



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III

Statement of Program Service Accomplishments

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

☒

- 1

Briefly describe the organization’s mission

MOUNT CARMEL HEALTH SYSTEM'S PURPOSE IS TO PROVIDE HEALTH CARE AND TO GOVERN, MANAGE AND PROVIDE ADMINISTRATIVE SERVICES TO ITS SUBSIDIARIES THE ADMINISTRATIVE SERVICES PROVIDED BY MOUNT CARMEL HEALTH SYSTEM FOR THE SUBSIDIARIES ALLOW FOR ECONOMIES OF SCALE THAT PERMIT THE SUBSIDIARIES TO PROVIDE HEALTHCARE SERVICES TO PATIENTS AT A REASONABLE COST SEE SCHEDULE H FOR MORE INFORMATION
- 2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

If “Yes,” describe these new services on Schedule O
- 3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?





















☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O
- 4

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

4a	(Code) (Expenses \$ 953,540,095 including grants of \$ 574,210) (Revenue \$ 1,151,370,076)
	MOUNT CARMEL HEALTH SYSTEM, AN OHIO NOT-FOR-PROFIT CORPORATION, OWNS AND/OR OPERATES FIVE HOSPITALS IN THE COLUMBUS, OHIO AREA CONTAINING 1,195 STAFFED BEDS AND VARIOUS OTHER ACUTE AND NONACUTE HEALTH SERVICE PROVIDERS AS WELL AS A LICENSED HEALTH MAINTENANCE ORGANIZATION THE HEALTH SYSTEM PROVIDES SERVICES TO PATIENTS WHO RESIDE IN CENTRAL OHIO OHIO NOT-FOR-PROFIT MEMBER ORGANIZATIONS INCLUDE DILEY RIDGE MEDICAL CENTER, MOUNT CARMEL COLLEGE OF NURSING, MOUNT CARMEL HEALTH SYSTEM FOUNDATION, MOUNT CARMEL HEALTH PLAN, INC , AND MOUNT CARMEL HEALTH INSURANCE COMPANY OHIO FOR-PROFIT MEMBER ORGANIZATIONS INCLUDE MOUNT CARMEL HEALTH PROVIDERS, INC MOUNT CARMEL HEALTH SYSTEM IS A MEMBER OF CHE TRINITY HEALTH FOR MORE INFORMATION ON SPECIFIC SERVICES PROVIDED, PLEASE SEE MOUNT CARMEL HEALTH SYSTEM'S WEBSITE AT WWW.MOUNTCARMELHEALTH.COM
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	MISSION THE MISSION STATEMENT FOR MOUNT CARMEL HEALTH SYSTEM IS AS FOLLOWS WE SERVE TOGETHER IN TRINITY HEALTH IN THE SPIRIT OF THE GOSPEL TO HEAL BODY, MIND AND SPIRIT TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND TO STEWARD THE RESOURCES ENTRUSTED TO US
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 953,540,095

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1,311	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	10,253	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	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		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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 the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization KEITH COLEMAN 6150 EAST BROAD STREET COLUMBUS, OH (614) 546-4619

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

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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,538,296	11,905,438	1,697,634	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►318

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MESSER CONSTRUCTION 5158 FISHWICK DRIVE CINCINNATI OH 45216	CONSTRUCTION SERVICES	36,328,421
HHA SERVICES 22622 HARPER AVENUE ST CLAIR SHORES MI48080	HOSPITAL SERVICES	4,756,620
CONSULTANT ANESTHESIOLOGISTS 6001 E BROAD STREET COLUMBUS OH 43213	HEALTHCARE SERVICES	4,502,045
ELFORD INC 1220 DUBLIN ROAD COLUMBUS OH 43215	CONSTRUCTION SERVICES	4,288,780
COLUMBUS CYBERKNIFE LLC 495 COOPER ROAD WESTERVILLE OH 43081	HEALTHCARE SERVICES	3,889,198

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►96

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	12,000				
	e	Government grants (contributions)	1e	3,330				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	962,797				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		978,127				
Program Service Revenue	2a	NET PATIENT SVC REV	Business Code	900099	1,095,330,580	1,092,338,637	2,991,943	
	b	SUBSIDIARY FEES		900099	16,840,090	16,840,090		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,112,170,670				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,870,805			16,870,805
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
			8,921,745	263,345				
			0	0				
			8,921,745	263,345				
d		Net rental income or (loss)		9,185,090			9,185,090	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			8,315,831	3,908,356				
			0	2,966,654				
			8,315,831	941,702				
d		Net gain or (loss)		9,257,533			9,257,533	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MEDICARE/MEDICAID HIT	900099	8,868,050	8,868,050				
b	MANAGEMENT FEES	561499	6,011,605	5,095,536	916,069			
c	CAFETERIA REVENUE	900099	4,687,884			4,687,884		
d	All other revenue		27,800,748	25,195,066	2,117,259	488,423		
e	Total. Add lines 11a-11d		47,368,287					
12	Total revenue. See Instructions		1,195,830,512	1,148,337,379	6,025,271	40,489,735		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	574,210	574,210		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,723,165		4,723,165	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	131,093	131,093		
7	Other salaries and wages.	370,332,473	331,324,220	39,008,253	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,918,077	21,341,894	2,576,183	
9	Other employee benefits.	32,509,891	28,921,867	3,588,024	
10	Payroll taxes.	28,056,773	24,858,301	3,198,472	
11	Fees for services (non-employees):				
a	Management.	2,183,261	854,881	1,328,380	
b	Legal.	1,101,687		1,101,687	
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	71,372,099	46,006,063	25,366,036	
12	Advertising and promotion.	4,813,008	2,347	4,810,661	
13	Office expenses.	14,516,778	8,100,198	6,416,580	
14	Information technology.	52,229,595	38,127,604	14,101,991	
15	Royalties.				
16	Occupancy.	22,107,997	18,493,463	3,614,534	
17	Travel.	1,089,823	727,038	362,785	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	444,288	289,688	154,600	
20	Interest.	17,082,377	17,082,377		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	70,949,089	49,544,758	21,404,331	
23	Insurance.	5,262,830	5,262,830		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	214,359,733	214,359,733		
b	UBI TAXES	147,529		147,529	
c	BAD DEBT	84,432,115	84,432,115		
d	INTERCO PURCHASED SVCS	24,672,149	17,750,065	6,922,084	
e	All other expenses	59,399,791	45,355,350	14,044,441	
25	Total functional expenses. Add lines 1 through 24e.	1,106,409,831	953,540,095	152,869,736	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		260	1	25,297
	2	Savings and temporary cash investments		30,938,512	2	21,815,683
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	125,600,394
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		19,974,968	7	2,988,711
	8	Inventories for sale or use		1,022,678	8	17,420,915
	9	Prepaid expenses and deferred charges		1,240,400	9	3,044,390
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a1,281,903,972			
	b	Less: accumulated depreciation	10b762,398,574	93,875,508	10c	519,505,398
	11	Investments—publicly traded securities		199,459,321	11	277,213,173
	12	Investments—other securities. See Part IV, line 11.		324,201,601	12	265,418,921
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets		1,003,295	14	44,837,110
	15	Other assets. See Part IV, line 11.		203,648,261	15	281,183,455
	16	Total assets. Add lines 1 through 15 (must equal line 34).		875,364,804	16	1,559,053,447
Liabilities	17	Accounts payable and accrued expenses		63,901,458	17	122,558,302
	18	Grants payable			18	
	19	Deferred revenue		5,740	19	1,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	3,646,736
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		467,712,874	25	498,054,952
	26	Total liabilities. Add lines 17 through 25.		531,620,072	26	624,260,990
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		343,744,732	27	934,792,457
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		343,744,732	33	934,792,457
	34	Total liabilities and net assets/fund balances		875,364,804	34	1,559,053,447

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,195,830,512
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,106,409,831
3	Revenue less expenses Subtract line 2 from line 1	3	89,420,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	343,744,732
5	Net unrealized gains (losses) on investments	5	11,909,371
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	489,717,673
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	934,792,457

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-1439334

Name: MOUNT CARMEL HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAUS VON ZYCHLIN PRES & CEO, TRUSTEE	50 00 5 00	X		X				0	968,943	106,255
MATTHEW HABASH CHAIR	2 00	X		X				0	0	0
STAMPP CORBIN VICE CHAIR	2 00	X		X				0	0	0
JOHN PEREZ SECRETARY UNTIL 12/12	2 00	X		X				0	0	0
SR RUTH M NICKERSON CSC TREASURER	2 00	X		X				0	0	0
DAVID STEWART MD TRUSTEE UNTIL 12/12	2 00	X						0	0	0
SUSAN TOMASKY TRUSTEE	2 00	X						0	0	0
J RICHARD O'CONNELL TRUSTEE, EVP & PRES TRINITY HLTH DIV	2 00 53 00	X						0	1,036,410	130,423
CARL BERASI DO TRUSTEE UNTIL 12/12	2 00	X						0	0	0
JORGE GOMEZ TRUSTEE	2 00	X						0	0	0
SR JOY O'GRADY TRUSTEE	2 00	X						0	0	0
ANANTHA PADMANABHAN MD TRUSTEE	2 00	X						0	0	0
LISA STEIN TRUSTEE	2 00	X						0	0	0
CHARLES HICKEY MD TRUSTEE AS OF 1/13	2 00	X						10,780	0	0
PATRICK CAIN MD TRUSTEE AS OF 3/13	2 00	X						0	0	0
KATHY GATTERDAM TRUSTEE AS OF 1/13	2 00	X						0	0	0
MICHAEL GARDENIER TATUM LLC INTERIM SYS CFO 7/12 - 12/12	50 00 5 00			X				466,032	0	0
RONALD WHITESIDE EXEC VP & SYSTEM COO UNTIL 5/13	50 00 5 00			X				0	630,708	56,382
KEITH COLEMAN CFO AS OF 12/12	50 00 5 00			X				0	32,538	877
CYNTHIA SHEETS SYSTEM SVP & CIO UNTIL 5/13	40 00 15 00				X			0	407,077	47,269
JANET MEEKS PRESIDENT & COO, ST ANNS	55 00				X			0	433,910	111,605
HUGH JONES SYSTEM SVP CORPORATE DEVELOPMENT	42 00 10 00				X			0	287,569	38,278
ANNE BROWNING SYSTEM SVP HUMAN RESOURCES	50 00 5 00				X			0	308,780	40,216
CHARLES BRETT JUSTICE SYSTEM VP STRATEGIC ADVANCEMENT	55 00				X			159,012	0	36,803
SEAN MCKIBBEN PRESIDENT & COO MCW	55 00				X			0	388,886	49,860

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD D'ENBEAU PRESIDENT & COO MCNASH	55 00				X			650,000	0	0
BRINSLEY LEWIS PRESIDENT & COO MCE	55 00				X			0	165,087	11,070
JOSEPH SWEDISH TRINITY HLTH PRES & CEO UNTIL 3/13	2 00 53 00				X			0	3,233,500	601,476
KEDRICK ADKINS TRINITY PRES INTEG SVC UNTIL 6/13	2 00 53 00				X			0	1,821,619	126,167
RICHARD STRECK CHIEF MEDICAL OFFICER	50 00					X		0	526,325	40,485
PHILIP SHUBERT MEDICAL DIRECTOR, ST ANNS	50 00					X		505,015	0	52,544
THOMAS HARTRANFT DIRECTOR GEN SURGERY RESIDENCY PROG	50 00					X		374,653	0	42,478
MARTHA REIGEL SYSTEM VP MEDICAL AFFAIRS	50 00					X		372,804	0	31,379
GERALD GIRARDI PERINATAL MEDICAL DIRECTOR	50 00					X		0	351,312	24,064
JACQUELINE PRIMEAU FORMER OFFICER	0 00 55 00						X	0	383,030	40,412
PAULA AUTRY FORMER KEY EMPLOYEE	0 00						X	0	335,568	55,887
MICHAEL MURPHY FORMER KEY EMPLOYEE	0 00						X	0	180,882	16,630
JOHN HEISLER FORMER KEY EMPLOYEE	0 00 52 00						X	0	413,294	37,074

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization MOUNT CARMEL HEALTH SYSTEM	Employer identification number 31-1439334
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

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

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MOUNT CARMEL HEALTH SYSTEM	Employer identification number 31-1439334
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		40,737
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		80,145
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?		No	
j Total. Add lines 1c through 1i.				120,882
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	MOUNT CARMEL HEALTH SYSTEM HAS MADE GRANTS TO OTHER ORGANIZATIONS IN THE FORM OF MEMBERSHIP DUES PAID TO A NATIONAL HEALTH CARE ORGANIZATION. THIS ORGANIZATION HAS PROVIDED MOUNT CARMEL HEALTH SYSTEM WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. IN ADDITION, PAYMENTS WERE MADE TO LOBBYING FIRMS TO ASSIST WITH FEDERAL EARMARK REQUESTS AND STATE LEGISLATIVE ADVOCACY. MOUNT CARMEL HEALTH SYSTEM MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number
31-1439334

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,101,435		46,101,435
b Buildings		682,593,064	408,751,287	273,841,777
c Leasehold improvements				
d Equipment		449,686,624	353,629,579	96,057,045
e Other	6,651,703	96,871,146	17,708	103,505,141
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				519,505,398

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

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

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

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

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number
31-1439334

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	4	32,647	38,874,069	9,846,192	29,027,877	2 840 %
b Medicaid (from Worksheet 3, column a)	46	102,578	117,320,147	80,204,200	37,115,947	3 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	50	135,225	156,194,216	90,050,392	66,143,824	6 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	56,616	2,914,297	7,701	2,906,596	0 280 %
f Health professions education (from Worksheet 5)	3	670	20,552,314	6,455,784	14,096,530	1 380 %
g Subsidized health services (from Worksheet 6)	6	15,721	2,513,570	96,528	2,417,042	0 240 %
h Research (from Worksheet 7)	2	28,628	435,003		435,003	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	10,196	613,873		613,873	0 060 %
j Total. Other Benefits	27	111,831	27,029,057	6,560,013	20,469,044	2 000 %
k Total. Add lines 7d and 7j	77	247,056	183,223,273	96,610,405	86,612,868	8 470 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		538		538	0 %
3 Community support	2	9,693	10,499		10,499	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other	4	14,100	91,836	5,500	86,336	0 010 %
10 Total	7	23,793	102,873	5,500	97,373	0 010 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

Yes

2

Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

2

28,378,240

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME)

5

189,609,533

6

Enter Medicare allowable costs of care relating to payments on line 5

6

183,971,914

7

Subtract line 6 from line 5 This is the surplus (or shortfall)

7

5,637,619

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	See Additional Data Table			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
4

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MOUNT CARMEL EAST 6001 EAST BROAD STREET COLUMBUS, OH 43213 WWW.MOUNTCARMELHEALTH.COM	X	X					X			
2	MOUNT CARMEL WEST 793 WEST STATE STREET COLUMBUS, OH 43222 WWW.MOUNTCARMELHEALTH.COM	X	X		X			X			
3	MOUNT CARMEL ST ANN'S 500 SOUTH CLEVELAND AVENUE WESTERVILLE, OH 43081 WWW.MOUNTCARMELHEALTH.COM	X	X		X			X			
4	MOUNT CARMEL NEW ALBANY SURGICAL HOSP 7333 SMITHS MILL ROAD NEW ALBANY, OH 43054 WWW.MOUNTCARMELHEALTH.COM	X	X				X				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

MOUNT CARMEL EAST

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input checked="" type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 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?		15	Yes
16 Check all of the following 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 <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

MOUNT CARMEL WEST

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

2

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input checked="" type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 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?		15	Yes
16 Check all of the following 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 <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

MOUNT CARMEL ST ANN'S

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

3

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input checked="" type="checkbox"/> Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 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?		15	Yes
16 Check all of the following 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 <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

MOUNT CARMEL NEW ALBANY SURGICAL HOSP

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

4

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input checked="" type="checkbox"/> Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 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?		15	Yes
16 Check all of the following 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 <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		17	No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Health Care 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 health care facilities did the organization operate during the tax year?
34

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 3C IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS
		PART I, LINE 6A MOUNT CARMEL HEALTH SYSTEM REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW.TRINITY-HEALTH.ORG IN ADDITION, THE HOSPITAL DIVISIONS OF MOUNT CARMEL HEALTH SYSTEM INCLUDE A COPY OF THEIR MOST RECENTLY FILED SCHEDULE H ON THEIR RESPECTIVE WEBSITES. TRINITY HEALTH ALSO INCLUDES MOUNT CARMEL HEALTH SYSTEM'S MOST RECENTLY FILED SCHEDULE H ON ITS WEBSITE

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM
		PART I, L7 COL(F) THE FOLLOWING NUMBER, \$84,432,115, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

Identifier	ReturnReference	Explanation
		<p>PART II COMMUNITY BUILDING ACTIVITIES - MOUNT CARMEL HEALTH SYSTEM (MCHS) CONTRIBUTED TO THE ECONOMIC AND CIVIC HEALTH OF THE SURROUNDING COMMUNITY BY SERVING IN AND CONTRIBUTING TO THE EFFORTS OF SEVERAL CHAMBERS OF COMMERCE AND OTHER CIVIC ORGANIZATIONS, BOTH IN THE CITY OF COLUMBUS AND IN SURROUNDING SUBURBS MOUNT CARMEL'S LEADERS HAVE IDENTIFIED COMMUNITY NEEDS THROUGH THEIR SERVICE ON VARIOUS COMMUNITY BOARDS AND ADVISORY GROUPS THEY HAVE ALSO GIVEN THEIR EXPERTISE TO THESE GROUPS AND HAVE BEEN ABLE TO ADVOCATE ON ISSUES SURROUNDING HEALTH IN THE COLUMBUS AREA AS IN PAST YEARS, MOUNT CARMEL HEALTH SYSTEM MADE FINANCIAL CONTRIBUTIONS IN FISCAL YEAR 2013 TO A VARIETY OF NON-PROFIT SOCIAL SERVICES AGENCIES/ORGANIZATIONS, INCLUDING THOSE THAT HELP ADDRESS HEALTH, HOUSING, AND HUNGER ST ANN'S ALSO CONTRIBUTED TO THE ECONOMIC AND CIVIC HEALTH OF THE SURROUNDING COMMUNITY BY SERVING IN AND CONTRIBUTING TO THE EFFORTS OF THE CHAMBER OF COMMERCE AND OTHER CIVIC ORGANIZATIONS ST ANN'S COLLABORATES WITH THE WESTERVILLE COMMUNITY IN MANY OF THEIR COMMUNITY PROGRAMS SUCH AS THE SUMMER LUNCH PROGRAM FOR SCHOOL CHILDREN, AND PROVIDING A HEALTH NURSE FOR OTTERBEIN COLLEGE ST ANN'S ASSOCIATES SERVE ON SEVERAL BOARDS AND COMMITTEES IN THE COMMUNITY, AND ARE HELPING THE MAYOR'S OFFICE IN THEIR EFFORTS TO COMBINE A MEDICAL CLINIC WITH THEIR OUTREACH PROGRAM SAFETY IS ALSO A CONCERN FOR THE GENERAL PUBLIC MOUNT CARMEL FACILITIES RECOGNIZED THE COMMUNITY'S NEED TO BE PREPARED FOR ANY EMERGENCIES THAT MAY THREATEN THE HEALTH AND LIVES OF CITIZENS IN FRANKLIN AND SURROUNDING COUNTIES MOUNT CARMEL HEALTH SYSTEM SAFETY AND SECURITY PERSONNEL ATTEND CITY- AND STATEWIDE MEETINGS AND PARTICIPATED IN TRAINING COMMUNITY LEADERS TO PLAN AND EXERCISE EMERGENCY RESPONSES IN THE EVENT OF DISASTER THE MOUNT CARMEL HEALTH SYSTEM SAFETY AND SECURITY PERSONNEL TEACH VARIOUS SAFETY PROGRAMS TO MANY OTHER COLUMBUS AREA FIRST RESPONDERS</p>
		<p>PART III, LINE 4 MOUNT CARMEL HEALTH SYSTEM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 17 OF THOSE STATEMENTS "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY MINISTRY ORGANIZATION AND FOR EACH TYPE OF PAYOR A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE "METHODOLOGY USED FOR LINE 2 BAD DEBT EXPENSE REPORTED ON LINE 2 IS SHOWN AT COST AND WAS CALCULATED USING A COST TO CHARGE RATIO METHODOLOGY ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS PART III, LINE 3 - MOUNT CARMEL HEALTH SYSTEM IDENTIFIES CHARITY PATIENTS AT THE TIME OF SERVICE AND INCLUDES A CHARITY APPLICATION WITH EVERY STATEMENT PER OHIO LAW</p>

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 8 MOUNT CARMEL HEALTH SYSTEM DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS IS SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES</p> <p>PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT</p>
		<p>PART III, LINE 9B THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS</p>

Identifier	ReturnReference	Explanation
MOUNT CARMEL EAST		PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A COLLABORATIVE PROJECT WHICH FORMED A STEERING COMMITTEE THAT INCLUDED FOUR COLUMBUS HEALTH SYSTEMS, COLUMBUS CITY AND FRANKLIN COUNTY PUBLIC HEALTH, THE UNITED WAY OF CENTRAL OHIO, NEIGHBORHOOD HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH CENTERS, CENTRAL OHIO HOSPITAL COUNCIL, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH OVERVIEW OF THESE MEETINGS WAS SHARED WITH COMMUNITY MEMBERS AND INPUT AND ADVICE SOLICITED AT COMMUNITY ADVISORY MEETINGS AND COMMUNITY HEALTH PLANNING SESSIONS
MOUNT CARMEL WEST		PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A COLLABORATIVE PROJECT WHICH FORMED A STEERING COMMITTEE THAT INCLUDED FOUR COLUMBUS HEALTH SYSTEMS, COLUMBUS CITY AND FRANKLIN COUNTY PUBLIC HEALTH, THE UNITED WAY OF CENTRAL OHIO, NEIGHBORHOOD HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH CENTERS, CENTRAL OHIO HOSPITAL COUNCIL, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH OVERVIEW OF THESE MEETINGS WAS SHARED WITH COMMUNITY MEMBERS AND INPUT AND ADVICE SOLICITED AT COMMUNITY ADVISORY MEETINGS AND COMMUNITY HEALTH PLANNING SESSIONS

Identifier	ReturnReference	Explanation
MOUNT CARMEL ST ANN'S		PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A COLLABORATIVE PROJECT WHICH FORMED A STEERING COMMITTEE THAT INCLUDED FOUR COLUMBUS HEALTH SYSTEMS, COLUMBUS CITY AND FRANKLIN COUNTY PUBLIC HEALTH, THE UNITED WAY OF CENTRAL OHIO, NEIGHBORHOOD HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH CENTERS, CENTRAL OHIO HOSPITAL COUNCIL, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH OVERVIEW OF THESE MEETINGS WAS SHARED WITH COMMUNITY MEMBERS AND INPUT AND ADVICE SOLICITED AT COMMUNITY ADVISORY MEETINGS AND COMMUNITY HEALTH PLANNING SESSIONS
MOUNT CARMEL NEW ALBANY SURGICAL HOSP		PART V, SECTION B, LINE 3 THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS A COLLABORATIVE PROJECT WHICH FORMED A STEERING COMMITTEE THAT INCLUDED FOUR COLUMBUS HEALTH SYSTEMS, COLUMBUS CITY AND FRANKLIN COUNTY PUBLIC HEALTH, THE UNITED WAY OF CENTRAL OHIO, NEIGHBORHOOD HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH CENTERS, CENTRAL OHIO HOSPITAL COUNCIL, AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH OVERVIEW OF THESE MEETINGS WAS SHARED WITH COMMUNITY MEMBERS AND INPUT AND ADVICE SOLICITED AT COMMUNITY ADVISORY MEETINGS AND COMMUNITY HEALTH PLANNING SESSIONS

Identifier	ReturnReference	Explanation
MOUNT CARMEL EAST		PART V, SECTION B, LINE 4 NATIONWIDE CHILDREN'S, OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
MOUNT CARMEL WEST		PART V, SECTION B, LINE 4 NATIONWIDE CHILDREN'S, OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY

Identifier	ReturnReference	Explanation
MOUNT CARMEL ST ANN'S		PART V, SECTION B, LINE 4 NATIONWIDE CHILDREN'S, OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
MOUNT CARMEL NEW ALBANY SURGICAL HOSP		PART V, SECTION B, LINE 4 NATIONWIDE CHILDREN'S, OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY

Identifier	ReturnReference	Explanation
MOUNT CARMEL EAST		PART V, SECTION B, LINE 5C THE ASSESSMENT WAS PRESENTED TO THE PUBLIC IN AN OPEN FORUM HELD ON JANUARY 13, 2013 AT THE COLUMBUS ATHLETIC CLUB LOCAL AREA NEWS REPORTERS COVERED THE EVENT COPIES WERE ALSO SHARED WITH LEADERS OF COMMUNITY ORGANIZATIONS AND OUR COMMUNITY ADVISORY BOARD LINE 5A HTTP //WWW MOUNTCARMELHEALTH COM/COMMUNITY-BENEFIT
MOUNT CARMEL WEST		PART V, SECTION B, LINE 5C THE ASSESSMENT WAS PRESENTED TO THE PUBLIC IN AN OPEN FORUM HELD ON JANUARY 13, 2013 AT THE COLUMBUS ATHLETIC CLUB LOCAL AREA NEWS REPORTERS COVERED THE EVENT COPIES WERE ALSO SHARED WITH LEADERS OF COMMUNITY ORGANIZATIONS AND OUR COMMUNITY ADVISORY BOARD LINE 5A HTTP //WWW MOUNTCARMELHEALTH COM/COMMUNITY-BENEFIT

Identifier	ReturnReference	Explanation
MOUNT CARMEL ST ANN'S		PART V, SECTION B, LINE 5C THE ASSESSMENT WAS PRESENTED TO THE PUBLIC IN AN OPEN FORUM HELD ON JANUARY 13, 2013 AT THE COLUMBUS ATHLETIC CLUB LOCAL AREA NEWS REPORTERS COVERED THE EVENT COPIES WERE ALSO SHARED WITH LEADERS OF COMMUNITY ORGANIZATIONS AND OUR COMMUNITY ADVISORY BOARD LINE 5A HTTP //WWW MOUNTCARMELHEALTH COM/COMMUNITY-BENEFIT
MOUNT CARMEL NEW ALBANY SURGICAL HOSP		PART V, SECTION B, LINE 5C THE ASSESSMENT WAS PRESENTED TO THE PUBLIC IN AN OPEN FORUM HELD ON JANUARY 13, 2013 AT THE COLUMBUS ATHLETIC CLUB LOCAL AREA NEWS REPORTERS COVERED THE EVENT COPIES WERE ALSO SHARED WITH LEADERS OF COMMUNITY ORGANIZATIONS AND OUR COMMUNITY ADVISORY BOARD LINE 5A HTTP //WWW MOUNTCARMELHEALTH COM/COMMUNITY-BENEFIT

Identifier	ReturnReference	Explanation
MOUNT CARMEL EAST		PART V, SECTION B, LINE 7 THE FOLLOWING NEEDS ARE NOT BEING ADDRESSED BY MOUNT CARMEL EAST BECAUSE THEY ARE BEING ADDRESSED BY OTHER MOUNT CARMEL HEALTH SYSTEM FACILITIES OR COLLABORATIVE PARTNERS BEHAVIORAL HEALTH IS BEING ADDRESSED BY MOUNT CARMEL WEST AND ST ANN'S HOSPITALS, AS WELL AS COLLABORATIVE PARTNER DILEY RIDGE MEDICAL CENTER INTERPERSONAL VIOLENCE IS BEING ADDRESSED BY MOUNT CARMEL NEW ALBANY
MOUNT CARMEL WEST		PART V, SECTION B, LINE 7 THE FOLLOWING NEEDS ARE NOT BEING ADDRESSED BY MOUNT CARMEL WEST BECAUSE THEY ARE BEING ADDRESSED BY OTHER MOUNT CARMEL HEALTH SYSTEM FACILITIES INTERPERSONAL VIOLENCE IS BEING ADDRESSED BY MOUNT CARMEL NEW ALBANY AND UNINTENTIONAL INJURIES ARE BEING ADDRESSED BY MOUNT CARMEL EAST AND ST ANN'S HOSPITALS

Identifier	ReturnReference	Explanation
MOUNT CARMEL ST ANN'S		PART V, SECTION B, LINE 7 INTERPERSONAL VIOLENCE IS NOT BEING ADDRESSED BY MOUNT CARMEL ST ANN'S BECAUSE IT IS BEING ADDRESSED BY MOUNT CARMEL NEW ALBANY, ANOTHER MOUNT CARMEL HEALTH SYSTEM FACILITY
MOUNT CARMEL NEW ALBANY SURGICAL HOSP		PART V, SECTION B, LINE 7 THE FOLLOWING NEEDS ARE NOT BEING ADDRESSED BY MOUNT CARMEL NEW ALBANY BECAUSE THEY ARE BEING ADDRESSED BY OTHER MOUNT CARMEL HEALTH SYSTEM FACILITIES OR COLLABORATIVE PARTNERS BEHAVIORAL HEALTH IS BEING ADDRESSED BY MOUNT CARMEL WEST AND ST ANN'S HOSPITALS, AS WELL AS COLLABORATIVE PARTNER DILEY RIDGE MEDICAL CENTER HIGH INCIDENCE OF CANCER IS BEING ADDRESSED BY MOUNT CARMEL EAST, WEST, AND ST ANN'S HOSPITALS, AS WELL AS COLLABORATIVE PARTNER DILEY RIDGE MEDICAL CENTER HIGH RISK PREGNANCY IS BEING ADDRESSED BY MOUNT CARMEL EAST, WEST, AND ST ANN'S HOSPITALS UNINTENTIONAL INJURIES ARE BEING ADDRESSED BY MOUNT CARMEL EAST AND ST ANN'S HOSPITALS

Identifier	ReturnReference	Explanation
MOUNT CARMEL EAST		PART V, SECTION B, LINE 20D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF OF HOSPITAL CHARGES FOR MEDICALLY NECESSARY SERVICES, BASED UPON A SLIDING SCALE
MOUNT CARMEL WEST		PART V, SECTION B, LINE 20D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF OF HOSPITAL CHARGES FOR MEDICALLY NECESSARY SERVICES, BASED UPON A SLIDING SCALE

Identifier	ReturnReference	Explanation
MOUNT CARMEL ST ANN'S		PART V, SECTION B, LINE 20D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF OF HOSPITAL CHARGES FOR MEDICALLY NECESSARY SERVICES, BASED UPON A SLIDING SCALE
MOUNT CARMEL NEW ALBANY SURGICAL HOSP		PART V, SECTION B, LINE 20D PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF OF HOSPITAL CHARGES FOR MEDICALLY NECESSARY SERVICES, BASED UPON A SLIDING SCALE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 NEEDS ASSESSMENT - MOUNT CARMEL HEALTH SYSTEM ASSESSES THE HEALTH STATUS OF ITS COMMUNITY IN THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED, IN THE ASSESSMENT OF THE COMMUNITY QUARTERLY MEETINGS WITH A COMMUNITY ADVISORY BOARD ARE HELD
		PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MOUNT CARMEL HEALTH SYSTEM IS COMMITTED TO -PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES, -CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, -ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE, AND -BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY IN ACCORDANCE WITH AHA RECOMMENDATIONS, THE MOUNT CARMEL HEALTH SYSTEM HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS -PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS -MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS -OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS - IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER -IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONSMOUNT CARMEL HEALTH SYSTEM WILL PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE THIS INFORMATION IS COMMUNICATED THROUGH PATIENT FINANCIAL SERVICES COLLEAGUES IN PATIENT REGISTRATION, CUSTOMER SERVICE, AND BILLING AND COLLECTIONS - ALL OF WHOM RECEIVE TRAINING REGARDING FEDERAL, STATE AND LOCAL PUBLIC FINANCIAL ASSISTANCE PROGRAMS AND MOUNT CARMEL'S PATIENT FINANCIAL ASSISTANCE PROGRAM FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES IN ADDITION, THE EXTERNAL COLLECTION AGENCIES AND EXTERNAL MEDICAID ELIGIBILITY VERIFICATION VENDOR WITH WHOM MOUNT CARMEL WORKS ALSO RECEIVE TRAINING REGARDING THESE PROGRAMS ALL MOUNT CARMEL PATIENT FINANCIAL STATEMENTS INCLUDE A FINANCIAL ASSISTANCE APPLICATION AND PHONE NUMBER FOR PATIENTS TO CALL WITH QUESTIONS EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE MOUNT CARMEL HEALTH SYSTEM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE MOUNT CARMEL HEALTH SYSTEM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED FINANCIAL MEANS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS LIKE MEDICAID OR OTHER PUBLIC ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS COMMUNICATED VIA SIGNS THAT ARE PROMINENTLY DISPLAYED IN ALL PATIENT REGISTRATION AREAS BROCHURES PLACED IN PATIENT REGISTRATION AREAS EDUCATE PATIENTS IN GREATER DETAIL ABOUT THE AVAILABILITY OF FEDERAL, STATE AND LOCAL ASSISTANCE PROGRAMS AS WELL AS MOUNT CARMEL'S PATIENT FINANCIAL ASSISTANCE PROGRAM SUMMARIES OF FEDERAL, STATE AND LOCAL PUBLIC FINANCIAL ASSISTANCE PROGRAMS AND MOUNT CARMEL'S PATIENT FINANCIAL ASSISTANCE PROGRAM ALSO ARE MADE AVAILABLE THROUGH MOUNT CARMEL SERVICES THAT DIRECTLY INTERACT WITH THE COMMUNITY, INCLUDING MOUNT CARMEL COMMUNITY OUTREACH AND MOUNT CARMEL HEALTH STATIONS CLINICS, OTHER ORGANIZATIONS THAT SERVE THE UNINSURED AND UNDERINSURED SUCH AS ACCESS HEALTH COLUMBUS, SOCIAL SERVICES AGENCIES LIKE CATHOLIC SOCIAL SERVICES, HOMELESS SHELTERS, FEDERALLY QUALIFIED HEALTH CENTERS LIKE HEART OF OHIO FAMILY HEALTH CENTERS AND LOWER LIGHTS CHRISTIAN HEALTH CENTER INFORMATION REGARDING PATIENT FINANCIAL ASSISTANCE PROGRAMS ALSO IS AVAILABLE ON THE MOUNT CARMEL WEBSITE AT HTTP //WWW MOUNTCARMELHEALTH COM/FINANCIALASSISTANCE IN ADDITION TO ENGLISH, PATIENT FINANCIAL ASSISTANCE INFORMATION IS ALSO AVAILABLE IN SPANISH AND SOMALI FOR THOSE WITH LIMITED ENGLISH PROFICIENCY, REFLECTING OTHER PREDOMINANT LANGUAGES SPOKEN IN THE COMMUNITIES SERVED MOUNT CARMEL ALSO HAS INTERPRETING SERVICES AVAILABLE FOR LIMITED ENGLISH PROFICIENCY REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL MOUNT CARMEL HEALTH SYSTEM HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS MOUNT CARMEL HEALTH SYSTEM MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER MOUNT CARMEL HEALTH SYSTEM EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS)ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 4 COMMUNITY INFORMATION - MOUNT CARMEL HEALTH SYSTEM PREDOMINATELY SERVES CENTRAL OHIO, WHICH INCLUDES FRANKLIN AND FIVE CONTIGUOUS COUNTIES (DELAWARE, FAIRFIELD, LICKING, MADISON AND PICKAWAY), AND IS HOME TO NEARLY 1 7 MILLION RESIDENTS AMONG CENTRAL OHIO HOUSEHOLDS, 20% HAVE A HOUSEHOLD INCOME OF LESS THAN \$25,000, AND ANOTHER 26% HAVE A HOUSEHOLD INCOME OF BETWEEN \$25,000 AND \$50,000 OVER THE NEXT FIVE YEARS, CENTRAL OHIO'S POPULATION IS EXPECTED TO EXPERIENCE A HIGH GROWTH RATE (18%) IN ADULTS AGE 55 AND OLDER AND A SLIGHT DECLINE IN ADULTS BETWEEN THE AGES OF 18 AND 34 IN 2009, APPROXIMATELY 33% OF THE POPULATION OVER AGE 25 HELD A BACHELOR'S OR HIGHER DEGREE, NEARLY FIVE PERCENTAGE POINTS HIGHER THAN THE NATIONAL AVERAGE 27% OF THE RESIDENTS OF COLUMBUS LIVE AT OR BELOW THE NATIONAL POVERTY LEVEL AND 12 5% LIVE AT OR BELOW 50% OF POVERTY LEVEL ACCORDING TO THE 2008-2009 OHIO FAMILY HEALTH SURVEY, 138,625 ADULTS IN FRANKLIN COUNTY BETWEEN THE AGES OF 18-64, OR ABOUT 19% OF THAT POPULATION, DO NOT HAVE HEALTH INSURANCE THIS NUMBER IS SLIGHTLY HIGHER THAN THE STATEWIDE PERCENTAGE OF 17% UNINSURED ADULTS IN THAT AGE GROUP CENTRAL OHIO FEATURES A DIVERSE EMPLOYER BASE, INCLUDING MANUFACTURING, TRADE, EDUCATION, SERVICE, FINANCE AND AGRICULTURE THE OHIO UNEMPLOYMENT RATE DECLINED TO 6 9% IN OCTOBER 2012 THE UNEMPLOYMENT RATE FOR FRANKLIN COUNTY WAS 6 1% THE COMMUNITY NEED INDEX ON THE COLUMBUS WEST SIDE WHERE MOUNT CARMEL WEST IS LOCATED IS 4 8 ON A SCALE OF 1-5 WITH 1 BEING AN AREA OF LOW NEED AND 5 AN AREA WITH THE HIGHEST LEVEL OF NEED MOUNT CARMEL EAST HOSPITAL IS LOCATED IN AN AREA WITH A 3 8 COMMUNITY NEED INDEX ST ANN'S IS LOCATED IN AN AREA WITH THE COMMUNITY NEED INDEX OF 2 2 WHICH IS MUCH LOWER THAN THE OTHER FACILITIES BUT WITH POCKETS OF HIGHER NEED WITHIN ITS SERVICE AREA MOUNT CARMEL NEWALBANY IS LOCATED IN AN AREA WITH THE LOWEST COMMUNITY NEED INDEX IT IS 1 6 WHICH IS WHY MCNA REACHES OUT TO SUPPORT EFFORTS IN SURROUNDING COMMUNITIES</p>
		<p>PART VI, LINE 5 OTHER INFORMATION - IN FISCAL YEAR 2013, PROJECTS FOR BOTH THE POOR AND BROADER COMMUNITY WERE SUPPORTED TO ASSIST INDIVIDUALS FACING EMOTIONAL AND PHYSICAL HEALTH CHALLENGES AS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ONE OF THE PROJECTS IS A COLLABORATION BETWEEN MOUNT CARMEL HEALTH SYSTEM AND THE MOMS 2 BE PROGRAM THIS PROGRAM TARGETS PREGNANT WOMEN AND MOST OF THE MOTHERS LIVE BELOW THE FEDERAL POVERTY LEVEL MANY MOMS 2 B PARTICIPANTS HAVE BEEN AFRICAN AMERICAN WITH THE AVERAGE AGE OF 24 THE WELCOME HOME PORTION OF THIS PROGRAM PROVIDES HOME VISITS, EDUCATION ON SAFE SLEEP, BREAST FEEDING AND NEEDED BABY SUPPLIES FOR NEW AND EXPECTANT MOMS THE MOMS2B TEAM SPENDS THREE HOURS A WEEK AT EACH SITE TEACHING, TRAINING AND NURTURING WOMEN THROUGH THEIR PREGNANCY AFTER DELIVERY, MOMS RETURN WITH THEIR NEWBORNS TO LEARN ABOUT POSITIVE PARENTING AND BONDING THE RESULTS OF THE COMMUNITY NEEDS ASSESSMENT WERE ALSO USED IN PLANNING THE WORK OF MOUNT CARMEL'S COMMUNITY OUTREACH PROGRAM THE COMMUNITY OUTREACH PROGRAM TARGETS SPECIFIC AREAS WHERE THE POPULATION HAS NOTABLE BARRIERS TO ACCESSING PHYSICAL, MENTAL AND SPIRITUAL HEALTHCARE SOME OF THE BARRIERS INCLUDE A LACK OF INSURANCE, TRANSPORTATION, AND LANGUAGE DIFFERENCES TO NAME A FEW MEDICAL SERVICES ARE PROVIDED ON THE MOBILE UNIT BY A FULL TIME PHYSICIAN AND FAMILY NURSE PRACTITIONER, REGISTERED NURSES, BILINGUAL CASE WORKERS, PASTORAL CARE STAFF, MENTAL HEALTH PROFESSIONALS AND SUPPORT STAFF THE MISSION OF THE MOBILE COACH STAFF IS TWO-FOLD, FIRST, TO MEET THE IMMEDIATE MEDICAL NEED OF THE PATIENT AND SECONDLY TO ASSIST THEM IN ACCESSING PRIMARY CARE IN ORDER TO MEET THEIR LONG-TERM HEALTHCARE NEEDS THE COACH PROVIDES SERVICES FREE OF CHARGE ON A FIRST COME, FIRST SERVED BASIS THE OUTREACH MOBILE COACH SERVES MANY HOMELESS IN COLUMBUS AND FRANKLIN COUNTY, MANY HAVE PHYSICAL AND MENTAL HEALTH NEEDS 27% OF THE HOMELESS IN COLUMBUS ARE CONSIDERED TRI-MORBID SUBSTANCE ABUSE, MENTAL HEALTH ISSUES AND A CHRONIC MEDICAL CONDITION THIS COMPARES WITH ONLY 22% SURVEYED IN OTHER CITIES THE NEED FOR MENTAL HEALTH SERVICES WAS IDENTIFIED ON THE OUTREACH COACH IT WAS DISCOVERED THAT MANY OF THE DIAGNOSES ARE OUTSIDE SCOPE OF OUTREACH PROVIDERS AND IT WAS VERY DIFFICULT TO GET PATIENTS INTO MENTAL HEALTH CARE IN AN APPROPRIATE TIME MOUNT CARMEL HEALTH CREATED A PARTNERSHIP WITH SOUTH EAST MENTAL HEALTH TO MEET THE NEEDS OF THESE PATIENTS AS PART OF THIS PARTNERSHIP THE OUTREACH MOBILE COACH HOUSES A PSYCHIATRIC NURSE PRACTITIONER AND CASEWORKER WHO PROVIDE SERVICES ON-SITE FOR OUTREACH PATIENTS MOUNT CARMEL PROVIDES FUNDING FOR MEDICATIONS TO BE GIVEN ON-SITE AND LABORATORY TESTING IS COMPLETED AS NEEDED ON MOBILE COACH MOUNT CARMEL HEALTH SYSTEM PROVIDED EQUIPMENT, SUCH AS LAPTOP, PRINTER AND MEDICAL BAG THE MEDICAL BAG IS USED IN THE OUTREACH STREET MEDICINE PROGRAM STREET MEDICINE IS A SERVICE MOUNT CARMEL HEALTH PROVIDES TO THE HOMELESS CITIZENS OF COLUMBUS EACH NIGHT 1 6 MILLION MEN, WOMEN, AND CHILDREN USE TEMPORARY SHELTERS IN AMERICA IN COLUMBUS, AN AVERAGE OF 630 PERSONS USES TEMPORARY SHELTERS EACH NIGHT AND IS HOMELESS LIVING ON THE LAND DURING THE DAY THE OUTREACH DEPARTMENT FORMED A TEAM CONSISTING OF A PHYSICIAN OR NURSE PRACTITIONER, A MEDICAL TECHNICIAN, A CASE MANAGEMENT AND SOMETIMES A RN TO SEARCH OUT THESE CLIENTS AND MEET THEIR NEEDS BEFORE THEY BECOME URGENT OR LIFE THREATENING THE TEAM LITERALLY SEARCHES THE INNER CITY AREAS FOR THE HOMELESS IN NEED OF CARE ONCE THE TEAM HAS ESTABLISHED A TRUSTING RELATIONSHIP, MEDICAL CARE IS WELCOMED AND ACCEPTED WE ALSO PROVIDE CONNECTIONS TO COMMUNITY RESOURCES FOR HOUSING, FOOD, DRUG AND ALCOHOL REHABILITATION AND MENTAL HEALTH SERVICES THE COMMUNITY HEALTH RESOURCE CENTER IS LOCATED AT THE MOUNT CARMEL WEST CAMPUS AND IS A CENTER FOR THE ENTIRE COMMUNITY OF COLUMBUS IT FEATURES A STATE OF THE ART CONSUMER HEALTH LIBRARY, DEMONSTRATION KITCHEN, HEALTHY LIVING CENTER, CHILDBIRTH EDUCATION AND OUTPATIENT LACTATION SUPPORT, SOCIAL PROGRAMMING AND NUMEROUS HEALTH AND WELLNESS SERVICES THERE ARE COMMUNITY MEETING ROOMS AND CLASSROOMS FOR PUBLIC USE MOUNT CARMEL HEALTH SYSTEM ALSO HELD EDUCATIONAL SESSIONS FOR THE COMMUNITY ON TOPICS SUCH AS SPIRITUALITY, ETHICS, HUMAN TRAFFICKING, CAREERS IN HEALTH CARE, AND VARIOUS HEALTH AND WELLNESS TOPICS THROUGH MCNA'S OPERATION WALK, PATIENTS WERE PROVIDED WITH FREE CARE WHICH INCLUDED PRE AND POST OP CARE, SURGERY, HOSPITALIZATION, PHYSICAL THERAPY, MEDICATIONS AND ANY SUPPLIES NEEDED FOR THEIR CARE THIS PROGRAM SERVES THE WORKING POOR BY ASSISTING THOSE WHO ARE UNINSURED TO OBTAIN SURGERY WHICH ENABLES THEM TO RETURN TO WORK AND ACTIVITIES OF DAILY LIVING DURING THE FISCAL YEAR 2013, MOUNT CARMEL NEWALBANY PROVIDED SURGERY AND CARE FOR 42 PATIENTS NEEDING JOINT IMPLANTS MOUNT CARMEL NEWALBANY REACHED BEYOND ITS ZIP CODE TO SUPPLY COLUMBUS AREA HOMELESS WITH SOCKS, FLASH LIGHTS AND FOOD MOUNT CARMEL HEALTH SYSTEM IS ALSO AWARE OF THE DISPARITIES IN HEALTH CARE NATIONWIDE AND THE MCHS BOARD OF TRUSTEES APPROVED THE PLAN TO IDENTIFY AND ELIMINATE DISPARITIES AS PART OF THE TRINITY HEALTH EQUITY IN CARE INITIATIVE IN JULY OF 2009 LAST YEAR MOUNT CARMEL SPONSORED MEMBERS OF MCHS TO ATTEND THE DISPARITIES LEADERSHIP PROGRAM (DLP) IN BOSTON MASSACHUSETTS THE DLP IS A YEAR-LONG EXECUTIVE EDUCATION PROGRAM DESIGNED FOR LEADERS FROM HOSPITALS, HEALTH PLANS AND OTHER HEALTH CARE ORGANIZATIONS THE THREE GOALS OF THIS TRAINING ARE "TO CREATE A CADRE OF LEADERS IN HEALTH CARE EQUIPPED WITH AN IN-DEPTH KNOWLEDGE OF THE FIELD OF DISPARITIES, INCLUDING ROOT CAUSES AND RESEARCH TO DATE, B) CUTTING-EDGE QUALITY IMPROVEMENT STRATEGIES FOR IDENTIFYING AND ADDRESSING DISPARITIES, AND C) THE LEADERSHIP SKILLS TO IMPLEMENT THESE STRATEGIES AND HELP TRANSFORM THEIR ORGANIZATIONS" (THE DISPARITIES SOLUTION CENTER)MOUNT CARMEL IS INVOLVED IN LOCAL AND FOREIGN HEALTH ADVOCACY THE FACULTY FROM THE MOUNT CARMEL COLLEGE OF NURSING MET WITH VARIOUS COMMUNITY GROUPS TO EDUCATE THE PUBLIC AND ADVOCATE FOR SCHOOL NUTRITION, DIABETES EDUCATION, SENIOR HEALTH ISSUES, AND WORLDWIDE HEALTH ISSUES SUCH AS HUNGER AND WOMEN'S HEALTH MOUNT CARMEL HEALTH SYSTEM PROVIDES SUPPORT TO A CLINIC IN UGANDA BY PROVIDING NEEDED MEDICAL ITEMS AND OTHER ITEMS NEEDED FOR DAILY LIVING ONE HUNDRED PERCENT OF MOUNT CARMEL'S SURPLUS REVENUE IS INVESTED BACK INTO SUPPORTING THE ORGANIZATION'S HEALTH CARE MINISTRY MOUNT CARMEL HEALTH SYSTEM IS GOVERNED BY A 13-MEMBER BOARD OF TRUSTEES, WITH A MAJORITY OF THE SEATS ALLOCATED TO COMMUNITY REPRESENTATIVES AND LEADERS OUR GOVERNANCE STRUCTURE ENSURES THAT THE COMMUNITY AND ITS INTERESTS ARE STRONGLY REPRESENTED IN IMPORTANT DECISION-MAKING IN ADDITION, TWO SEATS ON MOUNT CARMEL'S BOARD ARE ALLOCATED TO RELIGIOUS WOMEN, WHO HELP ENSURE THAT THE ORGANIZATION REMAINS TRUE TO ITS CHARITABLE MISSION MOUNT CARMEL HEALTH SYSTEM MAINTAINS AN OPEN MEDICAL STAFF - MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS MOUNT CARMEL ACTIVELY RECRUITS, AND EMPLOYS DOCTORS TO SERVE IN UNDER-SERVED AREAS OF THE COMMUNITY MOUNT CARMEL HEALTH SYSTEM OPERATES A GRADUATE MEDICAL EDUCATION PROGRAM THAT TRAINS PHYSICIANS IN FAMILY PRACTICE, INTERNAL MEDICINE, OBSTETRICS & GYNECOLOGY, GENERAL SURGERY, ORTHOPEDIC SURGERY AND TRANSITIONAL YEAR (FOR PHYSICIANS WHO WANT TO PURSUE SUB-SPECIALTY TRAINING) MOUNT CARMEL ALSO OPERATES A COLLEGE OF NURSING THAT IS AMONG THE LARGEST BACCALAUREATE DEGREE GRANTING PROGRAMS IN OHIO THE COLLEGE OFFERS BACHELOR OF SCIENCE, RN TO BSN COMPLETION AND MASTER OF SCIENCE DEGREES IN NURSING THEY ALSO OFFER A GRADUATE CERTIFICATE IN NURSING EDUCATION AND A DIETETIC INTERNSHIP WITH THE ASSISTANCE FROM THE FOUNDATION THE MOUNT CARMEL COLLEGE OF NURSING WAS ABLE TO PROVIDE 138 ACADEMIC SCHOLARSHIPS FOR EDUCATING FUTURE NURSES</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 MOUNT CARMEL HEALTH SYSTEM IS PART OF CHE TRINITY HEALTH, THE SECOND-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY CHE TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - COMMUNITY BENEFIT GOALS THAT INCLUDE IMPLEMENTING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS AS A NOT-FOR-PROFIT HEALTH SYSTEM, CHE TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS OVERALL, THE ORGANIZATION INVESTS MORE THAN \$800 MILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING EACH COMMUNITY'S SPECIFIC NEEDS FOR MORE INFORMATION ABOUT CHE TRINITY HEALTH, VISIT WWW.NEWHEALTHMINISTRY.ORG

Additional Data

Software ID:

Software Version:

EIN: 31-1439334

Name: MOUNT CARMEL HEALTH SYSTEM

Form 990 Schedule H, Part IV - Management Companies and Joint Ventures (see instructions)

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 BIG RUN URGENT CARE LTD	OPERATE URGENT CARE CENTERS	40 000 %		60 000 %
2 2 ST ANN'S MEDICAL OFFICE BUILDING II LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG	46 750 %		53 250 %
3 3 MCE MOB IV LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG	49 600 %		50 400 %
4 4 MCMC POB III LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG	25 170 %		74 830 %
5 5 MOUNT CARMEL EAST POB III LMITED PARTNERSHIP	MEDICAL OFFICE BLDG	27 500 %		72 500 %
6 6 WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG	44 330 %		55 670 %
7 7 MEDILUCENT MOB I	MEDICAL OFFICE BLDG	25 000 %		75 000 %
8 8 EYE CENTER OF COLUMBUS LLC	EYE SURGERY AND TREATMENT CENTER	3 190 %		93 630 %
9 9 TAYLOR STATION SURGICAL CENTER LTD	AMBULATORY SURGERY CENTER	40 000 %		60 000 %
10 10 CANAL WINCHESTER MOB LLC	MEDICAL OFFICE BLDG	22 000 %		78 000 %
11 11 GREEN STREET SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	20 000 %		60 000 %
12 12 SA MOB III LLC	MEDICAL OFFICE BLDG	43 010 %		56 990 %
13 13 NEWALBANY SURGERY CENTER LLC	AMBULATORY SURGERY CENTER	40 000 %		60 000 %
14 14 CONCORD RADIATION THERAPY LLC	CANCER TREATMENT CENTER	50 000 %		50 000 %
15 15 MOUNT CARMEL HEALTH PARTNERS INC	HEALTHCARE SERVICES	50 000 %		50 000 %
16 16 BIG RUN MEDICAL OFFICE BUILDING	MEDICAL OFFICE BLDG	50 000 %		50 000 %
17 17 CENTRAL OHIO SLEEP MEDICINE	SLEEP LAB AND TREATMENT CENTER	60 000 %		40 000 %
18 18 COLUMBUS CYBERKNIFE	ROBOTIC CANCER TREATMENT CENTER	35 000 %		50 000 %

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 Health Care 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 health care facilities did the organization operate during the tax year?

34

Name and address	Type of Facility (describe)
WESTAR HEALTH CENTER 444 N CLEVELAND AVE WESTERVILLE, OH 43082	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL EAST IMAGING CENTER 5969 E BROAD ST STE 100 COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL RADIATION THERAPY 3100 PLAZA PROPERTIES BLVD STE 120 COLUMBUS, OH 43219	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL ST ANN'S WOMENS HEALTH CEN 477 COOPER RD STE 100 WESTERVILLE, OH 43081	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL INFUSION SERVICES AND WOUND 5975 E BROAD ST STE 300 COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL ST ANN'S IMAGING CENTER & 495 COOPER RD STE 100 WESTERVILLE, OH 43081	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL WEST REHAB & SPORTS MEDICIN 745 W STATE ST STE 700 COLUMBUS, OH 43222	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL HEALTH CENTER AT GROVE CITY 3000 MEADOWPOND CT GROVE CITY, OH 43123	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL REHAB & SPORTS MEDICINE AT 3775 TRUEMAN CT COLUMBUS, OH 43026	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL EAST REHAB & SPORTS MEDICI 5965 E BROAD ST STE 390 COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL EAST BROAD STREET URGENT CA 6435 E BROAD ST COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL OCCUPATIONAL HEALTH 4171 ALRINGATE PLAZA STE 18 COLUMBUS, OH 43228	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL HEALTH CENTER AT WEDGEWOOD 10330 SAWMILL PKWY POWELL, OH 43065	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL ST ANN'S CANCER CENTER 495 COOPER RD STE 120 WESTERVILLE, OH 43081	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL WEST WOMENS HEALTH 750 MOUNT CARMEL MALL STE 160 COLUMBUS, OH 43222	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
BIG RUN HEALTH CENTER 4300 CLIME RD COLUMBUS, OH 43228	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL EAST WOMENS HEALTH 5965 E BROAD ST STE 100 COLUMBUS, OH 43123	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
SEDALIA MEDICAL CENTER 5339 HENDRON RD GROVEPORT, OH 43125	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL CARDIAC REHAB & OUTPATIENT 150 TAYLOR STATION RD COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL EAST OCCUPATIONAL HEALTH 5969 E BROAD ST STE 307 COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
TAYLOR STATION SURGERY CENTER 275 TAYLOR STATION RD COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
NEW ALBANY SURGERY CENTER 5040 FOREST DR STE 100 NEW ALBANY, OH 43054	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL EAST ANTICOAGULATION STRUC 5965 E BROAD ST STE 200 COLUMBUS, OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
GREEN STREET SURGERY CENTER 120 GREEN ST COLUMBUS, OH 43222	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL WEST ANTICOAGULATION STRUC 730 WRICH ST COLUMBUS, OH 43222	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
CENTRAL OHIO SLEEP MEDICINE 4625 MORSE RD STE 200 GAHANNA, OH 43230	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL WEST CENTRAL MEDICAL CENTER 454 WEST CENTRAL AVE DELAWARE, OH 43015	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
HIGHFIELD MRI - HILLIARD 3755 RIDGE MILL DR COLUMBUS, OH 43026	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
HIGHFIELD MRI - POLARIS 1120 POLARIS PKWY COLUMBUS, OH 43240	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
COLUMBUS CYBERKNIFE 495 COOPER RD STE 125 WESTERVILLE, OH 43081	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI

Section C. Other Health Care 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 health care facilities did the organization operate during the tax year?
34

Name and address	Type of Facility (describe)
MOUNT CARMEL PATASKALA MEDICAL CENTER OU 8200 HAXELTON-ETNA RD STE 50 PATASKALA,OH 43062	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL OUTPATIENT LAB 85 MCNAUGHTEN RD STE 150 COLUMBUS,OH 43213	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
MOUNT CARMEL WEST OUTPATIENT LAB 750 MOUNT CARMEL MALL RM 180 COLUMBUS,OH 43222	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI
EYE CENTER OF COLUMBUS 262 NEIL AVE STE 500 COLUMBUS,OH 43215	ANTICOAGULATION, HEART FAILURE CENTER, CARDIAC REHAB, REHAB & SPORTS MEDICI

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

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

2012

Open to Public
Inspection

Employer identification number
31-1439334

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DONATIONS MADE BY MOUNT CARMEL HEALTH SYSTEM TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H

Software ID:

Software Version:

EIN: 31-1439334

Name: MOUNT CARMEL HEALTH SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL PARK FAMILY HEALTH CENTER INC882 HAMILTON ROAD WHITEHALL,OH 43213	38-3765547	501(C)3	275,000				COMMUNITY BENEFIT
AMERICAN HEART ASSOCIATION INC7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)3	25,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLUMBUS FOUNDATION1234 EAST BROAD STREET COLUMBUS,OH 43205	31-6044264	501(C)3	5,000				COMMUNITY BENEFIT
WESTERVILLE AREA CHAMBER OF COMMERCE 99 COMMERCE PARK DRIVE WESTERVILLE,OH 43082	31-0737083	501(C)6	8,150				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWER LIGHTS CHRISTIAN HEALTH CENTER INC1160 WEST BROAD STREET COLUMBUS,OH 43222	31-1810355	501(C)3	69,167				COMMUNITY BENEFIT
MARCH OF DIMES FOUNDATION1275 MAMARONECK AVENUE WHITE PLAINS,NY 10605	13-1846366	501(C)3	5,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAHANNA CONVENTION AND VISITORS BUREAU 167 MILL STREET GAHANNA,OH 43230	80-0322167	501(C)6	16,760				COMMUNITY BENEFIT
COLUMBUS BICENTENNIAL 2012 INC1269 GRANDVIEW AVENUE COLUMBUS,OH 43212	45-1730585	501(C)3	25,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN PARK CONSERVATORY WOMEN'S SUSTAINING BOARD1777 EAST BROAD STREET COLUMBUS,OH 43203	31-1191469	501(C)3	5,000				COMMUNITY BENEFIT
WESTERVILLE SUNRISE ROTARY FOUNDATIONPO BOX 1200 WESTERVILLE,OH 43086	31-1481931	501(C)3	10,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLINTON GARDENS 909 WRICH STREET COLUMBUS,OH 43222	45-4023198	501(C)3	10,000				COMMUNITY BENEFIT
CHARITABLE PHARMACY OF CENTRAL OHIO200 E LIVINGSTON AVE COLUMBUS,OH 43215	27-0147099	501(C)3	25,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THANKSGIVING WATTLE (AKA PHOENIX EVENTS) 1180 REGENCY DRIVE COLUMBUS,OH 43220	45-4021515	501(C)3	13,375				SPONSOR THANKSGIVING WATTLE
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO INC711 E LIVINGSTON AVENUE COLUMBUS,OH 43205	31-0890152	501(C)3	20,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAVIS MANION FOUNDATIONPO BOX 1485 DOYLESTOWN,PA 18901	41-2237951	501(C)3	5,000				COMMUNITY BENEFIT
CITY OF GROVE CITY4035 BROADWAY GROVE CITY,OH 43123	31-6400527	CITY GOVERNMENT	20,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY INTERNATIONAL CLUB OF WESTERVILLEPO BOX 595 WESTERVILLE,OH 43086	31-6050404	501(C)4	7,500				COMMUNITY BENEFIT
WESTERVILLE AREA RESOURCE MINISTRY175A EAST BROADWAY WESTERVILLE,OH 43081	31-1640355	501(C)3	17,500				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIOLET FESTIVAL INCPO BOX 361 PICKERINGTON,OH 43147	31-1518034	501(C)4	20,000				COMMUNITY BENEFIT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION 65 S FOURTH STREET COLUMBUS,OH 43215	31-4379597	501(C)3	10,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLEBRATE INC5274 NORWICH STREET HILLIARD,OH 43026		N/A	10,000				COMMUNITY BENEFIT

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury

Internal Revenue Service

Name of the organization

MOUNT CARMEL HEALTH SYSTEM

Employer identification number

31-1439334

Part I

Questions Regarding Compensation

- 1a

Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)
- 1b

If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?
- 3

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee
- 4

During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

4a

Receive a severance payment or change-of-control payment?

4b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- 5

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

5a

The organization?

5b

Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.
- 6

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

6a

The organization?

6b

Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.
- 7

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes

No

1b

2

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 3	MOUNT CARMEL HEALTH SYSTEM IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MOUNT CARMEL HEALTH SYSTEM'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MOUNT CARMEL HEALTH SYSTEM'S CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
	PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN CALENDAR 2012. THIS AMOUNT IS INCLUDED IN COLUMN B(III). PAULA AUTRY - \$213,180. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES \$28,050 OF SEVERANCE FOR PAULA AUTRY, WHICH WAS UNPAID AS OF 12/31/12. THE \$28,050 WAS PAID AND INCLUDED IN PAULA AUTRY'S TAXABLE INCOME IN 2013. PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH CASH BALANCE RESTORATION AND RETENTION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETENTION BENEFITS PLUS RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$250,000 FOR 2012). THE FOLLOWING ACCRUALS FOR 2012 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: KEDRICK ADKINS - \$100,292; BRINSLEY LEWIS - \$4,219; SEAN MCKIBBEN - \$12,201; JANET MEEKS - \$23,422; J. RICHARD O'CONNELL - \$77,104; JOSEPH SWEDISH - \$543,977; CLAUS VON ZYCHLIN - \$58,363. PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING SERP ACCRUALS FOR 2012 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: JANET MEEKS - \$53,560. PART II: THE FOLLOWING INDIVIDUALS ARE VESTED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING VESTED SERP AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: KEDRICK ADKINS - \$185,540; JOSEPH SWEDISH - \$530,000; RONALD WHITESIDE - \$135,110. COLUMN F OF SCHEDULE J INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.
SUPPLEMENTAL INFORMATION	PART III	PART II: MICHAEL GARDENIER - THE AMOUNT LISTED IN COLUMN B(I) OF SCHEDULE J, PART II REPRESENTS THE AMOUNT PAID BY MOUNT CARMEL HEALTH SYSTEM IN CALENDAR 2012 TO TATUM, LLC FOR MR. GARDENIER'S SERVICES AS INTERIM CFO. MOUNT CARMEL HEALTH SYSTEM DOES NOT KNOW HOW MUCH MR. GARDENIER RECEIVED AS WAGES FROM TATUM, LLC IN CALENDAR 2012. PART II: RICHARD D'ENBEAU - THE AMOUNT LISTED IN COLUMN B(I) OF SCHEDULE J, PART II REPRESENTS THE AMOUNT PAID BY MOUNT CARMEL HEALTH SYSTEM (MCHS) IN CALENDAR 2012 TO NEW ALBANY MANAGEMENT COMPANY II, LLC FOR MR. D'ENBEAU'S SERVICES, AS WELL AS FOR THE SERVICES OF THREE OTHER INDIVIDUALS. MCHS DOES NOT KNOW THE PORTION OF THE \$650,000 THAT WAS FOR MR. D'ENBEAU'S SERVICES VS. THE OTHER THREE INDIVIDUALS. MCHS ALSO DOES NOT KNOW HOW MUCH MR. D'ENBEAU RECEIVED AS WAGES FROM THE MANAGEMENT COMPANY IN CALENDAR 2012. THE \$650,000 IS INCLUDED IN THE TOTAL MANAGEMENT FEE REPORTED IN SCHEDULE L, PART IV.

Software ID:
Software Version:
EIN: 31-1439334
Name: MOUNT CARMEL HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CLAUS VON ZYCHLIN	(i)	0	0	0	0	0	0	0
	(ii)	531,768	185,298	251,877	78,363	27,892	1,075,198	125,619
J RICHARD O'CONNELL	(i)	0	0	0	0	0	0	0
	(ii)	607,209	284,428	144,773	97,104	33,319	1,166,833	0
MICHAEL GARDENIER TATUM LLC	(i)	466,032	0	0	0	0	466,032	0
	(ii)	0	0	0	0	0	0	0
RONALD WHITESIDE	(i)	0	0	0	0	0	0	0
	(ii)	388,350	95,935	146,423	36,471	19,911	687,090	0
CYNTHIA SHEETS	(i)	0	0	0	0	0	0	0
	(ii)	324,917	79,039	3,121	37,417	9,852	454,346	0
JANET MEEKS	(i)	0	0	0	0	0	0	0
	(ii)	314,428	82,193	37,289	100,292	11,313	545,515	0
HUGH JONES	(i)	0	0	0	0	0	0	0
	(ii)	234,834	51,962	773	19,953	18,325	325,847	0
ANNE BROWNING	(i)	0	0	0	0	0	0	0
	(ii)	251,006	56,500	1,274	20,110	20,106	348,996	0
CHARLES BRETT JUSTICE	(i)	138,149	17,729	3,134	12,830	23,973	195,815	0
	(ii)	0	0	0	0	0	0	0
SEAN MCKIBBEN	(i)	0	0	0	0	0	0	0
	(ii)	268,658	88,817	31,411	27,919	21,941	438,746	0
RICHARD D'ENBEAU	(i)	650,000	0	0	0	0	650,000	0
	(ii)	0	0	0	0	0	0	0
BRINSLEY LEWIS	(i)	0	0	0	0	0	0	0
	(ii)	93,064	35,000	37,023	8,907	2,163	176,157	0
JOSEPH SWEDISH	(i)	0	0	0	0	0	0	0
	(ii)	1,402,192	786,411	1,044,897	572,762	28,714	3,834,976	520,902
KEDRICK ADKINS	(i)	0	0	0	0	0	0	0
	(ii)	784,856	366,716	670,047	112,792	13,375	1,947,786	265,335
RICHARD STRECK	(i)	0	0	0	0	0	0	0
	(ii)	423,175	98,966	4,184	20,000	20,485	566,810	0
PHILIP SHUBERT	(i)	502,213	0	2,802	28,765	23,779	557,559	0
	(ii)	0	0	0	0	0	0	0
THOMAS HARTRANFT	(i)	356,563	0	18,090	25,000	17,478	417,131	0
	(ii)	0	0	0	0	0	0	0
MARTHA REIGEL	(i)	343,657	23,451	5,696	21,894	9,485	404,183	0
	(ii)	0	0	0	0	0	0	0
GERALD GIRARDI	(i)	0	0	0	0	0	0	0
	(ii)	347,999	0	3,313	7,500	16,564	375,376	0
JACQUELINE PRIMEAU	(i)	0	0	0	0	0	0	0
	(ii)	304,327	76,091	2,612	30,508	9,904	423,442	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAULA AUTRY	(i)	0	0	0	0	0	0	0
	(ii)	73,901	0	261,667	39,327	16,560	391,455	0
MICHAEL MURPHY	(i)	0	0	0	0	0	0	0
	(ii)	139,488	0	41,394	4,650	11,980	197,512	0
JOHN HEISLER	(i)	0	0	0	0	0	0	0
	(ii)	316,232	83,976	13,086	20,328	16,746	450,368	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization MOUNT CARMEL HEALTH SYSTEM	Employer identification number 31-1439334
--	--

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 31-1439334

Name: MOUNT CARMEL HEALTH SYSTEM

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NEW ALBANY HOSPITAL MANAGEMENT COMPANY II LLC (NAHMC)	CARL BERASI, MCHS TRUSTEE, IS A PART OWNER, BD MEMBER & EMPLOYEE OF NAHMC	2,262,564	NEW ALBANY MANAGEMENT COMPANY II LLC CONTRACTS WITH MOUNT CARMEL HEALTH SYSTEM TO PROVIDE MANAGEMENT SERVICES TO MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL THESE TRANSACTIONS WERE ALL AT ARMS LENGTH		No
(2) ANGELA SMITH	FAMILY MEMBER OF CYNTHIA SHEETS, KEY EMPLOYEE	99,323	EMPLOYMENT ARRANGEMENT		No
(3) MCMC PROFESSIONAL OFFICE BUILDING III	DAVID STEWART, MCHS TRUSTEE, HAS A >5% OWNERSHIP INTEREST IN THIS J/V	1,129,334	MCHS RECEIVES INCOME AND DISTRIBUTIONS FROM ITS OWN PARTNERSHIP INTEREST IN MCMC PROF OFFICE BLDG III		No
(4) GREEN STREET SURGERY CENTER	ANANTHA PADMANABHAN, MCHS TRUSTEE, HAS A >5% OWNERSHIP INTEREST IN THIS J/V	557,321	MCHS RECEIVES RENTAL INCOME AND DISTRIBUTIONS FROM ITS OWN PARTNERSHIP INTEREST IN GREEN STREET SURGERY CENTER		No
(5) CARDINAL HEALTH INC	JORGE GOMEZ, MCHS TRUSTEE, IS AN OFFICER OF CARDINAL HEALTH	27,057,811	CARDINAL HEALTH PROVIDES MEDICAL PRODUCTS AND SERVICES TO MOUNT CARMEL HEALTH SYSTEM		No
(6) TAYLOR STATION SURGERY CENTER	ANANTHA PADMANABHAN, MCHS TRUSTEE, HAS A >5% OWNERSHIP INTEREST IN THIS J/V	2,518,148	MCHS RECEIVES RENTAL INCOME AND DISTRIBUTIONS FROM ITS OWN PARTNERSHIP INTEREST IN TAYLOR STATION SURGERY CENTER		No
(7) CENTRAL OHIO SLEEP MEDICINE	CHARLES B JUSTICE, MCHS KEY EMP, IS ON THE BOARD OF CENTRAL OH SLEEP MED	149,325	MCHS RECEIVES INCOME AND DISTRIBUTIONS FROM ITS OWN PARTHERSHIP INTEREST IN CENTRAL OHIO SLEEP MEDICINE		No
(8) COLUMBUS EYE SURGERY CENTER	CHARLES HICKEY, MCHS TRUSTEE HAS A > 5% OWNERSHIP INTEREST IN THIS J/V	109,895	MCHS RECEIVES RENTAL INCOME FROM COLUMBUS EYE SURGERY CENTER		No
(9) HIGHFIELD MRI LTD	PATRICK CAIN, MCHS TRUSTEE, HAS AN INDIRECT OWNERSHIP INTEREST IN THIS J/V	436,665	MCHS RECEIVES INCOME AND DISTRIBUTIONS FROM ITS OWN PARTNERSHIP INTERST IN HIGHFIELD MRI		No
(10) KURT SALMON AND ASSOCIATES	RICHARD D'ENBEAU, MCHS KEY EMPLOYEE, IS EMPLOYED BY KURT SALMON	136,366	KURT SALMON & ASSOC PROVIDES ORTHO SERVICES LINE ADMINISTRATION SVCS TO MCHS		No
(11) JOHN HICKEY	FAMILY MEMBER OF CHARLES HICKEY, MCHS TRUSTEE	31,770	EMPLOYMENT ARRANGEMENT		No
(12) AMERICAN KIDNEY STONE MANAGEMENT (AKSM)	DAVID STEWART, MCHS TRUSTEE, IS A BOARD MEMBER OF AKSM	128,375	AKSM PROVIDES LITHOTRIPSY SERVICES TO MCHS		No
(13) CENTRAL OHIO UROLOGY GROUP (COUG)	DAVID STEWART,MCHS TRUSTEE,IS EMPL AS A UROLOGY SURGERY CONSULTANT W/ COUG	368,670	COUG PROVIDES UROLOGY SERVICES TO MCHS		No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization MOUNT CARMEL HEALTH SYSTEM	Employer identification number 31-1439334
--	--

Identifier	Return Reference	Explanation
DOING BUSINESS AS NAMES	FORM 990, PAGE 1	MOUNT CARMEL HEALTH MOUNT CARMEL EAST MOUNT CARMEL WEST MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL MOUNT CARMEL ST ANN'S HOSPITAL MOUNT CARMEL CARE CONTINUUM SERVICES CORPORATION MOUNT CARMEL HOSPICE AND PALLIATIVE CARE

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	EFFECTIVE JULY 1, 2012 THE FOLLOWING OHIO NON-PROFIT CORPORATIONS MERGED INTO MOUNT CARMEL HEALTH SYSTEM (1) MOUNT CARMEL HEALTH EIN 31-4379602 (2) ST ANN'S HOSPITAL EIN 31-4412701 (3) MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL EIN 87-0790288 AND (4) MOUNT CARMEL CARE CONTINUUM SERVICES CORPORATION EIN 31-1126211

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	RICHARD D'ENBEAU, PRESIDENT OF MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL AND JANET MEEKS, PRESIDENT OF ST ANNS HOSPITAL, HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	MOUNT CARMEL HEALTH SYSTEM HAS CONTRACTED WITH TATUM, LLC FOR THE PROVISION OF INTERIM CFO SERVICES SEE SCHEDULE J, PART III FOR ADDITIONAL INFORMATION MOUNT CARMEL HEALTH SYSTEM ALSO RECEIVES MANAGEMENT SERVICES FROM NEW ALBANY MANAGEMENT COMPANY II, LLC UNDER THE MANAGEMENT SERVICES AGREEMENT, NEW ALBANY MANAGEMENT COMPANY MANAGES THE DAY-TO-DAY OPERATION, MANAGEMENT, AND SUPERVISION OF MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL INCLUDED IN THE AGREEMENT IS THE PROVISION BY THE MANAGEMENT COMPANY OF A CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT OF CLINICAL SERVICES, SENIOR FINANCIAL ANALYST, AND CHIEF NURSING OFFICER FOR THE HOSPITAL SEE SCHEDULE J, PART III AND SCHEDULE L FOR ADDITIONAL INFORMATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM IS TRINITY HEALTH CORPORATION SEE LINE 7 FOR ADDITIONAL INFORMATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM. TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF MOUNT CARMEL HEALTH SYSTEM.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY , INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE FORM 990 FOR MOUNT CARMEL HEALTH SY STEM IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE FINANCE COMMITTEE AS WELL AS THE BOARD OF TRUSTEES THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MOUNT CARMEL HEALTH SYSTEM HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS. IT APPLIES TO ALL "INTERESTED PERSONS" OF MOUNT CARMEL HEALTH SYSTEM, WHICH INCLUDES TRUSTEES, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS. INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH MOUNT CARMEL HEALTH SYSTEM'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MOUNT CARMEL HEALTH SYSTEM OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE BOARD OF TRUSTEES OF MOUNT CARMEL HEALTH SYSTEM IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO MOUNT CARMEL HEALTH SYSTEM ON AN ANNUAL BASIS. INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF TRUSTEES OF MOUNT CARMEL HEALTH SYSTEM ON AN ANNUAL BASIS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MOUNT CARMEL HEALTH SYSTEM ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	MOUNT CARMEL HEALTH SYSTEM IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO AFFILIATES -17,524,153 OTHER TRANSACTIONS 31,726,705 ADJUSTMENT DUE TO MERGERS (SEE PART III, LINE 2) 475,515,121

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2	MOUNT CARMEL HEALTH SYSTEM'S FINANCIAL INFORMATION WAS INCLUDED IN THE FY 13 CONSOLIDATED FINANCIAL STATEMENTS OF MOUNT CARMEL HEALTH SYSTEM, AS WELL AS THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH BOTH SETS OF CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number
31-1439334

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BIG RUN URGENT CARE LTD 6150 E BROAD STREET 3RD FLOOR COLUMBUS, OH 43213 31-1581575	MEDICAL SERVICES	OH	0	5,694	MOUNT CARMEL HEALTH SYSTEM
(2) CONCORD RADIATION THERAPY LLC 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43219 20-8596889	MEDICAL SERVICES	OH	12,727,876	2,021,613	MOUNT CARMEL HEALTH SYSTEM

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

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

1 During the tax year, did the organization 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 or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r	Yes	
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

Software ID:

Software Version:

EIN: 31-1439334

Name: MOUNT CARMEL HEALTH SYSTEM

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A									
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	41,757	589,791		No		Yes		50 000 %
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI 48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A									
CENTRAL OHIO SLEEP MEDICINE LTD 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1701029	SLEEP MEDICINE SERVICES	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED				No			No	60 000 %
CLINTON IMAGING SERVICES LLC 615 VALLEY VIEW DR STE 202 MOLINE, IL 61265 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A									
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A									
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	N/A									
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA 93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A									
HAWARDEN REGIONAL HEALTH CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	N/A									
IDAHO GYNONCOLOGY SERVICES LLC 1055 N CURTIS RD BOISE, ID 83706 20-2975807	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A									
INTERMOUNTAIN MEDICAL IMAGING LLC 877 WEST MAIN ST STE 603 BOISE, ID 83702 82-0514422	PROVIDE IMAGING SERVICES	ID	N/A									
LOYOLA AMBULATORY SURGERY CENTER 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 36-4119522	SURGICAL SERVICES	IL	N/A									
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A									
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	N/A									
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	406,362	4,162,351		No		Yes		49 870 %

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

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

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI 49440 38-3522260	SOFTWARE MARKETING	MI	N/A	C					No
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C					No
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C					No
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C					No
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C					No
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C					No
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	N/A	C					No
HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	N/A	C					No
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C					No
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C					No
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C					No
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C					No
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C					No
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C					No
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C					No

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

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C					No
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49546 38-2647304	ATHLETIC CLUB	MI	N/A	C					No
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	MOUNT CARMEL HEALTH SYSTEM	C	-37,113,730	21,165,510	100 000 %	Yes	
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA 50401 42-1382308	MEDICAL SERVICES	IA	N/A	C					No
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C					No
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 837061370 33-1078261	PHYSICIANS	ID	N/A	C					No
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	N/A	C					No
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	MOUNT CARMEL HEALTH SYSTEM	C			100 000 %	Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C					No
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T					No
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C					No
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C					No
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C					No
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C					No
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C					No

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

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C					No
CATHERINE HORAN BUILDING INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-2938160	BUILDING MANAGEMENT	MA	N/A	C					No
DIVERSIFIED COMMUNITY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-3128890	MEDICAL SERVICES	MA	N/A	C					No
MERCY INPATIENT MEDICAL ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-3029929	MEDICAL SERVICES	MA	N/A	C					No
PROVIDENCE HOME CARE INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-3317426	HEALTH CARE SERVICES	MA	N/A	C					No
SYSTEM COORDINATED SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-2938181	LAB SERVICES	MA	N/A	C					No
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST 1221 MAIN STREET ROOM 108 HOLYOKE, MA 010400000 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C					No
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 148482101 16-1294991	PROPERTY HOLDINGS	NY	N/A	C					No
CARBONDALE AREA PHYSICIANS' ASSOCIATION PC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801677	MEDICAL INSURANCE CONTRACTING	PA	N/A	C					No
CARBONDALE AREA PHYSICIANS' PHO INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801676	INACTIVE	PA	N/A	C					No
CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C					No
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C					No
LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 086291986 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C					No
MULTICARE PLUS INC 601 HAMILTON AVENUE TRENTON, NJ 086291986 22-3435844	INACTIVE	NJ	N/A	C					No
LANGHORNE SERVICES II INC 1201 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C					No

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

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LANGHORNE SERVICES INC 1201 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS,	PA	N/A	C					No
GATEWAY HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1505506	HEALTH CARE	PA	N/A	C					No
GATEWAY HEALTH PLAN INC OF OHIO 600 GRANT STREET PITTSBURGH, PA 15219 30-0282076	HEALTH CARE	PA	N/A	C					No
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C					No
HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	HEALTH CARE BILLING	NJ	N/A	C					No
LOURDES MEDEICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C					No
JEANNETTE MEDICAL PROVIDERS 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 25-1787334	HOLDING COMPANY	PA	N/A	C					No
JEANNETTE OBGYN GROUP 1 INC 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 23-2890748	HOLDING COMPANY	PA	N/A	C					No
JEANNETTE PRIMARY CARE GROUP 1 INC 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 23-2890743	HOLDING COMPANY	PA	N/A	C					No
GEORGIA HEALTH ENTERPRISES LLC 1230 BAXTER STREET ATHENS, GA 30606 54-1806329	HEALTHCARE	GA	N/A	C					No
ST MARY'S HIGHLAND HILLS VILLAGE INC 1660 JENNINGS MILL PKLY BOGART, GA 30622 58-2276801	ASSISTED LIVING	GA	N/A	C					No
GHE PHYSICIANS PC 3500 PIEDMONT ROAD ATLANTA, GA 30305 58-2277939	PRACTICE MANAGEMENT	GA	N/A	C					No
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE HIGHWA, FL 333080000 59-1145192	MEDICAL SERVICES	FL	N/A	C					No
MERCY PHYSICIAN GROUP INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 20-2970015	HEALTH CARE	FL	N/A	C					No
STELLA MARIS INSURANCE COMPANY LIMITED PO BOX 69 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0078266	INSURANCE	CJ	N/A	C					No

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

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CATHOLIC HEALTH EAST SENIOR SERVICES 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 37-1572595	SENIOR SERVICES	PA	N/A	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRINITY HEALTH CORPORATION	E	30,000,000	PER BOOKS
TRINITY HEALTH CORPORATION	M	67,455,402	PER BOOKS
TRINITY HEALTH CORPORATION	P	68,967,126	PER BOOKS
TRINITY HEALTH CORPORATION	Q	1,930,377	PER BOOKS
TRINITY HEALTH CORPORATION	R	21,707,011	PER BOOKS
TRINITY HEALTH CORPORATION	B	17,082,000	PER BOOKS
MOUNT CARMEL COLLEGE OF NURSING	B	694,735	PER BOOKS
MOUNT CARMEL COLLEGE OF NURSING	K	1,802,411	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM FOUNDATION	C	384,422	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM FOUNDATION	L	907,961	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM FOUNDATION	K	155,691	PER BOOKS
DILEY RIDGE MEDICAL CENTER	A	458,240	PER BOOKS
DILEY RIDGE MEDICAL CENTER	L	1,585,348	PER BOOKS
MOUNT CARMEL HEALTH PROVIDERS INC	A	1,093,081	PER BOOKS
MOUNT CARMEL HEALTH PROVIDERS INC	L	3,147,606	PER BOOKS
MOUNT CARMEL HEALTH PROVIDERS INC	M	1,466,467	PER BOOKS
MOUNT CARMEL HEALTH PROVIDERS INC	P	1,224,012	PER BOOKS
MOUNT CARMEL HEALTH PROVIDERS INC	K	7,525,502	PER BOOKS
TRINITY HEALTH - MICHIGAN	L	127,779	PER BOOKS
TRINITY HEALTH - MICHIGAN	M	2,012,368	PER BOOKS
TRINITY HEALTH - MICHIGAN	Q	55,662	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	L	220,830	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	L	1,191,771	PER BOOKS
TRINITY HOME HEALTH SERVICES INC	P	141,158	PER BOOKS
MOUNT CARMEL HEALTH PLAN INC	K	7,268,206	PER BOOKS

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MOUNT CARMEL HEALTH PLAN INC	C	20,000,000	PER BOOKS
MCE MOB IV LIMITED PARTNERSHIP	C	259,116	PER TAX RETURN
MCMC POB III LIMITED PARTNERSHIP	C	1,129,334	PER TAX RETURN
CENTRAL OHIO SLEEP MEDICINE LTD	C		PER TAX RETURN
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	C	1,817,836	PER TAX RETURN
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP	C	76,230	PER TAX RETURN
MOUNT CARMEL HEALTH PLAN INC	L	79,141,989	PER BOOKS
MEDILUCENT MOB I	C	87,500	PER TAX RETURN
ST ANN'S MEDICAL OFFICE BUILDING II LIMITED PARTNERSHIP	C	121,935	PER TAX RETURN
MOUNT CARMEL HEALTH INSURANCE COMPANY	L	584,172	PER BOOKS

Mount Carmel Health System Columbus, Ohio

(A member of CHE Trinity Health)

Consolidated Financial Statements for the
Years Ended June 30, 2013 and 2012, and
Independent Auditors' Report

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of CHE Trinity Health)

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1-2
CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2013 AND 2012	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4-6
Consolidated Statements of Cash Flows	7-8
Notes to Consolidated Financial Statements	9-37

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Mount Carmel Health System
Columbus, OH

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

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mount Carmel Health System as of June 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Emphasis-of-Matter

As discussed in Note 2 to the consolidated financial statements, the Corporation adopted the presentation and disclosure requirements of Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, and changed its presentation of the provision for bad debts in the consolidated statements of operations and changes in net assets. Our opinion is not modified with respect to this matter.

Deloitte & Touche LLP

October 31, 2013

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of CHE Trinity Health)

CONSOLIDATED BALANCE SHEETS
JUNE 30, 2013 AND 2012
(In thousands)

	2013	2012
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 91.732	\$ 149.527
Investments	267.528	214.602
Investment in Trinity Health corporate pooled investment program	326.065	319.691
Assets limited or restricted as to use by donors — current portion	427	794
Patient accounts receivable, net of allowance for doubtful accounts of \$46.9 million and \$36.6 million in 2013 and 2012, respectively	115.508	136.023
Estimated receivables from third-party payors	10.038	1.953
Other receivables	27.805	25.961
Receivables from affiliates	376	822
Inventories	17.704	16.779
Prepaid expenses and other current assets	<u>5.233</u>	<u>4.467</u>
Total current assets	862.416	870.619
ASSETS LIMITED OR RESTRICTED AS TO USE — NON-CURRENT PORTION		
Self-insurance, benefit plans and other	14.070	11.897
By Board	347.931	321.568
By Donors	<u>8.527</u>	<u>7.149</u>
Total assets limited or restricted as to use — non-current portion	370.528	340.614
PROPERTY AND EQUIPMENT — Net	551.818	479.248
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	19.799	19.117
GOODWILL	39.636	32.145
INTANGIBLE ASSETS — Net of accumulated amortization of \$12.8 million and \$10.8 million in 2013 and 2012, respectively	5.285	5.659
PREPAID CHARGES FOR SHARED INFORMATION SERVICES	54.009	53.850
OTHER ASSETS	<u>8.041</u>	<u>8.395</u>
TOTAL ASSETS	<u><u>\$ 1,911.532</u></u>	<u><u>\$ 1,809.647</u></u>

The accompanying notes are an integral part of the consolidated financial statements

	2013	2012
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current portion of long-term debt	\$ 1,760	\$ 258
Current portion of notes payable to Trinity Health	8,791	11,066
Accounts payable	70,155	74,930
Accrued expenses	24,253	24,900
Deferred revenue	658	29,932
Salaries, wages and related liabilities	52,902	55,955
Estimated payables to third-party payors	<u>25,653</u>	<u>27,216</u>
Total current liabilities	184,172	224,257
LONG-TERM DEBT — Net of current portion	2,213	610
NOTES PAYABLE TO TRINITY HEALTH — Net of current portion	470,235	447,282
OTHER LONG-TERM LIABILITIES	<u>17,139</u>	<u>15,956</u>
Total liabilities	673,759	688,105
NET ASSETS		
Unrestricted	1,220,107	1,108,487
Non-controlling ownership interest in subsidiaries	<u>8,711</u>	<u>5,112</u>
Total unrestricted net assets	1,228,818	1,113,599
Temporarily restricted	6,447	5,923
Permanently restricted	<u>2,508</u>	<u>2,020</u>
Total net assets	<u>1,237,773</u>	<u>1,121,542</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 1,911,532</u>	<u>\$ 1,809,647</u>

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of CHE Trinity Health)

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2013 AND 2012
(In thousands)

	2013	2012
UNRESTRICTED REVENUE		
Patient service revenue, net of contractual and other allowances	\$ 1,089,182	\$ 1,101,662
Provision for bad debts	<u>(90,922)</u>	<u>(91,959)</u>
Net patient service revenue less provision for bad debts	998,260	1,009,703
Net premium revenue	388,006	357,538
Net assets released from restrictions	1,131	1,247
Other revenue	<u>76,960</u>	<u>56,874</u>
Total unrestricted revenue	1,464,357	1,425,362
EXPENSES		
Salaries and wages	454,809	459,470
Employee benefits	98,419	96,293
Contract labor	<u>19,520</u>	<u>19,830</u>
Total labor expenses	572,748	575,593
Supplies	229,052	233,023
Medical losses	238,187	210,245
Purchased services	172,964	165,648
Depreciation and amortization	74,346	73,966
Occupancy	52,222	55,094
Interest	17,286	16,546
Other	<u>35,153</u>	<u>41,638</u>
Total expenses	<u>1,391,958</u>	<u>1,371,753</u>
OPERATING INCOME	72,399	53,609
NON-OPERATING ITEMS		
Earnings (loss) on investments in corporate pooled investment program	44,370	(5,080)
Investment income	18,245	4,647
Other — including income tax expense	<u>(3,398)</u>	<u>(3,262)</u>
Total non-operating items	<u>59,217</u>	<u>(3,695)</u>
EXCESS OF REVENUE OVER EXPENSES	131,616	49,914
Less excess revenue over expenses attributable to noncontrolling interest	<u>3,587</u>	<u>1,596</u>
EXCESS OF REVENUE OVER EXPENSES NET OF NON-CONTROLLING INTEREST	<u>\$ 128,029</u>	<u>\$ 48,318</u>

The accompanying notes are an integral part of the consolidated financial statements

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of Trinity Health)

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2013
(In thousands)

	Controlling Interest	Non-controlling Interest	Total
UNRESTRICTED NET ASSETS			
Excess of revenue over expenses	\$ 128,029	\$ 3,584	\$ 131,613
Net assets released from restrictions for capital acquisitions	913	-	913
Transfers to Trinity Health and affiliates	(17,082)	-	(17,082)
Other	<u>(240)</u>	<u>15</u>	<u>(225)</u>
Increase in unrestricted net assets	<u>111,620</u>	<u>3,599</u>	<u>115,219</u>
TEMPORARILY RESTRICTED NET ASSETS			
Contributions	2,456	-	2,456
Net investment gain	112	-	112
Net assets released from restrictions	<u>(2,044)</u>	<u>-</u>	<u>(2,044)</u>
Increase in temporarily restricted net assets	<u>524</u>	<u>-</u>	<u>524</u>
PERMANENTLY RESTRICTED NET ASSETS			
Contributions for endowment funds	463	-	463
Net investment gain	<u>25</u>	<u>-</u>	<u>25</u>
Increase in permanently restricted net assets	<u>488</u>	<u>-</u>	<u>488</u>
INCREASE IN NET ASSETS	112,632	3,599	116,231
NET ASSETS — Beginning of year	<u>1,116,430</u>	<u>5,112</u>	<u>1,121,542</u>
NET ASSETS — End of year	<u>\$ 1,229,062</u>	<u>\$ 8,711</u>	<u>\$ 1,237,773</u>

The accompanying notes are an integral part of the consolidated financial statements

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of CHE Trinity Health)

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2012
(In thousands)

	Controlling Interest	Non-controlling Interest	Total
UNRESTRICTED NET ASSETS			
Excess of revenue over expenses	\$ 48,318	\$ 1,596	\$ 49,914
Net assets released from restrictions for capital acquisitions	228	-	228
Transfers to Trinity Health and affiliates	(13,915)	(35)	(13,950)
Other	<u>326</u>	<u>46</u>	<u>372</u>
Increase in unrestricted net assets	<u>34,957</u>	<u>1,607</u>	<u>36,564</u>
TEMPORARILY RESTRICTED NET ASSETS			
Contributions	2,796	-	2,796
Net investment gain	23	-	23
Net assets released from restrictions	<u>(1,475)</u>	<u>-</u>	<u>(1,475)</u>
Increase in temporarily restricted net assets	<u>1,344</u>	<u>-</u>	<u>1,344</u>
PERMANENTLY RESTRICTED NET ASSETS			
Contributions for endowment funds	244	-	244
Net investment gain	<u>9</u>	<u>-</u>	<u>9</u>
Increase in permanently restricted net assets	<u>253</u>	<u>-</u>	<u>253</u>
INCREASE IN NET ASSETS	36,554	1,607	38,161
NET ASSETS — Beginning of year	<u>1,079,876</u>	<u>3,505</u>	<u>1,083,381</u>
NET ASSETS — End of year	<u>\$ 1,116,430</u>	<u>\$ 5,112</u>	<u>\$ 1,121,542</u>

The accompanying notes are an integral part of the consolidated financial statements

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of CHE Trinity Health)

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2013 AND 2012
(In thousands)

	2013	2012
OPERATING ACTIVITIES		
Increase in net assets	\$ 116,231	\$ 38,161
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Transfers to Trinity Health and affiliates	17,082	13,915
Net realized gains on investments	(13,257)	(3,163)
Change in holding losses on trading securities	1,415	4,596
Change in net unrealized and realized (gains) and losses on investment in Trinity Health corporate pooled investment program	(37,146)	13,239
Restricted contributions and investment income received	(1,606)	(2,059)
Depreciation and amortization	74,346	73,966
Provision for bad debts	90,922	91,959
Undistributed equity earnings from unconsolidated affiliates	(7,752)	(5,003)
Gain on acquisition of joint venture	(4,431)	
Gain on disposals of property and equipment	(875)	(173)
Changes in		
Patient accounts receivable	(70,408)	(111,657)
Estimated receivables/payables from third-party payors — net	(9,648)	(2,606)
Other assets	(15,104)	(1,181)
Accounts payable, accrued expenses, and deferred revenue	(37,362)	50,096
Other liabilities	<u>1,183</u>	<u>908</u>
Total adjustments	<u>(12,641)</u>	<u>122,837</u>
Net cash provided by operating activities	<u>103,590</u>	<u>160,998</u>

(Continued)

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of CHE Trinity Health)

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2013 AND 2012
(In thousands)

	2013	2012
INVESTING ACTIVITIES		
Purchases of investments	\$ (252,331)	\$ (141,499)
Proceeds from sales of investments	204,697	112,049
Purchases of property and equipment	(132,492)	(68,875)
Proceeds from disposals of property and equipment	2,914	924
Acquisition and disposition of joint ventures, net	(2,204)	-
Change in investment in Trinity Health corporate pooled investment program	7,714	(31,151)
Distributions received on equity method investments	3,463	-
Dividends received from investments in unconsolidated affiliates and other changes	424	3,610
Decrease (increase) in assets limited as to use	<u>52</u>	<u>(682)</u>
Net cash used in investing activities	<u>(167,763)</u>	<u>(125,624)</u>
FINANCING ACTIVITIES		
Proceeds from issuance of debt	31,880	59,270
Transfers to Trinity Health and affiliates	(17,082)	(13,914)
Repayments of long-term debt	(10,027)	(10,191)
Proceeds from restricted contributions and restricted investment income	<u>1,607</u>	<u>2,059</u>
Net cash provided by financing activities	<u>6,378</u>	<u>37,224</u>
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(57,795)	72,598
CASH AND CASH EQUIVALENTS — Beginning of year	<u>149,527</u>	<u>76,929</u>
CASH AND CASH EQUIVALENTS — End of year	<u><u>\$ 91,732</u></u>	<u><u>\$ 149,527</u></u>
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Cash paid for interest (net of amounts capitalized)	<u>\$ 20,913</u>	<u>\$ 19,561</u>
Cash paid for income taxes	<u>\$ 100</u>	<u>\$ 115</u>
Capital lease obligations for buildings and equipment	<u>\$ 1,835</u>	<u>\$ -</u>
Accruals for purchases of property, equipment, and other long-term assets	<u>\$ 7,335</u>	<u>\$ 7,722</u>

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

MOUNT CARMEL HEALTH SYSTEM
COLUMBUS, OHIO
(A member of CHE Trinity Health)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2013 AND 2012

1. ORGANIZATION AND MISSION

Mount Carmel Health System (the "Corporation"), an Ohio not-for-profit corporation, owns and operates four acute care hospitals in central Ohio containing 1,236 beds and various other acute and nonacute health services providers, as well as a licensed health maintenance organization. The Corporation provides services to patients who reside in central Ohio. Not-for-profit member organizations include Mount Carmel Health, St. Ann's Hospital, Mount Carmel New Albany Surgical Hospital, Diley Ridge Medical Center, Mount Carmel Care Continuum Services Corporation, Mount Carmel College of Nursing, Mount Carmel Health System Foundation and Mount Carmel Health Plan, Inc., a licensed health maintenance organization. For-profit member organizations include Mount Carmel Health Providers, Inc. (doing business as Mount Carmel Medical Group), Mount Carmel Health Partners, Inc., Mount Carmel Health Insurance Company, Mount Carmel Urgent Care, Central Ohio Sleep Medicine, Ltd. and Big Run Medical Office Building. The Corporation and certain of its wholly owned subsidiaries also participate in various limited liability companies and partnerships of which certain are controlled joint ventures (controlled entities are consolidated). The Corporation is a member of CHE Trinity Health, an Indiana not-for-profit corporation, sponsored by Catholic Health Ministries ("CHM"), a Public Juridic Person of the Holy Roman Catholic Church.

Effective May 1, 2013, Trinity Health and Catholic Health East, a Pennsylvania nonprofit corporation, consolidated to form CHE Trinity Health, Inc., a unified Catholic national health system that enhances the mission of service to people and communities across the United States.

There are significant related party transactions with Trinity Health and its ministry organizations.

The mission statement for the Corporation is as follows:

We, CHE Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Community Benefit Ministry — Consistent with its mission, the Corporation provides medical care to all patients regardless of their ability to pay. In addition, the Corporation provides services intended to benefit the poor and underserved, including those persons who cannot afford health insurance or other payments such as copays and deductibles because of inadequate resources and/or are uninsured or underinsured, and to improve the health status of the communities in which it operates. The following summary has been prepared in accordance with the Catholic Health Association of the United States' ("CHA"), *A Guide for Planning and Reporting Community Benefit*, 2012 Edition.

The following table presents the quantifiable costs of the Corporation's community benefit ministry for the years ended June 30

	2013	2012
	(in thousands)	
Ministry for the poor and underserved		
Charity care at cost	\$ 30,303	\$ 33,039
Unpaid cost of Medicaid and other public programs	41,835	34,620
Programs for the poor and underserved		
Community health services	2,422	2,091
Subsidized health services	1,145	1,028
Financial contributions	453	498
Community building activities	<u>12</u>	<u>16</u>
Total programs for the poor and underserved	<u>4,032</u>	<u>3,633</u>
Ministry for the poor and underserved	<u>76,170</u>	<u>71,292</u>
Ministry for the broader community		
Community health services	537	433
Health professions education	14,093	14,513
Subsidized health services	1,439	1,473
Research	435	450
Financial contributions	145	63
Community building activities	1,385	433
Community benefit operations	<u>160</u>	<u>205</u>
Ministry for the broader community	<u>18,194</u>	<u>17,570</u>
Community benefit ministry	<u>\$ 94,364</u>	<u>\$ 88,862</u>

The Corporation provides a significant amount of uncompensated care to its uninsured and underinsured patients that is reported as bad debt at cost and not included in the amounts reported above. During the years ended June 30, 2013 and 2012, the Corporation reported bad debt at cost (determined using a cost to charge ratio applied to the provision for bad debts) of \$31.6 million and \$31.5 million, respectively.

Ministry for the poor and underserved represents the financial commitment to seek out and serve those who need help the most, especially the poor, the uninsured and the indigent. This is done with the conviction that health care is a basic human right.

Ministry for the broader community represents the cost of services provided for the general benefit of the communities in which the Corporation operates. Many programs are targeted toward populations that may be poor, but also include those areas that may need special health services and support. These programs are not intended to be financially self-supporting.

Charity care at cost represents the cost of services provided to patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. A patient is classified as a charity patient in accordance with the Corporation's established policies as further described in Note 4, Net Patient Service Revenue. The cost of charity care is calculated using a cost to charge ratio methodology.

Unpaid cost of Medicaid and other public programs represents the cost (determined using a cost to charge ratio) of providing services to beneficiaries of public programs, including state Medicaid and indigent care programs, in excess of governmental and managed care contract payments

Community health services are activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include community health education, free immunization services, free or low cost prescription medications and rural and urban outreach programs. The Corporation actively collaborates with community groups and agencies to provide such services to assist those in need.

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

Subsidized health services are net costs for billed services that are subsidized by the Corporation. These include services offered despite a financial loss because they are needed in the community and either other providers are unwilling to provide the services or the services would otherwise not be available in sufficient amount. Examples of services include free-standing community clinics, hospice care, mobile units and behavioral health services.

Research includes unreimbursed clinical and community health research and studies on health care delivery.

Financial contributions are made by the Corporation on behalf of the poor and underserved to community agencies. These amounts include special system-wide funds used for charitable activities as well as resources contributed directly to programs, organizations and foundations for efforts on behalf of the poor and underserved. Amounts included here also represent certain in-kind donations.

Community building activities include the costs of programs that improve the physical environment, promote economic development, enhance other community support systems, develop leadership skills training and build community coalitions.

Community benefit operations include costs associated with dedicated staff, community health needs and/or asset assessments and other costs associated with community benefit strategy and operations.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation — The consolidated financial statements include the accounts of the Corporation and all wholly-owned, majority-owned and controlled organizations. Investments that are not controlled by the Corporation are accounted for using the equity method of accounting. The Corporation has included its equity share of income or losses from investments in unconsolidated affiliates in other revenue in the consolidated statements of operations and changes in net assets. All material intercompany transactions and account balances have been eliminated in consolidation.

The accompanying consolidated financial statements present the financial position, results of operations and changes in net assets and cash flows for the Corporation and are not necessarily indicative of what the financial position, results of operations and changes in net assets and cash flows would have been if the Corporation had been operated as an unaffiliated corporation during the periods presented.

Use of Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Corporation to make assumptions, estimates and judgments that affect the amounts reported in the financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any. The Corporation considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following: recognition of net patient service revenue, which includes contractual allowances, the provision of bad debts and charity care, recorded values of investments and goodwill, and reserves for losses and expenses related to health care professional and general liability. Management relies on historical experience and other assumptions believed to be reasonable in making its judgments and estimates. Actual results could differ materially from those estimates.

Cash and Cash Equivalents — For purposes of the consolidated statements of cash flows, cash and cash equivalents include certain investments in locally held highly liquid debt instruments with original maturities of three months or less.

Investments — Investments, inclusive of assets limited or restricted as to use, include marketable debt and equity securities. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value and are classified as trading securities.

Investment Earnings — Investment earnings including realized gains and losses on investments, holding gains and losses on trading securities, and interest and dividends, are included in excess of revenue over expenses as non-operating items, unless the income or loss is restricted by donor or law.

Investment in Trinity Health Corporate Pooled Investment Program and Related Earnings — The Corporation invests certain of its funds in Trinity Health corporate pooled investment programs. The corporate pooled investment programs primarily invest in the following types of financial instruments: cash and cash equivalents, marketable equity securities (domestic and international), government bonds and notes, corporate bonds and notes (domestic and international), mutual funds, asset-backed securities, investments in commingled funds including those where Trinity Health is the only investor and other investments structured as limited liability corporations or partnerships. Commingled funds that hold securities directly are stated at the fair value of the underlying securities, as determined by the administrator, based on readily determinable market values or based upon net asset value, which is calculated using the most recent fund financial statements. Limited liability corporations and partnerships are accounted for under the equity method. Redemptions of certain limited liability corporations and partnerships may be made with written notice ranging from one month to two years. Earnings, including interest and dividends, equity earnings and realized and unrealized gains and losses on investment in the corporate pooled investment program, are allocated to the participants based upon each participant's weighted average percentage of the corporate pooled investment fund in which they are participating.

Derivative Financial Instruments — The Corporation periodically utilizes various financial instruments (e.g., options and swaps) to hedge interest rate risk, equity downside risk and other exposures. Management reviews the Corporation's hedging program, derivative position, and overall risk management on a regular basis. The Corporation only enters into transactions it believes will be highly effective at offsetting the underlying risk. The Corporation's policies prohibit trading in derivative financial instruments on a speculative basis.

Assets Limited as to Use — Assets set aside by the Board for future capital improvements, retirement of debt, and other purposes over which the Board retains control and may at its discretion subsequently use for other purposes, assets held by trustees under certain agreements, and self-insurance trust and benefit plan arrangements are included in assets limited as to use

Donor-Restricted Gifts — Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the consolidated statements of operations and changes in net assets.

Inventories — Inventories are stated at the lower of cost or market. The cost of inventories is determined principally by the weighted average cost method.

Property and Equipment — Property and equipment, including internal-use software, are recorded at cost, if purchased, or at fair value at the date of donation, if donated. Depreciation is recorded over the estimated useful life of each class of depreciable asset and is computed using the straight-line method and includes capital lease and internal-use software amortization. The useful lives of these assets range from 2 to 40 years. Interest costs incurred during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support.

Goodwill — Goodwill represents the future economic benefits arising from assets acquired in a business combination that are not individually identified and separately recognized.

Intangible Assets — Intangible assets include various non-compete agreements and patient records, which are stated at their estimated fair value at the date of acquisition. The assets are definite lived. The assets are amortized using the straight-line method over their estimated useful lives, which range from 3 to 22 years.

Asset Impairment

Property and Equipment — Impairment testing is performed following a triggering event or whenever events or changes in circumstances indicate an asset's carrying value may not be recoverable.

Goodwill — Goodwill is tested for impairment on an annual basis or when an event or change in circumstance indicates the value of a reporting unit may have changed. Testing is conducted at the reporting unit level. There is a two-step process for determining goodwill impairment. Step one compares the carrying value of each reporting unit with its fair value. If this test indicates the fair value is less than the carrying value, then step two is required. Step two compares the implied fair value of the reporting unit's goodwill with the carrying value of reporting unit's goodwill. The Corporation estimates the fair value of its reporting units using a discounted cash flow analysis.

Definite-Lived Intangible Assets — Impairment testing is performed on definite-lived intangible assets if events or changes in circumstances indicate that the asset might be impaired. The Corporation estimates the fair value of its intangible assets using an undiscounted cash flow analysis.

The following table provides information on changes in the carrying amount of goodwill, which is included in the accompanying consolidated financial statements of the Corporation as of June 30.

	2013	2012
	(in thousands)	
As of July 1:		
Goodwill	\$ 32.145	\$ 32.145
Goodwill acquired during the year	<u>7.491</u>	<u>-</u>
Total	<u><u>\$ 39.636</u></u>	<u><u>\$ 32.145</u></u>
As of June 30:		
Goodwill	<u><u>\$ 39.636</u></u>	<u><u>\$ 32.145</u></u>

The following table provides information regarding other intangible assets, which are included in the accompanying consolidated balance sheets of the Corporation as of June 30, 2013 and 2012.

	(in thousands)		
	Gross		
	Carrying	Accumulated	Net Book
	Amount	Amortization	Value
As of June 30, 2013			
Definite-lived intangible assets			
Noncompete agreements	\$ 17.845	\$ 12.644	\$ 5.201
Patient records	<u>233</u>	<u>149</u>	<u>84</u>
Total definite-lived intangible assets	<u><u>\$ 18.078</u></u>	<u><u>\$ 12.793</u></u>	<u><u>\$ 5.285</u></u>
	(in thousands)		
	Gross		
	Carrying	Accumulated	Net Book
	Amount	Amortization	Value
As of June 30, 2012			
Definite-lived intangible assets			
Noncompete agreements	\$ 16.115	\$ 10.587	\$ 5.528
Patient records	<u>318</u>	<u>187</u>	<u>131</u>
Total definite-lived intangible assets	<u><u>\$ 16.433</u></u>	<u><u>\$ 10.774</u></u>	<u><u>\$ 5.659</u></u>

The following is a schedule of estimated future amortization of definite-lived intangible assets as of June 30, 2013

<u>Years Ending June 30</u>	<u>(in thousands)</u>
2014	\$ 2,287
2015	1,341
2016	425
2017	425
2018	250
Thereafter	<u>557</u>
Total	<u>\$ 5,285</u>

Prepaid Charges for Shared Information Services — The Corporation invests in information systems that are shared by all ministry organizations of Trinity Health. Prepaid charges represent the prorated portion of the net book value of shared information systems and include hardware, software and other capital expenses, net of accumulated depreciation on these assets. Shared information systems are recorded at cost and depreciated over the estimated useful life of the assets using the straight line method. Useful lives range from four to ten years.

Intercompany Loan Program — The Corporation has the ability to borrow funds through the Trinity Health intercompany loan program. Loans under this program accrue interest at a variable rate determined quarterly. Interest and principal are paid monthly to Trinity Health under provisions of the loan agreement.

Temporarily and Permanently Restricted Net Assets — Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

Patient Accounts Receivable, Estimated Receivables from and Payables to Third-Party Payors and Net Patient Service Revenue — The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from established rates. Patient accounts receivable and net patient service revenue are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Estimated retroactive adjustments under reimbursement agreements with third-party payors are included in net patient service revenue and estimated receivables from and payables to third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Estimated receivables from third party payors include amounts receivable from Medicare and Ohio Medicaid meaningful use programs.

Allowance for Doubtful Accounts — The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though the Corporation does not assess the patient's ability to pay at that time. As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts). The Corporation establishes an allowance to reduce the carrying value of receivables from uninsured patients that do not qualify for charity care to their estimated net realizable value. This allowance is established based on the aging of accounts receivable and the historical collection experience of the Corporation for each type of payor. A significant portion of the Corporation's provision for doubtful accounts relates to self-pay patients as well as co-payments and deductibles owed to the Corporation by patients with insurance.

Other Long-Term Liabilities — Other long-term liabilities include deferred compensation, asset retirement obligations and abandoned lease liabilities

Premium Revenue — The Corporation has wholly owned subsidiaries that arrange for the delivery of health care services to enrollees through various contracts with providers and common provider entities. Enrollee contracts are negotiated on a yearly basis. Premiums are due monthly and are recognized as revenue during the period in which the Corporation is obligated to provide services to enrollees. Premiums received prior to the period of coverage are recorded as deferred revenue and included in accrued expenses in the consolidated balance sheets.

Reserves for incurred but not reported claims have been established to cover the unpaid costs of health care services covered under the premium arrangements. The premium arrangement reserves are classified with accrued expenses in the consolidated balance sheets. The liability is estimated based on actuarial studies, historical reporting and payment trends. Subsequent actual claim experience will differ from the estimated liability due to variances in estimated and actual utilization of health care services, the amount of charges and other factors. As settlements are made and estimates are revised, the differences are reflected in current operations.

Income Taxes — The Corporation and substantially all of its subsidiaries have been recognized as tax-exempt pursuant to Section 501(a) of the Internal Revenue Code. The Corporation also has taxable subsidiaries, which are included in the consolidated financial statements. The Corporation includes penalties and interest, if any, with its provision for income taxes in other non-operating items in the consolidated statements of operations and changes in net assets.

Excess of Revenue Over Expenses — The consolidated statement of operations and changes in net assets includes excess of revenue over expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, include the effective portion of the change in market value of derivatives that meet hedge accounting requirements, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets received or gifted (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets), net change in postretirement plan related items, extraordinary items and cumulative effects of changes in accounting principles.

Adopted Accounting Pronouncements —

On July 1, 2012, the Corporation adopted Accounting Standard Update (“ASU”) 2011-04, “Fair Value Measurement (Topic 820) Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs.” This guidance amends the fair value disclosure requirements regarding transfers between Level 1 and Level 2 of the fair value hierarchy and also the categorization by level of the fair value hierarchy for items that are not measured at fair value in the financial statements but for which the fair value is required to be disclosed. The adoption of this guidance resulted in additional disclosures in the footnotes to the Corporation’s consolidated financial statements.

On July 1, 2012, the Corporation adopted ASU 2011-07, “Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and Allowance for Doubtful Accounts for Certain Health Care Entities.” This guidance requires certain health care entities to present the provision for bad debts related to patient service revenues as a deduction from revenue, net of contractual allowances and discounts, as opposed to an expense in the statement of operations. In addition, it also requires enhanced disclosures regarding revenue recognition policies and the assessment of bad debt. The adoption of this guidance resulted in a reduction of net patient service revenue, operating revenue and operating expense but had no impact on operating income in the statement of

operations and changes in net assets. All periods presented have been reclassified in accordance with the provisions of ASU 2011-07. The adoption of this guidance also resulted in additional disclosures as presented in the allowance for doubtful accounts policy within Note 2 and net patient service revenue disclosures presented within Note 4.

On July 1, 2012, the Corporation adopted ASU 2011-08, "Intangibles-Goodwill and Other (Topic 350) Testing Goodwill for Impairment". This guidance provides entities the option of first assessing qualitative factors about the likelihood of goodwill impairment to determine whether further impairment assessment is necessary. The adoption of this guidance had no impact on the Corporation's consolidated financial statements.

Forthcoming Accounting Pronouncements —

In December 2011, the FASB issued ASU 2011-11, "*Disclosures About Offsetting Assets and Liabilities*". This guidance contains new disclosure requirements regarding the nature of an entity's rights of setoff and related arrangements associated with its financial instruments and derivative instruments. This guidance is effective for the Corporation beginning July 1, 2013 and retrospective application is required. The Corporation does not expect this guidance to have an impact on its consolidated financial statements.

In July 2012, the FASB issued ASU 2012-02, "*Intangibles Goodwill and Other (Topic 350) Testing Indefinite-Lived Intangible Assets for Impairment*". This guidance provides entities the option of first assessing qualitative factors about the likelihood that an indefinite-lived intangible asset is impaired to determine whether further impairment assessment is necessary. It also enhances the consistency of the impairment testing guidance among long-lived asset categories by permitting entities to assess qualitative factors to determine whether it is necessary to calculate the asset's fair value when testing an indefinite-lived intangible asset for impairment. This guidance is effective for the Corporation beginning July 1, 2013 with early adoption permitted. The Corporation does not expect this guidance to have an impact on its consolidated financial statements.

In October 2012, the FASB issued ASU 2012-05, "*Statement of Cash Flows (Topic 230) Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows*". This guidance provides clarification on how entities classify cash receipts arising from the sale of certain donated financial assets in the statement of cash flows. This guidance is effective for the Corporation beginning July 1, 2013 with early adoption permitted. The Corporation does not expect this guidance to have a material impact on its consolidated statement of cash flows.

In January 2013, the FASB issued ASU 2013-01, "*Clarifying the Scope of Disclosures About Offsetting Assets and Liabilities*". This guidance provides clarification on the scope of the offsetting disclosure requirements in ASU 2011-11. This guidance is effective for the Corporation beginning July 1, 2013 with early adoption permitted. The Corporation does not expect this guidance to have a material impact on its consolidated balance sheets.

In February 2013, the FASB issued ASU 2013-04, "*Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation is Fixed at the Reporting Date*". This guidance requires entities to measure obligations resulting from the joint and several liability arrangements for which the total amount of the obligation within the scope of this guidance is fixed at the reporting date. This guidance is effective for the Corporation beginning July 1, 2014 with early adoption permitted. The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements.

3. CONSOLIDATED AFFILIATES AND INVESTMENTS IN UNCONSOLIDATED AFFILIATES

Consolidated Affiliates — The Corporation consolidates certain affiliates even though ownership may be less than 51% based on control of these entities. The only significant consolidated affiliate with less than 51% ownership interest is Mount Carmel Health Partners with a 50% ownership interest.

Investments in Unconsolidated Affiliates — The Corporation and certain of its subsidiaries have investments in entities that are recorded under the equity method of accounting. At June 30, 2013, the Corporation maintained investments in 17 unconsolidated affiliates with ownership interests ranging from 3% to 50%. The Corporation's share of equity earnings from these entities accounted for under the equity method was \$7.8 million and \$5.0 million for the years ended June 30, 2013 and 2012, respectively, which is included in other revenue in the consolidated statements of operations and changes in net assets.

Unconsolidated affiliates include six medical office building partnerships, two outpatient and diagnostic service centers, four ambulatory surgery centers and five other investees. Many of these unconsolidated affiliates maintain their own indebtedness, some of which are guaranteed by the Corporation as more fully described in Note 10, Commitments and Contingencies. The unaudited summarized financial position and results of operations of investments in unconsolidated affiliates, accounted for under the equity method, as of June 30 are as follows:

2013 (in thousands)					
	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Other Investees	Total
Total assets	\$ 39,370	\$ 6,469	\$ 20,338	\$ 41,134	\$ 107,311
Total debt	31,637	3,277	10,092	10,619	55,625
Net assets	3,460	2,949	7,908	26,081	40,398
Revenue — net	8,719	8,198	34,009	33,859	84,785
Excess of revenue over expenses	1,520	2,787	7,972	2,797	15,076

2012 (in thousands)					
	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Other Investees	Total
Total assets	\$ 49,083	\$ 8,798	\$ 19,058	\$ 38,817	\$ 115,756
Total debt	36,554	3,573	11,815	11,443	63,385
Net assets	7,755	4,234	4,543	23,645	40,177
Revenue — net	10,116	13,637	26,373	29,301	79,427
Excess of revenue over expenses	1,933	2,882	4,363	3,053	12,231

4. NET PATIENT SERVICE REVENUE

A summary of the payment arrangements with major third-party payors follows

Medicare — Acute inpatient and outpatient services rendered to Medicare program beneficiaries are paid primarily at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediaries.

Medicaid — Reimbursement for services rendered to Medicaid program beneficiaries includes prospectively determined rates per discharge, per diem payments, discounts from established charges, fee schedules, and cost reimbursement methodologies with certain limitations. Cost reimbursable items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediaries.

Other — Reimbursement for services to certain patients is received from commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for reimbursement includes prospectively determined rates per discharge, per diem payments, and discounts from established charges.

The Corporation recorded changes in estimates and removed estimated receivables from and/or payables to third-party payors that are no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations. These adjustments resulted in a \$1.0 million and \$1.7 million increase in net patient service revenue for the years ended June 30, 2013 and 2012, respectively.

Final settlements have not been received from Medicare for the years ended June 30, 2011 through 2013 and from Medicaid for the years ended June 30, 2008 through 2013. The Corporation is appealing various elements of final settlements dating to 1999.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs.

Charity Care — The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Corporation does not pursue collection of amounts determined to qualify for charity care, they are not reported as net patient service revenue in the consolidated statements of operations and changes in net assets.

Patient service revenues, net of contractual and other allowances (but before the provision for bad debts), recognized during the years ended June 30 is as follows

	2013	2012
	(in thousands)	
Blue Cross	\$ 173,562	\$ 169,247
Commercial	394,224	416,786
Medicare	350,211	343,661
Medicaid	97,461	97,228
Uninsured	<u>73,724</u>	<u>74,740</u>
Total	<u>\$ 1,089,182</u>	<u>\$ 1,101,662</u>

A summary of net patient service revenue before the provision for bad debts for the years ended June 30 is as follows

	2013	2012
	(in thousands)	
Gross charges		
Acute inpatient	\$ 1,252,207	\$ 1,328,838
Outpatient, nonacute inpatient and other	1,293,088	1,296,059
Gross patient service revenue	2,545,295	2,624,897
Less		
Contractual and other allowances	(1,297,053)	(1,361,481)
Charity care charges	(117,188)	(126,011)
Allowance for self-insured health benefits	<u>(41,872)</u>	<u>(35,743)</u>
Net patient service revenue	<u>\$ 1,089,182</u>	<u>\$ 1,101,662</u>

In October 2012, the Corporation received cash of \$8.1 million, net of legal costs, as a result of an industry-wide settlement with the U.S. Department of Health and Human Services ("HHS"), the Secretary of HHS and the Centers for Medicare and Medicaid Services that corrects Medicare payments made to providers for inpatient hospital services for a number of prior periods. The net gain was recorded in patient service revenue, net of contractals and other allowances for the year ended June 30, 2013.

5. PROPERTY AND EQUIPMENT

A summary of property and equipment at June 30 is as follows

	2013	2012
	(in thousands)	
Land	\$ 48,530	\$ 45,460
Buildings and improvements	722,960	685,710
Equipment	<u>498,081</u>	<u>457,682</u>
Total	1,269,571	1,188,852
Less accumulated depreciation and amortization	(782,452)	(734,471)
Construction in progress	<u>64,699</u>	<u>24,867</u>
Property and equipment — net	<u>\$ 551,818</u>	<u>\$ 479,248</u>

At June 30, 2013, commitments to purchase property and equipment of approximately \$53.7 million were outstanding. At June 30, 2013, the Corporation had construction projects in progress with estimated costs of \$158.6 million of which \$73.9 million was incurred and is recorded in the accompanying consolidated balance sheets as of June 30, 2013.

6. LONG-TERM DEBT AND OTHER FINANCING ARRANGEMENTS

A summary of long-term debt at June 30 is as follows (in thousands)

	2013	2012
	(in thousands)	
Notes payable to Trinity Health, interest payable at rates ranging from 2.00% to 4.95% during 2013 and 2012, payable in varying monthly installments, due through 2048	\$479,026	\$458,348
Notes payable to banks, 6.7% fixed rate, payable monthly, due through 2013 and final balloon payment due August 2013	464	533
Recoursed debt related to patient loan program, at 12% with varying maturity dates	1,674	-
Capital lease obligations, at varying rates of imputed interest from 3.6% to 7.3%, due through 2017	<u>1,835</u>	<u>335</u>
Subtotal	482,999	459,216
Less current portion of long-term debt	<u>(10,551)</u>	<u>(11,324)</u>
Long-term debt	<u>\$472,448</u>	<u>\$447,892</u>

Contractually obligated principal repayments on long-term debt are presented below

<u>Years Ending June 30</u>	<u>(in thousands)</u>
2014	\$ 10,551
2015	10,434
2016	9,849
2017	10,177
2018	12,297
Thereafter	<u>429,691</u>
Total	<u>\$ 482,999</u>

A summary of interest costs on borrowed funds held by the trustee under the revenue bond indentures during the years ended June 30 is as follows

	<u>2013 (in thousands)</u>	<u>2012 (in thousands)</u>
Interest costs incurred	\$ 18,669	\$ 17,101
Less capitalized interest	<u>(1,383)</u>	<u>(555)</u>
Interest expense included in operations	<u>\$ 17,286</u>	<u>\$ 16,546</u>

Obligated Group and Other Requirements — Trinity Health has debt outstanding under a Master Trust Indenture dated July 1, 1998, as amended and supplemented thereto, the Amended and Restated Master Indenture (“ARMI”). The ARMI permits Trinity Health to issue obligations to finance certain activities. Obligations issued under the ARMI are general, direct obligations of Trinity Health and any future members of the Trinity Health Obligated Group. Proceeds from the tax-exempt bonds and refunding bonds are to be used to finance the construction, acquisition and equipping of capital improvements. Since the implementation of the ARMI, Trinity Health is the sole member of the Trinity Health Obligated Group. Certain ministry organizations of Trinity Health constitute Designated Affiliates and Trinity Health covenants to cause each Designated Affiliate to pay, loan or otherwise transfer to Trinity Health such amounts necessary to pay the amounts due on all obligations issued under the ARMI. The Corporation is a designated affiliate under the ARMI. Trinity Health, the Designated Affiliates and all other controlled affiliates are referred to as the Credit Group. Trinity Health has granted a security interest in certain pledged property and has caused not less than 85% of the Designated Affiliates representing, when combined with Trinity Health and any future members, not less than 85% of the consolidated net revenue of the Credit Group to grant to Trinity Health security interests in certain pledged property in order to secure all obligations issued under the ARMI. The aggregate amount of obligations outstanding using the ARMI (other than obligations that have been advance refunded) were \$3 billion at June 30, 2013 and June 30, 2012.

There are several conditions and covenants required by the ARMI with which Trinity Health must comply, including covenants that require Trinity Health to maintain a minimum debt service coverage and limitations on liens or security interests in property, except for certain permitted encumbrances, affecting the property of Trinity Health or any Material Designated Affiliate (a Designated Affiliate whose total revenues for the most recent fiscal year exceed 5% of the total revenues of the Credit Group for the most recent fiscal year). Long-term debt outstanding as of June 30, 2013 and June 30, 2012, excluding amounts issued under the ARMI, is generally collateralized by certain property and equipment.

Long-Term Debt Notes Payable to Trinity Health — In July 2012, the Corporation borrowed \$30.0 million under the Trinity Health intercompany loan program. The proceeds of this borrowing were used to expand and enhance facilities and patient care equipment.

7. ACCRUED EXPENSES

A summary of accrued expenses at June 30 is as follows:

	2013	2012
	(in thousands)	
Payable and incurred but not reported claims	\$ 19,190	\$ 13,131
Unsettled investment trades	-	2,569
Real estate taxes	2,272	6,212
Interest	8	13
Other	<u>2,783</u>	<u>2,975</u>
Total	<u>\$ 24,253</u>	<u>\$ 24,900</u>

8. PROFESSIONAL AND GENERAL LIABILITY PROGRAMS

The Corporation is a participant in a self-insured, pooled-risk professional and general liability program established for the ministry organizations of Trinity Health. As a result, the Corporation is self-insured for certain levels of general and professional liability, workers' compensation and certain other claims.

For the years ended June 30, 2013 and 2012, Trinity Health's self-insured limit was \$20 million per occurrence for the first layers of professional liability, as well as \$10 million per occurrence for hospital government liability, \$5 million per occurrence for errors and omissions liability and \$1 million per occurrence for directors' and officers' liability and the insured auto liability program. Additional layers of professional liability insurance were available with coverage provided through other insurance carriers and various reinsurance arrangements. The total amount available for these subsequent layers is \$100 million in aggregate. Trinity Health also insures \$500,000 in property damage liability with commercial insurance providing coverage up to \$1 billion.

The Corporation has contributed an amount to Trinity Health representing its share of the expected losses under the aforementioned programs and charged its contributions to expense. The liability for self-insurance reserves represents estimates of the ultimate net cost of all losses and loss adjustment expenses which are incurred but unpaid at the consolidated balance sheet date. The reserves are based on the loss and loss adjustment expense factors inherent in Trinity Health's premium structure. Independent consulting actuaries determined these factors from estimates of Trinity Health's expenses and available industry-wide data. Beginning in fiscal year 2013, Trinity Health began discounting the reserves to their present value using a discount rate of 3.0%. The impact of this change in assumption resulted in a reduction of \$4.4 million in the Corporation's insurance expense for fiscal year 2013. The reserves include estimates of future trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the liability for unpaid claims and related allocated loss adjustment expenses is adequate based on the loss experience of Trinity Health. The estimates are continually reviewed and adjusted as necessary.

Claims in excess of certain insurance coverage and the recorded self-insurance liability have been asserted against the Corporation by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. There are known incidents occurring through June 30, 2013 that may result in the assertion of additional claims and other claims may be asserted arising from services provided in the past. While it is possible that settlement of asserted claims and claims that may be asserted in the future could result in liabilities in excess of amounts for which the Corporation has provided, management, based upon the advice of Counsel, believes that the excess liability, if any, should not materially affect the consolidated financial position, operations or cash flows of the Corporation.

9. PENSION AND OTHER BENEFIT PLANS

Self-Insured Employee Health Benefits — Trinity Health administers self-insured employee health benefits plans for employees. The majority of the Corporation's employees participate in the plans. The provisions of the plans permit employees and their dependents to elect to receive medical care at either the Corporation's healthcare facilities or other health care providers. Gross patient service revenue has been reduced by an allowance for self-insured employee health benefits of \$41.9 million and \$35.7 million for 2013 and 2012, respectively, which represented revenue attributable to medical services provided by the Corporation to its employees and dependents in such years.

Deferred Compensation — The Corporation has nonqualified deferred compensation plans that permit eligible employees to defer a portion of their compensation. The deferred amounts are distributable in cash after retirement or termination of employment. At June 30, 2013 and 2012, the assets and liabilities under these plans totaled \$8.5 million and \$6.3 million, respectively.

Defined Contribution Benefits — The Corporation sponsors defined contribution pension plans covering substantially all of its employees. The plans include discretionary employer matching contributions of up to 3% of compensation. Effective January 1, 2013, the Corporation suspended the majority of employer matching contributions for the calendar year 2013. Employer and employee contributions are self-directed by plan participants in defined contribution plans. Contribution expense under the plans totaled approximately \$3.5 million and \$7.6 million during the years ended June 30, 2013 and 2012, respectively.

Noncontributory Defined Benefit Pension Plans ("Pension Plans") — Substantially all of the Corporation's employees participate in a qualified noncontributory defined benefit pension plan. The plans' assets are invested in equity securities, fixed income securities, money market investments, hedge funds, commingled funds directly holding securities, long/short equity, private equity funds and real estate. The plan is accounted for as a multiple-employer plan and has Church Plan status as defined in the Employee Retirement Income Security Act of 1974 ("ERISA"). As a multi-employer plan, the Corporation contributes an amount equal to its proportionate share of the annual expense of Trinity Health. For the years ended June 30, 2013 and 2012, net pension cost was \$23.3 million and \$16.4 million, respectively.

For the majority of plan participants prior to June 30, 2010, benefits were based on years of service and employees' highest five years of compensation at which time an accrued frozen benefit was calculated for all active participants. As of July 1, 2010, participants accrue benefits based on a cash balance formula, which credits participants annually with a percentage of eligible compensation based on age and years of service, as well as an interest credit based on a benchmark interest rate. A transition adjustment is provided to participants who were vested as of June 30, 2010 whose age and service met certain requirements at that date. The transition adjustment applied to the pension benefit earned through June 30, 2010 and increases compensation under the final average pay formula over a 5-year period.

Postretirement Health Care and Life Insurance Benefits (“Postretirement Plans”) — The Corporation participates in a contributory plan established to provide uniform, defined postretirement health benefits and life insurance (“retiree medical plan”) to certain retirees of organizations affiliated with Trinity Health. Effective January 1, 2011, Medicare eligible participants began receiving benefits under a Health Reimbursement arrangement. Benefits for participants are subject to deductibles and co-payment provisions. The plan’s assets are invested in equity securities, fixed income funds and money market investments. The plan is accounted for as a multi-employer plan. As a multi-employer plan, the Corporation contributes an amount equal to its proportionate share of the annual expense of Trinity Health. For the years ended June 30, 2013 and 2012, retiree medical plan expenses were \$0.5 million and \$0.7 million, respectively.

10. COMMITMENTS AND CONTINGENCIES

Operating Leases — The Corporation leases various land, equipment and facilities under operating leases. Total rental expense, which includes provisions for maintenance in some cases, for the years ended June 30, 2013 and 2012, was \$14.1 million and \$16.1 million, respectively.

Presented below is a schedule of future minimum lease payments under operating leases as of June 30, 2013, that have initial or remaining lease terms in excess of one year (in thousands):

Years Ending June 30

2014	\$ 10.424
2015	8.988
2016	6.663
2017	5.396
2018	3.093
Thereafter	<u>16.325</u>
Total	<u>\$ 50.889</u>

Operating Lease Obligation Liability — During the years ended June 30, 2013 and 2012, the Corporation incurred a lease loss liability related to certain real estate in which the Corporation has vacated the leased property. A reconciliation of lease obligations at June 30 is presented below:

	2013	2012
	(in thousands)	
Lease obligation liability — beginning of period	\$ 3.026	\$ 3.433
Accretion	133	193
Liabilities incurred	-	110
Cash paid	(1,023)	(740)
Other adjustments	<u>(303)</u>	<u>30</u>
Lease obligation liability — end of period	<u>\$ 1,833</u>	<u>\$ 3,026</u>

Guarantees — At June 30, 2013, the Corporation guarantees \$1.1 million of \$7.6 million outstanding affiliate entity debt. The guaranteed debt was used to finance equipment purchases and to finance or construct professional office buildings, including outpatient surgery centers, medical facilities and medical office buildings.

Asset Retirement Obligations — The Corporation has conditional asset retirement obligations for certain fixed assets mainly related to underground storage tanks and removal of asbestos contained within facilities. A reconciliation of asset retirement obligations at June 30 is presented below.

	2013	2012
	(in thousands)	
Asset retirement obligation — beginning of period	\$ 2,607	\$ 2,481
Accretion	<u>130</u>	<u>126</u>
Asset retirement obligation — end of period	<u>\$ 2,737</u>	<u>\$ 2,607</u>

Litigation — The Corporation is involved in litigation and regulatory investigations arising in the course of doing business. After consultation with legal Counsel, management estimates that these matters will be resolved without material adverse effect on the Corporation's future consolidated financial position or results of operations.

11. RELATED PARTY TRANSACTIONS

Trinity Health allocates the cost of centrally administered services to the Corporation. The Corporation also shares certain services with affiliates and other ministry organizations of Trinity Health. These services include information systems, benefits administration, treasury management, management of homecare, clinical engineering, patient financial services, accounts payable, laboratory services, transcription services and professional liability insurance. The composition of the related party transactions with Trinity Health and other ministry organizations was as follows:

	2013 (in thousands)	2012 (in thousands)
Amounts recorded in the consolidated balance sheets		
Investment in Trinity Health corporate pooled investment program	\$326,065	\$319,691
Assets limited or restricted as to use (less current portion)		
Self-insurance, benefit plans and other	8,510	6,310
By Board	<u>300,383</u>	<u>279,526</u>
Total investment in Trinity Health corporate pooled investment program	<u>634,958</u>	<u>605,527</u>
Other receivables	376	822
Prepaid charges for shared information systems	54,009	53,850
Intercompany Unified Accounts Payable Organization vendor payments	8,753	12,091
Accounts payable and accrued expenses	1,905	3,896
Estimated payables to third-party payors	12,869	15,314
Other long-term liabilities	8,510	6,310
Notes payable to Trinity Health	479,026	458,348
Amounts recorded in the consolidated statements of operations and changes in net assets		
Other revenue	1,606	1,802
Operating expenses		
Employee benefits	23,889	18,515
Salaries and wages	(52)	-
Contract labor	7,863	6,856
Purchased services		
Information services	50,107	46,284
Management and lab services	18,209	16,991
Revenue management services	4,079	3,691
Supply chain and accounts payable services	1,531	2,328
Depreciation and amortization	12,196	10,161
Interest	18,432	16,868
Insurance (included in other expenses)	6,274	10,745
Occupancy	10,305	11,178
Other expense	1,329	-
Non-operating (loss) income from Trinity Health corporate pooled investment program	45,281	(4,224)
Trinity Health corporate pooled investment program fees	(911)	(856)
Trinity Health cash payments for interest rate swaps, included in other non-operating items	(3,314)	(2,660)
Equity transfers of funds to Trinity Health	(17,082)	(13,915)

12. FAIR VALUE OF FINANCIAL INSTRUMENTS

The Corporation's consolidated financial statements reflect certain assets and liabilities recorded at fair value. Assets and liabilities measured at fair value on a recurring basis on the Corporation's consolidated balance sheets include cash, cash equivalents, marketable securities and interest rate swaps. Liabilities measured at fair value on a recurring basis for disclosure only include debt.

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. The fair value should be based on assumptions that market participants would use, including a consideration of non-performance risk.

To determine fair value, the Corporation uses various valuation methodologies based on market inputs. For many instruments, pricing inputs are readily observable in the market, the valuation methodology is widely accepted by market participants and involves little to no judgment. For other instruments, pricing inputs are less observable in the marketplace. These inputs can be subjective in nature and involve uncertainties and matters of considerable judgment. The use of different assumptions, judgments and/or estimation methodologies may have a material effect on the estimated fair value amounts.

The Corporation assesses the inputs used to measure fair value using a three level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. The fair value hierarchy is as follows:

Level 1 — Quoted (unadjusted) prices for identical instruments in active markets

Level 2 — Other observable inputs, either directly or indirectly, including

- Quoted prices for similar instruments in active markets
- Quoted prices for identical or similar instruments in non-active markets (few transactions, limited information, non-current prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the instrument (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data
- *Level 3* — Unobservable inputs that cannot be corroborated by observable market data

Valuation Methodologies — Exchange-traded securities whose fair value is derived using quoted prices in active markets are classified as Level 1. In instances where quoted market prices are not readily available, fair value is estimated using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. The inputs to these models depend on the type of security being priced but are typically benchmark yields, credit spreads, prepayment speeds, reported trades and broker-dealer quotes, all with reasonable levels of transparency. Generally, significant changes in any of those inputs in isolation would result in a significantly different fair value measurement. The Corporation classifies these securities as Level 2 within the fair value hierarchy.

In instances where the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Corporation's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset.

The Corporation maintains policies and procedures to value instruments using the best and most relevant data available. The Corporation's Level 3 securities are primarily investments in hedge funds. The fair values of Level 3 investments in these securities are predominately valued using net asset value per share which is provided by third-party pricing services, however, in some cases they are obtained directly from the investment fund manager. Prices obtained have not been adjusted. Third-party pricing services do not provide access to their proprietary valuation models, inputs and assumptions. Accordingly, the Corporation reviews the independent reports of internal controls for these administrators. In addition, on a quarterly basis, the Corporation performs reviews of investment consultant industry peer group benchmarking and supporting relevant market data. Finally, all of the fund managers of the Corporation's Level 3 securities have an annual independent audit performed by an accredited accounting firm. The Corporation reviews these audited financials for ongoing validation of pricing used. Based on the information available, it is believed the fair values provided by the third-party pricing services and investment fund managers are representative of prices that would be received to sell the assets at June 30, 2013 and 2012, respectively.

Investment in Corporate Pooled Investment Program — Trinity Health invests in various investment vehicles of which the Corporation has included in investment in corporate pooled investment program and assets limited or restricted as to use in the consolidated balance sheets including cash, cash equivalents and marketable securities described above.

The following is a description of the other instruments along with the related valuation methodologies Trinity Health uses.

Cash and Cash Equivalents — The carrying amounts reported in the consolidated balance sheets approximate their fair value. Certain cash and cash equivalents are included in investments and assets limited or restricted as to use in the consolidated balance sheets.

Commercial Paper — The fair value of commercial paper is based on amortized cost. Commercial paper is designated as Level 2 investments with significant observable inputs including security cost, maturity and credit rating. Commercial paper is classified as either cash and cash equivalents or marketable securities in the consolidated balance sheets depending upon the length to maturity when purchased.

Security Lending Collateral — The security lending collateral is invested in a Northern Trust sponsored commingled collateral fund, which is comprised primarily of short-term securities. The fair value amounts of the commingled collateral fund are determined using the calculated net asset value for the fund with the underlying investments valued using techniques similar to those used for marketable securities noted below.

Equity Securities — Equity securities are valued at the closing price reported on the applicable exchange on which the security is traded, or are estimated using quoted market prices for similar securities.

Debt Securities — Debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Mutual Funds — Mutual funds are valued using the net asset value based on the value of the underlying assets owned by the fund, minus liabilities, divided by the number of shares outstanding, and multiplied by the number of shares owned.

Commingled Funds — Commingled funds are developed for investment by institutional investors only and therefore do not require registration with the Securities and Exchange Commission. Commingled funds are recorded at fair value based on either the underlying investments that have a readily determinable market value or based on net asset value, which is calculated using the most recent fund financial statements. Commingled funds are categorized as Level 2 unless they have a redemption restriction greater than 90 days, in which case they are categorized as Level 3.

Hedge Funds — The Corporation invests in various hedge fund strategies. These funds utilize either a direct or a “fund-of-funds” approach resulting in diversified multi-strategy, multi-manager investments. Underlying investments in these funds may include equities, fixed income securities, commodities, currencies and derivatives. These funds are valued at net asset value, which is calculated using the most recent fund financial statements. Hedge funds are categorized as Level 2 unless they have a redemption restriction greater than 90 days in which case they are categorized as Level 3.

Equity Method Investments — The Corporation accounts for certain other investments using the equity method. These investments are structured as limited liability corporations and partnerships and are designed to produce stable investment returns regardless of market activity. These investments utilize a combination of “fund-of-funds” and direct fund investment resulting in a diversified multi-strategy, multi-manager investment approach. Some of these funds are developed by investment managers specifically for the Corporation’s use and are similar to mutual funds, but are not traded on a public exchange. Underlying investments in these funds may include other funds, equities, fixed income securities, commodities, currencies and derivatives. Audited information is only available annually based on the limited liability corporations, partnerships or funds’ year-end. Management’s estimates of the fair values of these investments are based on information provided by the third party administrators and fund managers or the general partners. Management obtains and considers the audited financial statements of these investments when evaluating the overall reasonableness of the recorded value. In addition to a review of external information provided, management’s internal procedures include such things as review of returns against benchmarks and discussions with fund managers on performance, changes in personnel or process, along with evaluations of current market conditions for these investments. Investment managers meet with Trinity Health’s Investment Subcommittee of the Finance and Stewardship Committee of the Board of Directors on a periodic basis. Because of the inherent uncertainty of valuations, values may differ materially from the values that would have been used had a ready market existed.

Interest Rate Swaps — The fair value of the Corporation’s interest rate swaps is estimated utilizing the terms of the swaps and publicly available market yield curves along with the Corporation’s nonperformance risk as observed through the credit default swap market and bond market and based on prices for recent trades. These swap agreements are classified as Level 2 within the fair value hierarchy.

The Corporation classifies its equity and debt securities, mutual funds and hedge funds as trading securities. Holding (losses) gains included in the excess of revenue over expenses for the periods ending June 30, 2013 and 2012 were approximately \$12.0 million and (\$26.5) million, respectively.

The following tables present information about the fair value of the Corporation's financial instruments measured at fair value on a recurring basis and recorded at June 30

	2013 (in thousands)			Total Fair Value
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Assets				
Cash and cash equivalents	\$ 65,559	\$ 33,117	\$ -	\$ 98,676
Marketable securities				
Equity securities	58,771	-	-	58,771
Debt securities				
U S and non-U S government debt securities	-	106,041	-	106,041
Debt securities	-	80,026	-	80,026
Asset backed securities	-	3,850	-	3,850
Mutual funds				
Equity mutual fund	43,801	-	-	43,801
Fixed income mutual fund	15,541	-	-	15,541
Other	4,869	-	-	4,869
Investment funds — equity funds	-	-	8,638	8,638
Total marketable securities	122,982	189,917	8,638	321,537
Total assets	\$188,541	\$223,034	\$8,638	\$420,213

	2012 (in thousands)			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets				
Cash and cash equivalents	\$111,876	\$ 44,718	\$ -	\$156,594
Marketable securities				
Equity securities	49,197	-	-	49,197
Debt securities				
U S and non-U S government debt securities	-	100,089	-	100,089
Debt securities	-	52,809	-	52,809
Asset backed securities	-	2,409	-	2,409
Other	-	204	-	204
Mutual funds				
Equity mutual fund	33,367	-	-	33,367
Fixed income mutual fund	13,469	-	-	13,469
Real estate funds — REIT	134	-	-	134
Other	2,182	105	-	2,287
Investment funds — equity funds	-	-	7,974	7,974
Total marketable securities	98,349	155,616	7,974	261,939
Total assets	\$210,225	\$200,334	\$ 7,974	\$418,533
Liabilities — interest rate swap agreements	\$ -	\$ 171	\$ -	\$ 171
Total liabilities	\$ -	\$ 171	\$ -	\$ 171

There were no significant transfers to or from Levels 1 and 2 investments during the years ended June 30, 2013 and 2012

Level 3 financial instruments measured at fair value on a recurring basis totaled \$8.6 million and \$8.0 million at June 30, 2013 and 2012, respectively

The following tables summarize information about the fair value of the Corporation's financial assets in the investment in the Trinity Health corporate pooled investment program at June 30, 2013 and 2012, respectively, according to the asset category and the valuation techniques used to determine their fair values. Investments accounted for under the equity method of accounting represent 17% and 27% of the investment in the Trinity Health corporate pooled investment program at June 30, 2013 and 2012, and are excluded from the tables below.

2013			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
			Total Fair Value
Cash and cash equivalents	17 %	- %	- %
Equity securities	8	-	-
Debt securities			
Government and government agency obligations	-	2	-
Corporate bonds	-	3	-
Mutual funds			
Equity mutual funds	8	-	-
Fixed income mutual funds	13	-	-
Commingled funds	-	15	-
Hedge funds	-	7	9
	<u>46 %</u>	<u>27 %</u>	<u>9 %</u>
Total investment in Trinity Health corporate pooled investment program	<u>46 %</u>	<u>27 %</u>	<u>82 %</u>

2012			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
			Total Fair Value
Cash and cash equivalents	<u>12 %</u>	<u>- %</u>	<u>- %</u>
Marketable securities			
Equity securities	11	-	-
Debt securities			
U.S. and non-U.S. government and government agency	-	6	-
U.S. and non-U.S. corporate debt securities	-	5	-
Asset backed securities	-	2	-
Mutual funds — equity mutual fund	<u>2</u>	<u>-</u>	<u>-</u>
Total marketable securities	<u>13</u>	<u>13</u>	<u>-</u>
Commingled funds	<u>-</u>	<u>32</u>	<u>3</u>
	<u>25 %</u>	<u>45 %</u>	<u>3 %</u>
Total investment in Trinity Health corporate pooled investment program	<u>25 %</u>	<u>45 %</u>	<u>73 %</u>

The composition of investment returns, including earnings on investments in the Trinity Health corporate pooled investment program, included in the consolidated statement of operations and changes in net assets for the years ending June 30 are presented below

	2013	2012
	(in thousands)	
Dividend, interest income and other	\$ 13.764	\$ 14.271
Realized gains — net	26.668	12.207
Realized equity gains (losses), other investments	10.305	(355)
Change in net unrealized gains on investments	<u>12.014</u>	<u>(26.524)</u>
Total investment return (loss)	<u>\$ 62.751</u>	<u>\$ (401)</u>
Included in		
Non-operating items	\$ 62.615	\$ (433)
Changes in restricted net assets	<u>136</u>	<u>32</u>
Total investment return (loss)	<u>\$ 62.751</u>	<u>\$ (401)</u>

In addition to investments, assets restricted as to use include receivables for unconditional promises to give cash and other assets net of allowances for uncollectible promises to give

Unconditional promises to give consist of the following at June 30

	2013	2012
	(in thousands)	
Amounts expected to be collected in		
Less than one year	\$ 427	\$ 794
One to five years	468	58
More than five years	<u>509</u>	<u>501</u>
	1,404	1,353
Discount to present value of future cash flows	<u>(304)</u>	<u>(308)</u>
Total unconditional promises to give — net	<u>\$ 1,100</u>	<u>\$ 1,045</u>

Patient Accounts Receivable, Estimated Receivables from Third-Party Payors and Current Liabilities — The carrying amounts reported in the consolidated balance sheets approximate their fair value

Long-Term Debt — The fair value of the Corporation's intercompany debt under the Trinity Health intercompany loan program is based on its proportionate share of Trinity Health's fair value for its fixed and variable rate bonds issued under its master indenture. The carrying amount of Trinity Health's variable-rate long-term debt approximates its fair values and is \$867 million and \$892 million for the years ended June 30, 2013 and 2012, respectively. The fair value of Trinity Health's fixed-rate long-term debt is estimated using discounted cash flow analyses based on current incremental borrowing rates for similar types of borrowing arrangements. The fair value of the fixed-rate long-term debt was \$2.2 billion and \$2.4 billion for the years ended June 30, 2013 and 2012, respectively. Under the fair value hierarchy, these financial instruments are valued primarily using Level 2 inputs. The related

carrying value of the fixed-rate long-term debt was \$2.135 million and \$2.162 million for the years ended June 30, 2013 and 2012, respectively. The fair value of the remaining fixed rate capital leases and notes payable to banks are not materially different from their carrying values.

13. ENDOWMENTS

The Corporation's endowments consist of funds established for a variety of purposes. Its endowments include both donor-restricted endowment funds and funds designated by the Board to function as endowments. Net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Corporation considers various factors in making a determination to appropriate or accumulate donor-restricted endowment funds.

The Corporation employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return of endowment funds for a prudent level of risk. The Corporation targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints. The Corporation can appropriate each year all available earnings in accordance with donor restrictions. The endowment corpus is to be maintained in perpetuity. Certain donor-restricted endowments require a portion of annual earnings to be maintained in perpetuity along with the corpus. Only amounts exceeding the amounts required to be maintained in perpetuity are expended.

The following table summarizes endowment net asset composition by type of fund at June 30 (in thousands):

2013 (in thousands)			
	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets
			Total
Donor-restricted endowment funds	\$ -	\$ 131	\$ -
Board-designated endowment funds	<u>1,546</u>	<u>-</u>	<u>2,507</u>
Total endowment funds	<u>\$ 1,546</u>	<u>\$ 131</u>	<u>\$ 2,507</u>
			<u>\$ 4,184</u>
2012 (in thousands)			
	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets
			Total
Donor-restricted endowment funds	\$ -	\$ 127	\$ 2,020
Board-designated endowment funds	<u>1,546</u>	<u>-</u>	<u>-</u>
Total endowment funds	<u>\$ 1,546</u>	<u>\$ 127</u>	<u>\$ 2,020</u>
			<u>\$ 3,693</u>

Changes in endowment net assets for the years ended June 30, include (in thousands)

	<u>Unrestricted Net Assets</u>	<u>Temporarily Restricted Net Assets</u>	<u>Permanently Restricted Net Assets</u>	<u>Total</u>
Endowment net assets — June 30, 2011	\$ 1,546	\$ 133	\$ 1,767	\$ 3,446
Investment return				
Investment income	-	-	9	9
Change in net realized and unrealized gains and losses	<u>-</u>	<u>(6)</u>	<u>-</u>	<u>(6)</u>
Total investment return	-	(6)	9	3
Contributions	<u>-</u>	<u>-</u>	<u>244</u>	<u>244</u>
Endowment net assets — June 30, 2012	<u>1,546</u>	<u>127</u>	<u>2,020</u>	<u>3,693</u>
Investment income	-	4	25	29
Contributions	<u>-</u>	<u>-</u>	<u>462</u>	<u>462</u>
Endowment net assets — June 30, 2013	<u>\$ 1,546</u>	<u>\$ 131</u>	<u>\$ 2,507</u>	<u>\$ 4,184</u>

The table below describes endowment amounts classified as permanently restricted net assets and temporarily restricted net assets as of June 30

	<u>2013 (in thousands)</u>	<u>2012 (in thousands)</u>
Permanently restricted net assets		
Scholarship funds	\$ 1,048	\$ 943
Medical program support	746	721
Hospital operations support	553	238
Community service funds	28	28
Other funds	<u>132</u>	<u>90</u>
Total endowment funds classified as permanently restricted net assets	<u>\$ 2,507</u>	<u>\$ 2,020</u>
Temporarily restricted net assets — term endowment funds	<u>\$ 131</u>	<u>\$ 127</u>
Total endowment funds classified as temporarily restricted net assets	<u>\$ 131</u>	<u>\$ 127</u>

Funds with Deficiencies — Periodically the fair value of assets associated with the individual donor restricted endowment funds may fall below the level that the donor requires the Corporation to retain as a fund of perpetual duration. Deficiencies of this nature are reported in unrestricted net assets. These deficiencies result from unfavorable market fluctuations and/or continued appropriation for certain programs that was deemed prudent by the Corporation.

14. INCOME TAXES

At June 30, 2013, the Corporation's taxable subsidiaries have unused net operating loss carry forwards for tax purposes of approximately \$214.4 million available to offset future taxable income. These loss carry forwards begin to expire in 2019.

The components of deferred tax assets at June 30, 2013 and 2012 are presented in the following table:

	2013	2012
	(in thousands)	
Deferred tax assets — net operating loss carry forward	\$ 72.910	\$ 63.376
Total deferred tax assets	<u>72.910</u>	<u>63.376</u>
Net deferred tax assets	72.910	63.376
Valuation allowance	<u>(72.910)</u>	<u>(63.376)</u>
Net recorded deferred tax assets	<u>\$ -</u>	<u>\$ -</u>

In addition, the Corporation's taxable subsidiaries have approximately \$214.5 million of alternative minimum tax loss carry forwards at June 30, 2013, which are available to offset future alternative minimum taxable income. The Corporation has recognized a valuation allowance for the entire amount of the deferred tax asset related to net operating loss carry forwards due to a history of losses and the uncertainty related to utilization of these losses in future years.

15. SUBSEQUENT EVENTS

The Company has evaluated all events and transactions that occurred after June 30, 2013, for potential recognition or disclosure through October 31, 2013, the date these financial statements were issued. No such subsequent events or transactions occurred.

* * * * *