute care hospital located in Jonesboro. Arkansas, that serves patients primarily from Craighead County and surrounding areas in northeast Arkansas. The Medical Center has controlling interest in PET Center, LLC (the PET Center), which provides patients with imaging services. All material intercompany accounts and transactions between the Medical Center and the PET Center have been eliminated in consolidation.

Noncontrolling Interest

Noncontrolling interest represents a 49% interest in the PET Center not owned by the Medical Center Losses attributable to the noncontrolling interest are allocated to the noncontrolling interest even if the carrying amount of the noncontrolling interest is reduced below zero. Any changes in ownership that do not result in a loss of control will be prospectively accounted for as net asset transactions.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Changes in consolidated unrestricted net assets attributable to the controlling financial interest of the Medical Center and the noncontrolling interest are

	 Total	Controlling Interest	controlling Interest
Balance October 1, 2010	\$ 133.966,866	\$ 133,735,842	\$ 231.024
Excess of revenues over expenses Contribution received for purchase	7.352.376	7.224.019	128,357
of property Change in net unrealized gains and losses	695,000	695,000	-
on other-than-trading securities Change in pension liability.	(1,462,772)	(1,462,772)	-
net of periodic pension cost	(2.483,159)	(2.483.159)	-
Transfer to affiliates Distributions to noncontrolling interests	(5.993.133) (96.040)	(5,993,133)	(96,040)
Increase in unrestricted net assets	 (1.987,728)	(2,020,045)	32,317
Balance September 30, 2011	\$ 131,979,138	\$ 131.715.797	\$ 263,341
Excess of revenues over expenses Contribution received for purchase	18,487,154	18,354,308	132,846
of property Change in pension liability.	490,000	490,000	-
net of periodic pension cost	(2.134.059)	(2.134.059)	-
Transfers to affiliates Distributions to noncontrolling interests	(9.591.043) (98.000)	(9.591.043)	(98,000)
Increase in unrestricted net assets	 7.154.052	 7.119.206	34.846
Balance September 30, 2012	\$ 139,133,190	\$ 138.835.003	\$ 298,187

The change to temporarily restricted net assets related only to the controlling interest

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Cash

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to \$250,000. At September 30, 2012, the Medical Center's interest-bearing cash accounts exceeded federally insured limits by approximately \$43,066,000. The financial institutions had pledged collateral, held by a third party, in the name of the Medical Center sufficient to insure the excess amounts at September 30, 2012.

At September 30, 2012 and 2011, the Medical Center had repurchase agreements with a financial institution in the amount of approximately \$5,350,000

Pursuant to legislation enacted in 2010, the FDIC fully insures all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income, realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally-imposed restrictions.

On October 1, 2010, the Medical Center changed the accounting classification of substantially all of its investments in debt and equity securities from non-trading to trading. This change in classification requires the Medical Center to recognize unrealized gains and losses on substantially all of its unrestricted and internally designated investments in debt and equity securities as a component of other non-operating income and expense in the consolidated statements of operations and changes in net assets. Previously, changes in fair value of these investment securities were recorded as other changes in net assets. Total net unrealized losses included as a non-operating expense for the year ended September 30, 2011, was approximately \$1,344,000. The effect of this change increased non-operating income by approximately \$1,462,000, all of which related to prior periods.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Assets Limited as to Use

Assets limited as to use include (1) assets set aside by the board of governors for future capital improvements over which the board retains control and may, at its discretion, subsequently use for other purposes, and (2) assets held by the trustee Amounts required to meet current liabilities of the Medical Center are included in current assets

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payer 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, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers 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 copayment balances due for which third-party coverage exists for part of the bill), the Medical Center 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 which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

It is the Medical Center's practice to outsource the collection of self-pay patient accounts to a third-party collection agency after no more than 90 days from the date of discharge

Supplies

The Medical Center states supply inventories at the lower of cost, determined using the first-in, first-out method, or market

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Property and Equipment

Property and equipment are stated at cost and are depreciated on a straight-line basis over the estimated useful life of each asset. Leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows

Land improvements	8–25 years
Buildings	10–40 years
Leasehold improvements	3–25 years
Equipment	3–20 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

The Medical Center capitalizes interest costs as a component of construction in progress, based on the weighted-average rates paid for long-term borrowing. Total interest incurred was

	 2012	2011
Interests costs capitalized Interest costs charged to expense	\$ 256,108	\$ 189,155 132,728
	\$ 256,108	\$ 321,883

Long-lived Asset Impairment

The Medical Center evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

Any asset impairment recognized during the years ended September 30, 2012 and 2011, was not material to the financial statements

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Interest in Net Assets of St. Bernards Development Foundation, Inc.

St Bernards Development Foundation. Inc (the Foundation) and the Medical Center are financially interrelated organizations. The Foundation seeks private support for and holds net assets on behalf of the Medical Center. The Medical Center accounts for its interest in the net assets of the Foundation (the Interest) in a manner similar to the equity method. The changes in the Interest are included in change in net assets. Transfers of assets between the Foundation and the Medical Center are recognized as increases or decreases in the Interest.

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt Such costs are being amortized over the term of the respective debt using the straight-line method

Temporarily Restricted Net Assets

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose

Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Self Insurance

The Medical Center has elected to self-insure certain costs related to employee health and accident benefit programs. Costs resulting from noninsured losses are charged to expense when incurred

Income Taxes

The Medical Center has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. As such, it is required to file IRS Form 990 on an annual basis. The Medical Center is no longer subject to U.S. federal income tax and state income tax examinations by tax authorities for income tax returns filed for years before 2009. The Medical Center is subject to federal income tax on any unrelated business taxable income

The PET Center is organized as an Arkansas Limited Liability Company, which is not directly subject to income taxes under the provisions of the Internal Revenue Code and applicable state laws. Therefore, taxable income or loss is reported to the individual partners for inclusion in their respective tax returns, and no provision for federal and state income taxes has been included in the accompanying consolidated financial statements.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Excess of Revenues Over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include distribution of noncontrolling interest, changes in pension liability, net of periodic pension cost, unrealized gains and losses on investments other than trading securities, permanent transfers to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions that, by donor restriction, were to be used for the purpose of acquiring such assets)

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices). Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period beginning date

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR) Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services Payment under both programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program

The Medical Center recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period

In 2012, the Medical Center completed the first-year requirements under both the Medicare and Medicaid programs and has recorded revenue of approximately \$4,117,400, which is included in other operating revenues in the consolidated statement of operations and changes in net assets

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Note 2: Net Patient Service Revenue

Third Party Payer Agreements

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Medical Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. This provision for bad debts is presented on the consolidated statement of operations and changes in net assets as a component of net patient service revenue.

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates These payment arrangements include

Medicare—Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge and procedure, respectively. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient skilled nursing services are paid at prospectively determined rates that are based on the patients' acuity. Certain inpatient nonacute services and defined medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Medical Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. All cost reports have been finalized through September 30, 2005.

Medicaid—Inpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology, subject to certain cost limitations. The Medical Center is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Medicail Center and audits thereof by the Medicaid fiscal intermediary. Outpatient services rendered to Medicaid program beneficiaries are reimbursed based on fee schedules. All cost reports have been finalized through September 30, 2007.

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonable possible that recorded estimates will change materially in the near term

Blue Cross—The Medical Center has entered into several payment arrangements with Blue Cross and its related entities. These arrangements include fixed payments per admission and discounts from standard charges.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

The Medical Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the years ended September 30 were approximately

	 2012		2011
Medicare Medicaid	\$ 143,637,571 16,654,315	\$	133,658,077 17,138,109
Other-third party payers Self pay	75,027,114 28,926,545		57,601,994 36,094,301
	\$ 264,245,545	\$	244,492,481

Upper Payment Limit Provisions

In addition, the Medical Center receives supplemental Medicaid funds under the Arkansas Medicaid program's Upper Payment Limit (UPL) provisions. Based on its status as a non-state governmental hospital, the Medical Center was eligible to receive additional Medicaid payments equal to 100% of the gap between Medicare and Medicaid payments for equivalent patients. Beginning July 1, 2005, the Medical Center is considered to be a private hospital under revised definitions. Under the revised UPL provisions, the Medical Center receives a portion of total allocated funds based on discharges, which significantly reduced payments received under the UPL program. Total funds received under this program, net of required matching funds paid by the Medical Center, were approximately \$1,350,000 and \$1,577,000 in 2012 and 2011, respectively

Provider Assessment Program

In December 2009, the Secretary of the U S Department of Health and Human Services approved the inpatient and outpatient sections of the amendment to the Arkansas State Medicaid Plan, which establishes a provider assessment program retroactive to July 1, 2009. This program assesses a fee of no more than 1% on the net patient service revenue of private hospitals and allocates the proceeds to supplement Medicaid payments. In February 2011, the program was amended to allow the assessed fee to be no more than 5.5% of net patient service revenue. The federal government matches the assessment amount at a rate of approximately 3 to 1, and these amounts are allocated to private hospitals in Arkansas based on each hospital's share of the total of the private hospitals' Medicaid discharges and outpatient Medicaid payments. Amounts recorded as provider assessment taxes paid under the program for the years ended September 30, 2012 and 2011, were approximately \$3,086,000 and \$2,278,000, respectively

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Amounts recorded to provider assessment tax receipts under this program for the years ended September 30, 2012 and 2011, were approximately \$12,608,000 and \$11,697,000, respectively

The amounts received is reported as a component of revenues, gains, and other support in the consolidated statements of operations and changes in net assets, and the amount paid is reported as a component of supplies and other expense for the years ended September 30, 2012 and 2011

Note 3: Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at September 30, 2012 and 2011, is

	2012	2011
Medicare	59%	56%
Medicaid	7%	6%
Other third-party payers	31%	35%
Patients	3%	3%
	100%	100%

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Note 4: Investments and Investment Return

Assets Limited as to Use

	2012	2011
Internally-designated for capital improvements		
Certificates of deposit	\$ 1,901,582	\$ 1,660,010
Repurchase agreements	5,350,000	5,350,000
Money market accounts	1,376,627	2,959,963
Mortgage-backed securities	5,580,192	4,872,710
US Treasury obligations	4,406,164	4,190,270
Corporate bonds	9,553,100	9,969,622
Municipal bonds	339,475	469,684
Foreign government obligations	1,459,054	1,373,910
Mutual funds	297,235	846,190
Equity securities		
Health care	1,099,827	679,527
Manufacturing	1,053,490	866,909
Consumer	452,159	169,533
Financial	1,512,006	1,254,284
Technology	616,775	390,172
Energy	1,451,357	1,093,421
Other	802,006	209,033
Interest receivable	306,131	331,259
Other	37,557,180	36,686,497
Other	2	7.017
Money market accounts	207.070	7.047
Certificates of deposit	305,979	303,783
	305,981	310,830
Total investments	\$ 37,863,161	\$ 36,997,327

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Total investment return is comprised of the following

	 2012		2011
Interest and dividend income Realized and unrealized gains (losses)	\$ 1,438,428 1,115,026	\$	1,505,149 (1,026,500)
	\$ 2,553,454	_\$	478,649

Note 5: Interest in the Net Assets of St. Bernards Development Foundation, Inc.

St Bernards Development Foundation. Inc. was established to solicit contributions principally for funding a portion of the Medical Center's capital improvements. Funds are distributed to the Medical Center, as determined by the Foundation Board of Directors. The Medical Center's interest in the net assets of the Foundation is reported in the consolidated balance sheets and was \$1,569,937 and \$1,527,699 at September 30, 2012 and 2011, respectively

Note 6: Medical Malpractice Claims

The Medical Center purchases medical malpractice insurance under a claims-made policy. Under such policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Medical Center accrues its share of the expense of covered claims. Such estimates are based on the Medical Center's own claims experience and representations from legal counsel. Since the Medical Center is a charitable non-profit institution, legal counsel has advised that the Medical Center would be immune from any amount above its insurance limits.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Note 7: Long-term Debt

	 2012	2011
Note payable, bank (A)	\$ 4,995,000	\$ -
Refunding Bonds (B)	-	7,445,000
Less current maturities	 4,995,000	 2,300,000
	\$ 0	\$ 5,145,000

- (A) Due on demand, however if no demand is made, due July 1, 2014, payable \$2,620,354 annually, including interest at 3 25%. Due to the demand provision, all of the outstanding balance has been classified as a current liability at September 30, 2012.
- (B) The Refunding Bonds consist of Hospital Revenue Refunding Bonds in the original amount of \$11,925,000, dated July 1, 2009, which bore interest at 1 30% to 3 85%. The Refunding Bonds were payable in annual installments through July 1, 2015. The Refunding Bonds were secured by real and personal property and a pledge of gross receipts of the Medical Center. The bond indenture also placed limits on the incurrence of additional borrowings and required that the Medical Center satisfy certain measures of financial performance as long as the bonds are outstanding. The bonds were refinanced during 2012 with the proceeds from the bank note described in (A) above.

Normal scheduled annual maturities of long-term debt at September 30, 2012, are

2013 2014	\$ 2,457,123 2,537,877
	\$ 4,995,000

Note 8: Temporarily Restricted Net Assets

Temporarily restricted net assets reflect the interest in net assets of St. Bernards Development Foundation, Inc. and are \$1,569,937 and \$1,527,699 at September 30, 2012 and 2011, respectively

During 2012 and 2011, the Foundation made donations to the Medical Center for the purchase of property and equipment in the amount of \$490,000 and \$695,000, respectively Because these funds were spent during 2012 and 2011, they are not reported as restricted

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Note 9: Charity Care

In support of its mission, the Medical Center voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue. In addition, the Medical Center provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts that are less than established charges for the services provided to the recipients, and many times the payments are less than the cost of rendering the services provided.

The costs of charity care provided under the Medical Center's charity care policy were approximately \$11,731,000 and \$9,303,000 for 2012 and 2011, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges

In addition to uncompensated charges, the Medical Center also commits significant time and resources to endeavors and critical services, which meet otherwise unfilled community needs Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screening and assessments, prenatal education and care, support for the elderly, community educational services and various support groups

Note 10: Functional Expenses

The Medical Center provides health care services primarily to residents within its geographic area Expenses related to providing these services are as follows

	2012	2011
Health care services	\$ 189,906,720	\$ 178,722,310
General and administrative	47,422,823	43,968,765
	\$ 237,329,543	\$ 222.691.075

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Note 11: Pension Plans

Defined Benefit Plan

The Medical Center has a noncontributory defined benefit pension plan (the Plan) covering substantially all employees hired as of April 1, 2011. The Medical Center's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Medical Center may determine to be appropriate from time to time. Benefits are based on years of service and compensation. Benefits are vested 100% upon completion of five years of service. No benefits are vested prior to the completion of five years of service. Contributions to the Plan are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future. The Medical Center expects to contribute \$4,000,000 to the Plan in 2013.

Information about the Plan's funded status follows

	2012	2011		
Benefit obligation	\$ 77,317,384	\$ 65,589,613		
Fair value of Plan assets	45,158,428	37,481,909		
Funded status	\$ (32,158,956)	\$ (28,107,704)		

Noncurrent liabilities of \$32,158,956 and \$28,107,704 were recognized in the consolidated balance sheets at September 30, 2012 and 2011, respectively

Amounts recognized in unrestricted net assets not yet recognized as components of net periodic benefit cost consist of

	2012		2011	
Net loss	\$	(29,689,365)	\$	(27,853,037)
Prior service (cost) credit	\$	(164,092)	\$	(82,079)

The accumulated benefit obligation for the Plan was \$66,092,910 and \$55,900,162 at September 30, 2012 and 2011, respectively

The estimated net loss and prior service cost that are expected to be amortized from unrestricted net assets to net periodic benefit cost over the next fiscal year are \$2,196,000 and \$164,092 respectively

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Other significant balances and costs are

	2012			2011		
Employer contributions	\$	4,000,000	\$	4,000,000		
Benefits paid	\$	2,549,948	\$	2,457,285		
Benefit cost	\$	5,917,193	\$	4,948,249		

The following amounts have been recognized in the consolidated statements of operations and changes in net assets for the years ended September 30, 2012 and 2011

	2012	2011
Amounts arising during the period Net loss Amounts included as components of net periodic	\$ 4.419.557	\$ 4,231,531
benefit cost of the period Net prior loss Net prior service cost	(2,367,511) 82,013	(2.051,781) 303,409
	\$ 2,134,059	\$ 2,483,159
Significant assumptions include		
	2012	2011
Weighted-average assumptions used to determine benefit obligations		
Discount rate – benefit obligation Rate of compensation increase	5 50% 4 00%	6 00% 4 25%
Weighted average assumptions used to determine benefit costs		
Discount rate	6 00%	6 00%
Expected return on Plan assets Rate of compensation increase	6 25% 4 25%	6 25% 4 25%
reace of compensation mercase	7 43 /0	4 23 /0

Notes to Consolidated Financial Statements September 30, 2012 and 2011

The Medical Center has estimated the long-term rate of return on Plan assets based primarily on historical returns on Plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of September 30

2013	\$ 2,465,000
2014	2,706,000
2015	2,922,000
2016	3,203,000
2017	3,637,000
2018-2022	23,982,000

Plan assets are held by a bank-administered trust fund, which invests the Plan assets in accordance with the provisions of the Plan agreement. The Plan agreement permits investment in common stocks, corporate bonds and debentures. U.S. government securities, certain insurance contracts, real estate and other specified investments, based on certain target allocation percentages. The finance committee of the board of governors may revise the target allocation percentages as the financial needs of the Plan and the outlook for capital markets changes.

Asset allocation is primarily based on a strategy to provide stable earnings while still permitting the Plan to recognize potentially higher returns through investment in equity securities. The target asset allocation percentages for both 2012 and 2011 were as follows

Domestic equity securities	Not to exceed 50%
Convertible securities	Not to exceed 10%
International equity securities	Not to exceed 20%
Cash and cash equivalents	Not to exceed 10%
Domestic fixed income securities	At least 40%

Notes to Consolidated Financial Statements September 30, 2012 and 2011

At September 30, 2012 and 2011, Plan assets by category are as follows

	2012	2011	
Domestic equity securities	46%	39%	
International equity securities	12%	10%	
Cash and cash equivalents	6%	17%	
Domestic fixed income securities	25%	27%	
Insurance contracts and other	11%	7%	
	100%	100%	

Pension Plan Assets

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include money market funds, mutual funds, equity securities and foreign equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics or discounted cash flows. Level 2 plan assets include cash surrender value of life insurance policies. In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3 of the hierarchy and include an investment in a private equity fund. Significant inputs and valuation techniques used in measuring Level 3 fair values include the net asset value of the fund.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

The fair values of the Medical Center's pension plan assets at September 30, 2012, by asset class are as follows

		Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
As of September 30, 2012					
Money market accounts	\$ 2,793,828	\$ 2,793,828	\$ -	\$ -	
Equity securities					
Foreign	3,184,626	3,184,626	-	-	
Technology	1,704,866	1,704,866	-	-	
Services	2,271,193	2,271,193	-	-	
Consumer goods	709,666	709,666	-	-	
Health care	939,364	939,364	-	-	
Financial	718,453	718,453	-	-	
Basic materials	861,970	861,970	-	-	
Industrial goods	755,500	755,500	-	-	
Mutual funds					
Intermediate-term bond	10,951,296	10,951,296	-	-	
Exchange-traded stock	6,259,895	6,259,895	-	-	
World bond	2,139,809	2,139,809	-	-	
High yield	3,025,120	3,025,120	-	-	
Foreign large value	3,256,743	3,256,743	-	-	
Global real estate	839,688	839,688	-	-	
Cash surrender value					
of life insurance	1,231,555	-	1,231,555	-	
Private equity fund	3,505,106			3,505,106	
	\$ 45,148,678	\$ 40,412,017	\$ 1,231,555	\$ 3,505,106	

Interest receivable held in the pension account of \$9.750, is not recorded at fair value and is excluded from the amounts above

Notes to Consolidated Financial Statements September 30, 2012 and 2011

The fair values of the Medical Center's pension plan assets at September 30, 2011, by asset class are as follows

		Fair Value Measurements Using				ing	
	 Fair Value	M	oted Prices in Active larkets for Identical Assets (Level 1)	0	ignificant Other bservable Inputs (Level 2)	Un	Significant observable Inputs (Level 3)
As of September 30, 2011							
Money market accounts	\$ 6,339,147	\$	6,339,147	\$	-	\$	-
Equity securities							
Foreign	2,544,313		2,544,313		-		-
Technology	1,726,434		1,726,434		-		-
Services	1,014,060		1,014,060		-		-
Consumer goods	793,505		793,505		-		-
Health care	669,617		669,617		-		-
Financial	584,675		584,675		-		-
Basic materials	541,959		541,959		-		-
Industrial goods	474,702		474,702		-		-
Mutual funds							
Intermediate-term bond	10,128,597		10,128,597		-		-
Exchange-traded stock	4,610,418		4,610,418		-		-
World bond	1,983,500		1,983,500		-		-
High yield	1,810,726		1,810,726		-		-
Foreign large value	1,576,885		1,576,885		-		-
Cash surrender value							
of life insurance	1,517,697		-		1,517,697		_
Private equity fund	 1,134,724						1,134,724
	\$ 37,450,959	\$	34,798,538	\$	1,517,697	\$	1,134,724

Notes to Consolidated Financial Statements September 30, 2012 and 2011

2011
Fair Value Measurements Using
Significant Unobservable Inputs (Level 3)

2,400,000

3,505,106

	Significant Unobservable Inputs (Level 3)
	Alternative Investment
Balance at September 30, 2010 Actual return on Plan assets relating to	\$ 2.177.283
assets still held at the reporting date	(1.028.324)
Management fees	(14,235)
Balance at September 30, 2011	\$ 1.134.724
	2012
	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Alternative Investment
Balance at September 30, 2011 Actual return on Plan assets relating to	\$ 1,134,724
assets still held at the reporting date	(29.618)

New investments

Balance at September 30, 2012

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Pension Plan Alternative Investment

The fair value of the alternative investment has been estimated using the net asset value per share of the investment. The alternative investment held at September 30, 2012 and 2011, consisted of the following

	2011									
CA Cored Fixed Income (A)		Fair Value		inded itments	Redemption Frequency	Redemption Notice Period				
		1.134.724	\$	-	n/a	n/a				
				2	2012					
		Fair Value		inded itments	Redemption Frequency	Redemption Notice Period				
CA Cored Fixed Income (A) Arden Focused Global Macro (B) Pine Grove Institutional (C)	\$	1.057.846 1.206.626 1.240.634	\$	- - -	n/a monthly-quarterly monthly-quarterly	n/a 15–90 30–90				
	\$	3,505,106	\$	0						

- (A) This fund primarily invests in residential mortgage backed securities Redemptions were suspended in May 2009 and the fund filed for Chapter 11 Bankruptcy in October 2011
- (B) This fund primarily invests in other investment funds. As of December 31, 2011, the fund did not own any investments in investment funds for which redemptions have been suspended by the investment manager of the investment funds.
- (C) This fund primarily invests in private investment companies. The fund has submitted full redemption notices and has received a major portion of the redemption proceeds. The remaining redemption proceeds are expected to be distributed upon sale of underlying investments.

Defined Contribution Plan

The Medical Center also offers a defined contribution plan to substantially all employees As of September 30, 2012, the Medical Center does not make contributions to this plan However, for employees hired on or after April 2, 2011, beginning on January 1, 2013, the Medical Center will match 75 percent of employee contributions up to six percent of compensation

In addition, the Medical Center will contribute an additional one percent of compensation if the employee contributed at least one percent and was employed on the last day of the plan year, which is September 30, 2012

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Note 12: Related Party Transactions

Certain transactions between affiliates resulted in amounts receivable from or payable to affiliates. These balances are reported as follows on September 30

	2012	2011			
Current Assets					
Accounts receivable, other	\$ 25,000	\$ 238,129			
Due from affiliates	\$ 187,638	\$ 396,248			
Current Liabilities					
Current maturities of related party	(h	d 1.45.450			
long-term debt (A)	\$ 0	\$ 147,453			
Accounts payable	\$ 495,665	\$ 511,756			
Non-current liabilities					
Related party long-term debt (A)	\$ 0	\$ 649,777			
Change in Net Assets					
Contribution of or received for property and					
equipment from affiliates (B)	\$ 490,000	\$ 695,000			
Transfers to affiliates	\$ (9.591.043)	\$ (5,993,133)			

- (A) The Medical Center entered into a sublease agreement for some equipment with a related party on September 19, 2011, originally maturing on August 1, 2016, payable \$15,178 monthly, including interest at 4 75% This related party debt was paid off in fiscal year 2012
- (B) Contribution of property and equipment for a hospice house was received from the Foundation (See *Note 8)*

Allocated Expenses

Certain services are performed by SBHC for the benefit of its affiliates (including the Medical Center) These services include accounting, data processing, purchasing, personnel and other administrative functions Costs allocated to the Medical Center for services provided by SBHC totaled \$12.623.314 and \$12.953.567 during 2012 and 2011, respectively

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Clinic Support

The Medical Center provides computer equipment and support to an affiliate The Medical Center received \$282,160 and \$340,440 in revenues from this affiliate for 2012 and 2011, respectively

Note 13: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value.

- Level 1 Quoted prices in active markets for identical assets or liabilities
- Level 2 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** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the inputs and valuation methodologies used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market accounts, equity securities. U.S. Treasury obligations, mutual funds, and corporate bonds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include municipal bonds, mortgage backed securities, repurchase agreements and foreign government obligations. The Medical Center held no Level 3 securities at September 30, 2012.

Quoted market prices were used to determine the fair value of Level 1 items. For Level 2 investments, inputs include maturity and coupon rates and/or closing prices of similar securities from comparable industry financial data.

Notes to Consolidated Financial Statements September 30, 2012 and 2011

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30

			Fair Value Measurements Using							
		Fair Value		ioted Prices in Active larkets for Identical Assets (Level 1)	0	ignificant Other bservable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)			
As of September 30, 2012										
Money market accounts	\$	1,376,629	\$	1,376,629	\$	_	\$	_		
Mortgage-backed securities	Ψ	5,580,192	•	-	4	5,580,192	Ψ	_		
Repurchase agreements		5,350,000		_		5,350,000		_		
U S Treasury obligations		4,406,164		4,406,164		_		_		
Corporate bonds		9,553,100		9,553,100		-		-		
Mutual funds		297.235		297.235		-		-		
Municipal bonds		339,475		-		339,475		-		
Foreign government obligations		1,459,054		-		1,459,054		-		
Equity securities										
Health care		1,099,827		1,099,827		=		-		
Manufacturing		1.053,490		1,053,490		-		-		
Consumer		452,159		452,159		-		-		
Financial		1.512.006		1.512.006		-		-		
Technology		616,775		616,775		-		-		
Energy		1.451.357		1.451.357		-		-		
Other		802,006		802.006		-		-		
		35.349.469								
Financial instruments not measured at fair value										
Certificates of deposit		2,207,561								
Interest receivable		306,131								
		2.513.692								
Total investments	\$	37,863,161								

Notes to Consolidated Financial Statements September 30, 2012 and 2011

			Fair Value Measurements Using							
	Fair Value		M	oted Prices in Active larkets for Identical Assets (Level 1)	o	significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)			
As of September 30, 2011										
Money market accounts	\$	2,967,010	\$	2,967,010	\$	_	\$	_		
Mortgage-backed securities	Ψ	4,872,710	Ψ		Ψ	4.872.710	Ψ	_		
Repurchase agreements		5,350,000		_		5,350,000		_		
U S Treasury obligations		4,190,270		4,190,270		_		_		
Corporate bonds		9,969,622		9,969,622		_		_		
Mutual funds		846,190		846,190		_		_		
Municipal bonds		469,684		_		469,684		_		
Foreign government obligations		1,373,910		_		1,373,910		-		
Equity securities										
Health care		679,527		679.527		-		-		
Manufacturing		866,909		866,909		-		-		
Consumer		169,533		169,533		-		-		
Financial		1,254,284		1.254.284		-		-		
Technology		390,172		390,172		-		=		
Energy		1,093,421		1,093,421		-		-		
Other		209,033		209.033		-		-		
		34,702,275								
Financial instruments not measured at fair value										
Certificates of deposit		1,963,793								
Interest receivable		331.259								
		2.295.052								
Total investments	\$	36.997.327								

Money market accounts and certificates of deposit listed above are included in internally designated for capital improvements and other assets limited as to use as detailed in *Note 4*

Notes to Consolidated Financial Statements September 30, 2012 and 2011

The following methods were used to estimate the fair value of all other financial instruments recognized in the accompanying consolidated balance sheets at amounts other than fair value

Cash and Cash Equivalents

The carrying amount approximates fair value

Interest in Net Assets of St. Bernards Development Foundation

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. The carrying amount does not differ materially from the fair value.

Long-term Debt

Fair value is estimated based on the borrowing rates currently available to the Medical Center for bank loans with similar terms and maturities

The following table presents estimated fair values of the Medical Center's financial instruments at September 30, 2012 and 2011

	20	12	2011			
	Carrying Amount	Fair Value	Carrying Amount	Fair Value		
Financial assets						
Cash	\$44,254,020	\$44,254,020	\$29,549,864	\$29,549,864		
Internally designated	\$37,557,180	\$37,557,180	\$36,686,497	\$36,686,497		
Other assets limited as to use Interest in net assets of St Bernards Development	\$ 305,981	\$ 305,981	\$ 310,830	\$ 310,830		
Foundation, Inc	\$ 1,569,937	\$ 1,569,937	\$ 1,527,699	\$ 1,527,699		
Financial liabilities Long-term debt	\$ 4,995,000	\$ 4,995,000	\$ 7,445,000	\$ 7,535,925		

Note 14: Asset Retirement Obligations

The Medical Center's conditional asset retirement obligations primarily relate to asbestos contained in buildings that the Medical Center owns Environmental regulations exist in Arkansas that require the Medical Center to handle and dispose of asbestos in a special manner if a building undergoes major renovations or is demolished

Notes to Consolidated Financial Statements September 30, 2012 and 2011

A summary of changes in asset retirement obligations since the date of adoption is included in the table below

		2011			
Liability, beginning of year Accretion expense	\$	381.621 16.410	\$	365.888 15.733	
Liability, end of year	\$	398,031	\$	381,621	

Note 15: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following

Investigation

The Medical Center is the subject of an investigation regarding specific third-party payer program billing issues. Management has accrued an estimated amount that they believe approximates the probable liability associated with this issue based on information currently available. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Notes 1* and 6

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and 2

Estimated Amounts Due to Third-Party Payers

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Admitting Physicians

The Medical Center is served by two major physician groups whose patients comprise approximately 36%, and 30% of the Medical Center's gross patient service revenue for the years ended September 30, 2012 and 2011

Self Insurance

Under the Medical Center's insurance programs, coverage is obtained for catastrophic exposures as well as those risks required to be insured by law or contract. The Medical Center retains a significant portion of certain expected losses related primarily to workers' compensation and employee health. Provisions for losses expected under these programs are recorded based upon the Medical Center's estimates of the aggregate liability for claims incurred. The amount of actual losses incurred could differ materially from the estimates reflected in these consolidated financial statements.

Litigation

In the normal course of business, the Medical Center is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Medical Center's self-insurance program or by commercial insurance described in *Notes 1* and 6, for example, allegations regarding employment practices or performance of contracts. The Medical Center evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term

Asset Retirement Obligations

Estimates related to the accrual for asset retirement obligations are described in *Note 14* The actual amount of these obligations could differ materially from the estimates reflected in these consolidated financial statements

Investments

The Medical Center invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets

Notes to Consolidated Financial Statements September 30, 2012 and 2011

Pension Plan Assets

At September 30, 2012, the Medical Center's defined benefit pension plan's asset portfolio (the Portfolio) included cash surrender value of life insurance in the amount of approximately \$1,232,000 held by an insurance company in receivership. Management believes laws in the state of Arkansas provide security against potential losses relating to the failure of the insurance company.

In addition, the Portfolio includes an interest in a limited partnership that invests in collateralized debt obligations. This type of investment, which involves varying degrees and types of risk, is more susceptible to loss due to these risks. There is no public market for this type of investment.

It is reasonably possible that events could occur that would change the value of these investments

Pension Benefit Obligations

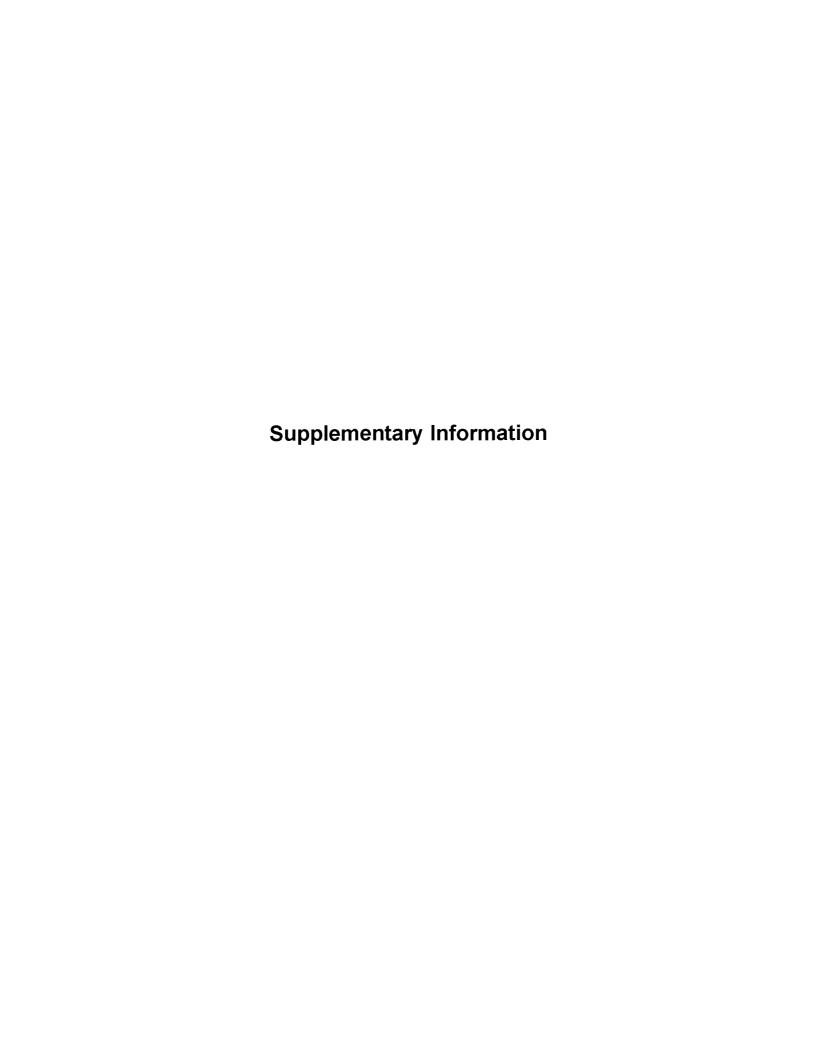
The Medical Center has a noncontributory defined benefit pension plan whereby it agrees to provide certain postretirement benefits to eligible employees. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date based on the entry age normal cost method. It is reasonably possible that events could occur that would materially change the estimated amount of this liability in the near term.

Note 16: Subsequent Events

Subsequent events have been evaluated through the date of the independent accountants' report, which is the date the consolidated financial statements were available to be issued

Investment in Equity Investee

In December 2012, the Medical Center entered into a contribution agreement with another third-party provider to create a limited-liability company (the LLC) that will operate an inpatient facility providing certain health care services. The Medical Center will contribute certain intangible assets, currently with no book value as of September 30, 2012, that will give the Medical Center a 44 22% ownership in the LLC, with an option to purchase up to a 50% ownership as of a certain date. The LLC is expected to be finalized by January 31, 2013. The Medical Center is expected to account for its ownership in the LLC under the equity method.



Consolidating Schedule – Balance Sheet Information September 30, 2012

Assets

Medical Center Center, LLC Elimination Center Current Assets Cash S 43,806,209 S 447,811 S 5 S S S S S S S S	44,254,020 23,181,655 4,822,285
Standard Standard	23,181,655
Patient accounts receivable, net of allowance Supplies 4.822.285 - - -	23,181,655
Supplies 4.822.285 - -	
Preparate expenses and other 1.760.168 15.300 - 1.760.000 - 1.	4 822 285
Accounts receivable, other 622.655 - (922)	
Estimated third-party paver receivable 337,536 - - - Due from affiliates 204,457 - (16,819) Total current assets 74,540,805 657,271 (17,741) Assets Limited as to Use	1,775,468
Total current assets 74.540.805 657.271 (17.741)	621,733
Total current assets 74,540,805 657,271 (17,741) Assets Limited as to Use	337,536
Assets Limited as to Use Internally designated Other 37.557.180 305.981 37.863.161 0 0 Property and Equipment, at Cost Land and land improvements Land and leasehold improvements 102.748.682 Equipment 101.549.449 1.796.073 - Construction in progress 758.946 212.226.251 1.796.073 0 Less accumulated depreciation 212.6.810.065 1.794.021 - Other Assets	187,638
Internally designated 37.557.180 - -	75,180,335
Other 305.981 - - Property and Equipment, at Cost Land and land improvements 7.169.174 - - Buildings and leasehold improvements 102.748.682 - - Equipment 101.549.449 1.796.073 - Construction in progress 758.946 - - Less accumulated depreciation 126.810.065 1.794.021 - Other Assets	
Property and Equipment, at Cost Land and land improvements 7.169.174 - - -	37,557,180
Property and Equipment, at Cost Land and land improvements Buildings and leasehold improvements Equipment Construction in progress T58.946 Less accumulated depreciation 101.549.449 1.796.073 - 212.226.251 1.796.073 0 126.810.065 1.794.021 - Other Assets	305,981
Land and land improvements 7.169.174 - - Buildings and leasehold improvements 102.748.682 - - Equipment 101.549.449 1.796.073 - Construction in progress 758.946 - - 212.226.251 1.796.073 0 Less accumulated depreciation 126.810.065 1.794.021 - 85.416.186 2.052 0 Other Assets	37,863,161
Buildings and leasehold improvements 102,748,682 - - Equipment 101,549,449 1,796,073 - Construction in progress 758,946 - - - Less accumulated depreciation 126,810,065 1,794,021 - 85,416,186 2,052 0 Other Assets	
Equipment 101.549.449 1.796.073 - Construction in progress 758.946 - - 212.226.251 1.796.073 0 Less accumulated depreciation 126.810.065 1.794.021 - 85.416.186 2.052 0 Other Assets	7,169,174
Construction in piogress 758.946 - - -	102,748,682
212,226,251 1,796,073 0	103,345,522
Less accumulated depreciation 126.810.065 1.794.021 - 85.416.186 2.052 0 Other Assets	758,946
85.416.186 2.052 0 Other Assets	214,022,324
Other Assets	128,604,086
	85,418,238
Interest in net assets of St. Bernards	
Development Foundation, Inc 1,569,937 Interest in subsidiaries and	1.569.937
equity investees 310.700	310,700
Other assets 298.731	298,731
Exercise 2.20	2701751
2.179.368 0 0	2,179,368
Total assets \$ 199.999.520 \$ 659.323 \$ (17.741) \$	200,641,102

Liabilities and Net Assets

	St Bernards	PET			
	Medical Center	Center, LLC	Eliminations	Consolidated	
Current Liabilities					
Current maturities of long-term debt	\$ 4,995,000	\$ -	\$ -	\$ 4.995.000	
Accounts payable	5,412,463	50,928	(17.741)	5,445,650	
Accined expenses	11,349,003	-	-	11,349,003	
Estimated third-party payable	5,312,211	-	-	5,312,211	
Due to affiliates	279.124			279,124	
Total current liabilities	27.347.801	50,928	(17.741)	27,380,988	
Pension Liability	32,158,956	-	-	32,158,956	
Asset Retirement Obligations	398,031			398,031	
Total liabilities	59,904,788	50,928	(17.741)	59.937.975	
Net Assets					
Unrestricted					
St Bernards Medical Center	138,524,795	310,208	-	138,835,003	
Noncontrolling interest		298,187		298,187	
Total unrestricted net assets	138,524,795	608.395	0	139,133,190	
Temporarily restricted net assets	1.569.937			1.569.937	
Total net assets	140,094,732	608.395	0	140,703,127	

Total liabilities and net assets	\$ 199,999,520	S	659,323	\$ (17.741)	S	200,641,102

Consolidating Schedule – Statement of Operations Information Year Ended September 30, 2012

		St Bernards edical Center		PET Center, LLC		Eliminations		Consolidated	
Unrestricted Revenues, Gains and Other Support									
Patient service revenue (net of contractual									
allowances and discounts)	\$	262,940,435	\$	1,305,110	\$	-	\$	264,245,545	
Provision for uncollectible accounts		(37,250,477)		(271,280)		-		(37,521,757)	
Net patient service revenue less provision for									
uncollectible accounts		225,689,958		1,033,830		0		226,723,788	
Provider assessment revenue and other	_	26,386,897	_			(251,580)		26,135,317	
Total unrestricted revenues, gains and									
other support		252.076.855		1,033,830		(251,580)		252,859,105	
Expenses									
Salaries and wages		78.109.697		-		_		78.109.697	
Employee benefits		20,385,853		-		_		20,385,853	
Professional fees		30,567,930		122,881		_		30,690,811	
Supplies and other		94,746,399		646,281		(251,580)		95,141,100	
Depreciation and amortization		12,743,911		2,063				12,745,974	
Interest		256,108	_	<u>-</u>		-		256,108	
Total expenses		236,809,898	_	771.225		(251,580)		237,329,543	
Operating Income		15,266,957	_	262.605		0		15,529,562	
Other Income (Expense)									
Investment return		2,552,561		893		-		2,553,454	
Equity in earnings of equity investee		167,849		-		(102,000)		65,849	
Other		330,673	_	7.616		-		338,289	
Total other income		3,051,083	_	8,509		(102,000)		2.957.592	
Excess of Revenues Over Expenses	\$	18,318,040	\$	271.114	\$	(102,000)	\$	18,487,154	

Consolidating Schedule – Statement of Changes in Net Assets Information Year Ended September 30, 2012

	St Bernards Medical Center		PET Center, LLC		Eliminations		Consolidated	
Unrestricted Net Assets								
Excess of revenues over expenses	\$	18.318.040	\$	271.114	\$	(102,000)	\$	18.487.154
Distributions to noncontrolling interests		-		(200,000)		102,000		(98,000)
Change in pension liability, net of periodic								
pension cost		(2.134.059)		-		-		(2.134.059)
Contributions received for purchase of property								
and equipment		490,000		-		-		490,000
Transfer to affiliate		(9,591,043)	_			-		(9,591,043)
Increase in unrestricted net assets	_	7.082.938		71.114		0		7.154.052
Temporarily Restricted Net Assets								
Change in interest in net assets of St. Bernaids		42,238						12.220
Development Foundation. Inc		+2,230	_	- _				42,238
Increase in temporarily restricted net assets		42.238		0		0		42,238
Change in Net Assets		7,125,176		71,114		-		7.196.290
Net Assets, Beginning of Year		132,969,556	_	537,281				133,506,837
Net Assets, End of Year	\$	140,094,732	_\$	608.395	\$	0	\$	140,703,127

Schedule of Budgeted vs. Actual Revenue and Expenditures for the East Arkansas Area Agency on Aging, Inc. Contract for Services (Unaudited)

Contract Period Ended June 30, 2012

	ľ	tual Three Months Ended tember 30, 2011	ctual Nine Months Ended ne 30, 2012	Total Budget					Over (Under) Budget		
Program Support and Revenues											
SSBG Federal	\$	21,503	\$ 53,020	\$	74.523	\$	74.523	\$	_		
Title III C-1		41.230	122.912	•	164,142		164,142		_		
Title III C-2		11.606	56.325		67.931		67.931		_		
Title III B		24,177	68.959		93,136		93,136		_		
State Cigarette Tax		24,092	56,208		80,300		80,300		_		
Title III Cash Match		3,904	17.096		21,000		21,000		-		
Title III In-Kind Match		9,879	35,446		45,325		45,325		-		
Elderchoice		29,707	97,132		126,839		179,996		53,157		
NSIP		26,033	73,563		99,596		97.027		(2.569)		
In God We Trust Funds		1,166	1.334		2,500		-		(2.500)		
State Senior Center Funding		46,374	132,106		178.480		178.480		=		
Client Contributions		31.033	90.504		121,537		110.000		(11.537)		
Program Income		16,846	17.898		34.744		32.000		(2.744)		
Local Resources		(1.915)	 3.788		1.873		14.820		12.947		
	\$	285,635	\$ 826,291	\$	1,111,926	\$	1,158,680	\$	46,754		
Expenditures											
Salaries – Paid	\$	127.489	\$ 376,017	\$	503,506	\$	525,242	\$	21,736		
Fringe – Paid		9.268	77.966		87.234		79.981		(7.253)		
Travel		73	1.293		1,366		6,100		4,734		
Utilities		-	160		160		-		(160)		
Supplies		17.344	46,609		63,953		141,136		77.183		
Raw Food Catered Meals		105.949	302.035		407.984		304.656		(103.328)		
Communications		1.298	4.115		5.413		6,000		587		
Other		10.580	39,984		50,564		50,240		(324)		
	\$	272.001	\$ 848.179	\$	1,120,180	\$	1.113.355	\$	(6.825)		

Contract Period Ending June 30, 2013									
Actual Three Months Ended September 30, 2012		Budget – 12 Months Ended June 30, 2013		Uı	nexpended Budget	Actual 12 Months Ended September 30, 2012			
\$	43,690	\$	145,651	\$	101,961	\$	96,710		
•	39.730	Ψ.	264.998	Ψ.	225.268		162,642		
	34,492		133.917		99,425		90.817		
	33,112		179,163		146,051		102.071		
	48,183		160,602		112,419		104,391		
	2,366		21,000		18,634		19,462		
	24,350		97.402		73,052		59,796		
	34,334		516,435		482,101		131,466		
37,645			156,831		119,186		111.208		
	1.391		_		(1.391)		2.725		
	86.090		286,919		200.829		218,196		
28.706			115.000		86,294	119.210			
	6.780		35.000		28.220		24.678		
	13.640		15.000		1.360		17.428		
\$	434,509	\$	2,127,918	\$	1,693,409	S	1.260,800		
\$	160,580	\$	751.322	\$	590,742	\$	536,597		
	12.845		107.356		94.511		90,811		
	100		6,331		6,231		1,393		
	6,032		21,600		15,568		6,192		
	40,434		233,556		193,122		87,043		
	195.990		790,756		594.766		498.025		
	1.347		6,000		4,653		5.462		
	24,387		113,595		89.208		64,371		
\$	441.715	\$	2.030.516	\$	1.588.801	\$	1.289.894		

Schedule of Units of Service for the East Arkansas Area Agency on Aging, Inc. Contract for Services (Unaudited) Contract Period Ended June 30, 2012

	Congregate				
Funding Source	Meals	Home Meals	Social	Transportation	
SSBG	4.585	9.916	-	1.387	
Tıtle III	43,884	17,413	31.216	10,969	
Cigarette Tax	-	10,251	-	6,118	
Special SSC	-	-	-	-	
Progam Income	4,555	2,366	1.787	-	
Client Contribution	14.043	10.086	6.251	-	
State Senior Center	19.644	10.810	21,020	474	
Total units	86,711	60,842	60,274	18,948	

Schedule of Budgeted vs. Actual Revenues and Expenditures for the White River Area Agency on Aging, Inc. – Woodruff County Contract for Services (Unaudited)

Contract Period Ended June 30, 2012

	Contract Period Ending June 30, 2013							
	Actual Three Months Ended September 30, 2012		12	Budget – 2 Months Ended e 30, 2013	Unexpended Budget		Actual 12 Months Ended September 30, 2012	
Program Support and Revenues								
SSBG Federal	\$	3,627	\$	12,015	\$	8,388	\$	3,627
Title III C-1		3,345		16,681	·	13,336		3,345
Tıtle III C-2		2,987		11,930		8,943		2,987
Tıtle III B		_		4,318		4,318		_
State Cigarette Tax		3,069		14,718		11,649		3,069
Elderchoice		-		-		-		-
USDA		3,334		-		(3,334)		3,334
State Senior Center Funding		6,771		27,445		20,674		6,771
Client Contributions		1,362		-		(1,362)		1,362
Program Income		621		-		(621)		621
Agency Reimbursements	3,268		-		(3,268)			3,268
Local Resources		6,000		19,464		13,464		6,000
	\$	34,384	\$	106,571	\$	72,187	\$	34,384
Expenditures								
Salaries – Paid	\$	16,065	\$	-	\$	(16,065)	\$	16,065
Fringe – Paid		1,206		-		(1,206)		1,206
Travel		-		-		-		-
Utilities		4,604		-		(4,604)		4,604
Supplies		3,092		-		(3,092)		3,092
Raw Food/Catered Meals		14,986		-		(14,986)		14,986
Communications		103		-		(103)		103
Other		3,992				(3,992)		3,992
	\$	44,048	\$	0	\$	(44,048)	\$	44,048

Schedule of Budgeted vs. Actual Revenues and Expenditures for the White River Area Agency on Aging, Inc. – Jackson County Contract for Services (Unaudited)

Contract Period Ended June 30, 2012

	Contract Period Ending June 30, 2013							
	Actual Three Months Ended September 30, 2012		1	Budget – I2 Months Ended ne 30, 2013	Unexpend		Actual 12 Months Ended September 30, 2012	
Program Support and Revenues								
SSBG Federal	\$	4,958	\$	16,850	\$	11,892	\$	4,958
Title III C-1		1,730	·	23,396	,	21,666	·	1,730
Title III C-2		4,197		16,732		12,535		4,197
Title III B		-		6,057		6,057		_
State Cigarette Tax		3,234		20,645		17,411		3,234
Elderchoice		1.958		-		(1.958)		1.958
USDA		3,566		-		(3,566)		3,566
State Senior Center Funding		9,076		38.494		29,418		9.076
Client Contributions		1,256		-		(1.256)		1.256
Program Income		600		-		(600)		600
Agency Reimbursements		3.755		-		(3.755)		3,755
Local Resources				30,250		30,250		
	\$	34,330	\$	152,424	\$	118,094	\$	34,330
Expenditures								
Salaries – Paid	\$	10.547	\$	-	\$	(10.547)	\$	10,547
Fringe – Paid		785		-		(785)		785
Travel		=		-		-		=
Utilities		2.357		-		(2.357)		2,357
Supplies		2,966		-		(2.966)		2,966
Raw Food/Catered Meals		14,375		-		(14.375)		14.375
Communications		99		-		(99)		99
Other		4,403				(4.403)		4,403
	\$	35.532	\$	0	\$	(35,532)	\$	35,532

Additional Data

Software ID:

Software Version:

EIN: 71-0290019

Name: ST BERNARDS HOSPITAL INC

Form 990, Special Condition Description:

Special Condition Description