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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
StVincent Hospital and Health Care Center Inc

Doing Business As

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

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

D Employer identification number
35-0869066

E Telephone number
(317) 583-3282

G Gross receipts $ 1,327,567,131

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www stvincent org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1881

M State of legal domicile IN

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	8,503
6	Total number of volunteers (estimate if necessary)	**6**	275
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,265,346
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-929,846

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,779,261	4,507,446
9	Program service revenue (Part VIII, line 2g)	1,227,750,803	1,269,434,124
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,700,752	35,773,953
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,774,641	15,246,991
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,303,005,457	1,324,962,514
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	157,886,740	209,064,779
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	471,290,888	482,672,560
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	610,484,131	708,256,186
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,239,661,759	1,399,993,525
19	Revenue less expenses Subtract line 18 from line 12	63,343,698	-75,031,011

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,404,970,408	1,341,624,867
21	Total liabilities (Part X, line 26)	333,519,991	323,033,744
22	Net assets or fund balances Subtract line 21 from line 20	1,071,450,417	1,018,591,123

Revenue | Expenses | Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-05-14

Kyle DeFur President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Shawna M Jimenez		2014-04-30		P01222873

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 Monument Circle Suite 2000
Indianapolis, IN 462045108 — Phone no (317) 464-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,133,959,827 including grants of $ 209,064,779) (Revenue $ 1,269,228,595)

St Vincent Hospital and Health Care Center (SVHHCC) is a 935-bed hospital campus serving Marion and contiguous counties and providing services without regard to patient race, creed, national origin, economic status, or ability to pay SVHHCC provided services through these Centers of Excellence Cancer Care, Neuroscience, Heart Center, Orthopedics, Peyton Manning Children's Hospital, Women's Hospital, Spine Center, Bariatrics, Stress Center, and SVMCNE During fiscal year 2013, SVHHCC treated 36,352 adults and children for a total of 207,574 inpatient days of service The hospital also provided services for 944,251 outpatient visits, including 13,381 outpatient surgeries and 76,562 emergency room and minor care visits See Schedule H for a non-exhaustive list of community benefit programs and descriptions

4b (Code) (Expenses $ 107,092,402 including grants of $) (Revenue $)

During the fiscal year ending June 30, 2013, the unreimbursed cost of free or discounted services provided to patients who were deemed indigent under state, county, or hospital guidelines was $107,092,402, which included $34,216,614 of traditional charity care and $72,875,788 in unpaid costs of care for those qualifying for Medicaid or other public programs for the poor (Note that St Vincent Hospital and Health Care Center also provides a substantial portion of its services to the elderly, but in keeping with Catholic Healthcare Association guidelines, the total of unreimbursed cost of free or discounted services does NOT include $91,299,579 in unpaid costs of care for elderly covered through Medicare) See Schedule H for a non-exhaustive list of community benefit programs and descriptions

4c (Code) (Expenses $ 35,917,527 including grants of $) (Revenue $)

In addition to core medical services, St Vincent Hospital and Health Care Center partners with its community to assess community assets and needs and to work together to address issues impacting health and quality of life, with special emphasis on the poor and vulnerable In fiscal year 2013, SVHHCC provided $35,917,527 in unbilled services to the poor and to the broader community (When combined with the costs of free or discounted services for the poor listed in Line 4b, SVHHCC provided a total Community Benefit of $143,009,929 in fiscal year 2013) SVHHCC serves and supports its community by providing such programs as tobacco cessation counseling, primary care center, grief support groups, health fairs and screenings See Schedule H for a non-exhaustive list of community benefit programs and descriptions

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,276,969,756

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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . .	1a	588		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,503		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	**1a**	18		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

(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			
See Additional Data Table										

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

(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)** . . . . . ▶								11,654,490	0	944,299

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 ▶548

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brasfield & Gorrie 3021 7th Avenue South Birmingham AL 352332939	General contractor	31,406,734
Mid America Clinical Labs 2560 N Shadeland Avenue Indianapolis IN 46219	Lab services	16,794,985
Naab Road Surgery Center 8260 Naab Road Indianapolis IN 46260	Surgical services	15,663,947
Surgery Center of Indianapolis 12188 N Meridian Ste 150 Carmel IN 46032	Surgical services	11,271,428
Hall Render Killian Heath & Lyman PSC 39778 Treasury Center Chicago IL 606949700	Legal services	9,694,349

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 ▶106

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,285,766			
	e	Government grants (contributions)	1e	187,067			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,613			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		4,507,446			
Program Service Revenue			Business Code				
	2a	Net patient revenue	621990	920,813,042	920,813,042		
	b	Net Medicare/Medicaid revenue	621990	334,813,553	334,813,553		
	c						
	d						
	e						
	f	All other program service revenue		13,807,529	13,602,000	205,529	
	g	**Total.** Add lines 2a–2f		1,269,434,124			
	3	Investment income (including dividends, interest, and other similar amounts)		35,855,978			35,855,978
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	1,252,092				
	b	Less rental expenses	0				
	c	Rental income or (loss)	1,252,092				
	d	Net rental income or (loss)			1,252,092			1,252,092
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		2,522,592			
	b	Less cost or other basis and sales expenses		2,604,617			
	c	Gain or (loss)		-82,025			
	d	Net gain or (loss)			-82,025			-82,025
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Pharmacy revenue	621990	6,829,550			6,829,550
	b	Cafeteria revenue	722210	4,160,267			4,160,267
	c	Hotel & Conference revenue	721000	2,059,817		2,059,817	
	d	All other revenue		945,265			945,265
	e	**Total.** Add lines 11a–11d		13,994,899			
	12	**Total revenue.** See Instructions		1,324,962,514	1,269,228,595	2,265,346	48,961,127

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	209,064,779	209,064,779		
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	8,840,334		8,840,334	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	373,786,569	332,505,351	41,281,218	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,291,094	1,148,666	142,428	
9 Other employee benefits	75,760,582	67,402,978	8,357,604	
10 Payroll taxes	22,993,981	20,457,377	2,536,604	
11 Fees for services (non-employees)				
a Management	45,205,690	40,218,779	4,986,911	
b Legal	1,995,450	1,775,320	220,130	
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)	2,381,633	2,118,901	262,732	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	66,286,967	58,974,454	7,312,513	
15 Royalties . .				
16 Occupancy	23,066,891	20,522,244	2,544,647	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,694,931	3,287,321	407,610	
20 Interest	5,205,259	4,631,036	574,223	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,886,140	31,037,641	3,848,499	
23 Insurance	4,442,921	4,442,921		
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 Supplies	149,344,635	132,869,532	16,475,103	
b Community benefit	143,009,929	143,009,929		
c Purchased services	73,936,627	65,780,234	8,156,393	
d Provider tax expense	49,344,272	43,900,809	5,443,463	
e All other expenses	105,454,841	93,821,484	11,633,357	
25 **Total functional expenses.** Add lines 1 through 24e	1,399,993,525	1,276,969,756	123,023,769	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 ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		16,764,786	2	6,709,973
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		189,013,091	4	178,652,186
	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			7	
	8	Inventories for sale or use		11,690,100	8	14,979,277
	9	Prepaid expenses and deferred charges		5,796,846	9	6,216,747
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 757,985,252			
	b	Less accumulated depreciation	10b 550,303,017	255,080,979	10c	207,682,235
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		53,971,861	12	55,679,977
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		991,677	14	690,488
	15	Other assets See Part IV, line 11		871,661,068	15	871,013,984
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,404,970,408	16	1,341,624,867
Liabilities	17	Accounts payable and accrued expenses		117,348,681	17	86,341,836
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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	
	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		216,171,310	25	236,691,908
	26	**Total liabilities.** Add lines 17 through 25		333,519,991	26	323,033,744
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,068,330,548	27	1,014,934,892
	28	Temporarily restricted net assets		3,119,869	28	3,656,231
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,071,450,417	33	1,018,591,123
	34	Total liabilities and net assets/fund balances		1,404,970,408	34	1,341,624,867

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,324,962,514
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,399,993,525
3	Revenue less expenses Subtract line 2 from line 1	3	-75,031,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,071,450,417
5	Net unrealized gains (losses) on investments	5	22,171,717
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,018,591,123

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
J Albert Smith Jr Chair	20 0 00	X		X				0	0	0
James G Sinclair Vice Chair	20 0 00	X		X				0	0	0
Gilbert F Viets Secretary	20 0 00	X		X				0	0	0
Kevin Bower Director	20 0 00	X						0	0	0
Susan W Brooks Thru 123112 Director	20 0 00	X						0	0	0
Moira Carlstedt Director	20 0 00	X						0	0	0
Charles J Garcia Director	20 0 00	X						0	0	0
Sanford Garner Director	20 0 00	X						0	0	0
Malcolm Bell Herring MD Director	20 0 00	X						0	0	0
Needham Richard Hurst Director	20 0 00	X						0	0	0
Ann Lathrop Director	20 0 00	X						0	0	0
Michael B Mason Director	20 0 00	X						0	0	0
Sister Theresa Peck DC Director	20 0 00	X						0	0	0
Robert J Robison MD Director	40 00 20	X						854,068	0	44,909
Sister Mary Kay Tyrell DC Director	20 0 00	X						0	0	0
Ronald L Young II MD Director - Physician	40 00 0 00	X						106,667	0	0
Vincent C Caponi Ex Officio - CEO St Vincent Health	1 00 40 40	X		X				2,823,562	0	64,865
D Kyle DeFur Director - Pres SVHHC	40 00 20	X		X				635,775	0	53,008
Ingrid Mason MD Director - Pres Med Staff	40 00 0 00	X						100,000	0	0
Thomas M Cook CFO	40 00 0 00			X				278,432	0	35,203
Ian G Worden COO St Vincent Health	20 42 00			X				808,699	0	54,918
Darcy K Burthay CNO/COO	40 00 0 00			X				434,605	0	41,679
Anne F Coleman Administrator	40 00 0 00				X			355,765	0	71,246
Martha L Durall Executive Director	40 00 0 00				X			250,028	0	72,359
Gary A Fammartino System Executive	20 40 00				X			254,908	0	55,065

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			
Jon D Rahman MD Senior VP - CMO	40 00 0 00				X			489,719	0	83,300
Daniel R LeGrand MD CMO	40 00 0 00				X			437,133	0	66,897
Robert M Lubitz VP Research Academic Affairs	40 00 0 00				X			344,779	0	22,745
James E Sumners Physician	40 00 0 00					X		793,514	0	74,690
Marvin L White CFO St Vincent Health	20 40 40					X		707,516	0	46,625
William P Didelot Physician	40 00 0 00					X		691,669	0	42,835
Joseph F Bellflower Physician	40 00 0 00					X		686,513	0	45,199
Joseph O Murdock System VP Organizational Development	20 40 00					X		601,138	0	68,756

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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									

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

Section A. Public Support

Calendar year (or fiscal year beginning 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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

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	**Employer identification number**
StVincent Hospital and Health Care Center Inc	35-0869066

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ **Yes** ☐ **No**

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		18,954
j	Total Add lines 1c through 1i			18,954
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, 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	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying St Vincent Hospital and Health Care Center, Inc does not participate in or intervene in (including the publishing or distributing or statements) any political campaign on behalf of (or in opposition to) any candidate for public office

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 ▶ $ _____

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

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

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

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

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

4 Describe in Part 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	1,760,121	9,825,236		11,585,357
b Buildings		431,703,442	306,593,123	125,110,319
c Leasehold improvements		10,721,735	9,854,475	867,260
d Equipment		287,606,209	233,855,419	53,750,790
e Other		16,368,509		16,368,509
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				207,682,235

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Interest in investments held by Ascension Health Alliance	811,071,308
(2) Donor restricted funds	3,656,231
(3) Other assets	49,630,363
(4) Intercompany receivables	6,656,082
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	871,013,984

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Intercompany debt with Ascension Health Alliance	172,108,889
Deferred Gain on MOB Sale - Indpls	355,413
Guarantee liability	84,898
Due to third party payors	28,516,292
Other	9,032,156
Self insurance liability	4,533,086
Savings plan liability	5,412,710
Intercompany liability	1,533,100
Physician guarantee	15,115,364
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	236,691,908

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

Additional Data

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

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

1 **(a)** Description of Liability	**(b)** Book Value
Intercompany debt with Ascension Health Alliance	172,108,889
Deferred Gain on MOB Sale - Indpls	355,413
Guarantee liability	84,898
Due to third party payors	28,516,292
Other	9,032,156
Self insurance liability	4,533,086
Savings plan liability	5,412,710
Intercompany liability	1,533,100
Physician guarantee	15,115,364

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)			34,216,614		34,216,614	2 400 %
b Medicaid (from Worksheet 3, column a)			206,542,241	133,666,453	72,875,788	5 120 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			240,758,855	133,666,453	107,092,402	7 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		26,824	187,544		187,544	0 010 %
f Health professions education (from Worksheet 5)		2,811	38,254,993	6,593,419	31,661,574	2 220 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			227,623	18,482	209,141	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		184,591	3,859,268		3,859,268	0 270 %
j **Total.** Other Benefits		214,226	42,529,428	6,611,901	35,917,527	2 510 %
k **Total.** Add lines 7d and 7j		214,226	283,288,283	140,278,354	143,009,929	10 030 %

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			50,000		50,000	0 %
2	Economic development			50,100		50,100	0 %
3	Community support		52,477	20,638		20,638	0 %
4	Environmental improvements						
5	Leadership development and training for community members		50	120		120	0 %
6	Coalition building		50	10,140		10,140	0 %
7	Community health improvement advocacy		2,430	49,320		49,320	0 %
8	Workforce development						
9	Other		186	1,155		1,155	0 %
10	**Total**		55,193	181,473		181,473	

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	12,659,546		
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	3,797,864		
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	263,375,046
6	Enter Medicare allowable costs of care relating to payments on line 5	6	354,674,625
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-91,299,579
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	1 The Surgery Center of Indianapolis LLC	Surgery Center	40 000 %		49 980 %
2	2 Naab Road Surgery Center LLC	Surgery Center	40 000 %		60 000 %
3	3 Terre Haute Surgical Center LLC	Surgery Center	27 140 %		51 660 %
4	4 Women's Physician Surgery Center LLC	Surgery Center	40 000 %		60 000 %
5	5 Indiana Orthopaedic Hospital LLC	Orthopaedic Hospital	20 000 %		80 000 %
6	6 Breast MRI Leasing Company LLC	Imaging Center	50 000 %		50 000 %
7	7 Neuro Oncology Equipment LLC	Stereotatctic Radio Surgery Services	50 000 %		50 000 %
8	8 Women's Services Management LLC	Management Company	5 000 %		95 000 %
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?
5

	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	StVincent Hospital and Health Care Cent 2001 West 86th Street Indianapolis,IN 46260 http //www stvincent org/St-Vincent-In	X	X		X	X	X	X			
2	StVincent Stress Center 8401 Harcourt Road Indianapolis,IN 46260 http //www stvincent org/St-Vincent-In	X									
3	StVincent Women's Hospital 8111 Township Line Road Indianapolis,IN 46260 http //www stvincent org/St-Vincent-Wo	X	X					X			
4	StVincent Medical Center Northeast 13914 Southeastern Parkway Fishers,IN 46037 http //www stvincent org/St-Vincent-In	X						X			
5	Peyton Manning Children's Hospital 2001 West 86th Street Indianapolis,IN 46260 http //peytonmanning stvincent org/	X	X	X				X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group StVincent Hospital and Health Care Cent

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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
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?	**21**		No
If "Yes," explain in Part VI			
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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group StVincent Stress Center

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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
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?	**21**		No
If "Yes," explain in Part VI			
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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group StVincent Women's Hospital

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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
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?	**21**		No
If "Yes," explain in Part VI			
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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group StVincent Medical Center Northeast

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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
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?	**21**		No
If "Yes," explain in Part VI			
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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Peyton Manning Children's Hospital

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 5

			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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
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?	**21**		No
If "Yes," explain in Part VI			
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?	**22**		No
If "Yes," explain in Part VI			

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?

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, 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 The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic orgin, gender, disability or economic status The hospital uses a percentage of federal poverty level (FPL) to determine free and discounted care At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to the national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them Also, at a minimum, patients with incomes above 200% of the FPL but not exceeding 400% of the FPL, subject to adjustments for cost of living utilizing the local wage index compared to national wage index, will receive a discount on the services provided to them
		Part I, Line 7 The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied

Identifier	ReturnReference	Explanation
		Part II St Vincent Hospital and Health Care Center promotes the health of its communities by striving to improve the quality of life within the community Research has established that factors such as economic status, employment, housing, education level, and built environment can all be powerful social determinants of health Additionally, helping to create greater capacity within the community to address a broad range of quality of life issues also impacts health St Vincent Hospital and Health Care Center meets regularly with local organizations in the community to learn what resources are available and plan community health improvement efforts In fiscal year 2013, these organizations included Crooked Creek Community Development Corporation, United Way, Indiana Youth Institute, Holy Family Shelter, Fay Biccard Glick Neighborhood Center, and Marian University
	Schedule H, Part III, Line 2	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2013 was $38,604,987 at charges, ($12,659,546 at cost)

Identifier	ReturnReference	Explanation
	Schedule H, Part III, Line 3	The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts
		Part III, Line 4 The organization is part of the St Vincent Health System's consolidated audit in which the footnote that discusses the bad debt expense is located on page 22

Identifier	ReturnReference	Explanation
		Part III, Line 8 A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit
		Part III, Line 9b The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance If a patient qualifies for charity or financial assistance certain collection practices do not apply

Identifier	ReturnReference	Explanation
St Vincent Hospital and Health Care Center		Part V, Section B, Line 3 In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University
St Vincent Stress Center		Part V, Section B, Line 3 In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University

Identifier	ReturnReference	Explanation
St Vincent Women's Hospital		Part V, Section B, Line 3 In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University
St Vincent Medical Center Northeast		Part V, Section B, Line 3 In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University

Identifier	ReturnReference	Explanation
Peyton Manning Children's Hospital		Part V, Section B, Line 3 In conducting its CHNA, the hospital facility took into account input from representatives of the community as well as those with special knowledge or expertise in public health These included the Crooked Creek Community Development Corporation (CDC), IUPUI and Marian University
St Vincent Hospital and Health Care Center		Part V, Section B, Line 7 Poverty Rate - Even though this issue was not chosen as a priority, St Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue Air Quality - Addressing this issue is not a direct priority of St Vincent, however, the hospital does support efforts of organizations focusing on improving air quality in our community Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St Vincent, however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St Vincent Indianapolis campus neighborhood

Identifier	ReturnReference	Explanation
St Vincent Stress Center		Part V, Section B, Line 7 Poverty Rate - Even though this issue was not chosen as a priority, St Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue Air Quality - Addressing this issue is not a direct priority of St Vincent, however, the hospital does support efforts of organizations focusing on improving air quality in our community Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St Vincent, however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St Vincent Indianapolis campus neighborhood
St Vincent Women's Hospital		Part V, Section B, Line 7 Poverty Rate - Even though this issue was not chosen as a priority, St Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue Air Quality - Addressing this issue is not a direct priority of St Vincent, however, the hospital does support efforts of organizations focusing on improving air quality in our community Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St Vincent, however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St Vincent Indianapolis campus neighborhood

Identifier	ReturnReference	Explanation
St Vincent Medical Center Northeast		Part V, Section B, Line 7 Poverty Rate Even though this issue was not chosen as a priority, St Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue Air Quality - Addressing this issue is not a direct priority of St Vincent, however, the hospital does support efforts of organizations focusing on improving air quality in our community Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St Vincent, however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St Vincent Indianapolis campus neighborhood
Peyton Manning Children's Hospital		Part V, Section B, Line 7 Poverty Rate Even though this issue was not chosen as a priority, St Vincent Indianapolis does provide supplemental funding to local organizations, including Horizon House, Holy Family Shelter, Project Health, and Glick Neighborhood Center, which are actively addressing this issue Air Quality - Addressing this issue is not a direct priority of St Vincent, however, the hospital does support efforts of organizations focusing on improving air quality in our community Lack of infrastructure that encourages or allows walking - Addressing this issue is not a direct priority of St Vincent, however, the hospital has a strong partnership with the Crooked Creek CDC, which focuses on community and housing issues in the St Vincent Indianapolis campus neighborhood

Identifier	ReturnReference	Explanation
St Vincent Hospital and Health Care Center		Part V, Section B, Line 20d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers
St Vincent Stress Center		Part V, Section B, Line 20d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers

Identifier	ReturnReference	Explanation
St Vincent Women's Hospital		Part V, Section B, Line 20d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers
St Vincent Medical Center Northeast		Part V, Section B, Line 20d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers

Identifier	ReturnReference	Explanation
Peyton Manning Children's Hospital		Part V, Section B, Line 20d The discount was determined by reviewing the lowest discount provided to managed care payers that comprise at least 3% of our volume with an added prompt pay discount to the highest paid discount provided to our managed care payers
St Vincent Hospital and Health Care Center		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
St Vincent Stress Center		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
St Vincent Women's Hospital		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
St Vincent Medical Center Northeast		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
Peyton Manning Children's Hospital		Part V, Section B, Line 21 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
St Vincent Hospital and Health Care Center		Part V, Section B, Line 22 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
St Vincent Stress Center		Part V, Section B, Line 22 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
St Vincent Women's Hospital		Part V, Section B, Line 22 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
St Vincent Medical Center Northeast		Part V, Section B, Line 22 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
Peyton Manning Children's Hospital		Part V, Section B, Line 22 The following steps were followed and considered reasonable efforts followed for purposes of identifying patients eligible for assistance under the facility's FAP - Notified each individual of the Hospital's Financial Assistance Policy (FAP) as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
Part V, Section B, Line 5	St Vincent Hospital and Health Care Center	The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address http //www stvincent org/St-Vincent-Indianapolis/

Identifier	ReturnReference	Explanation
Part V, Section B, Line 5	St Vincent Stress Center	The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address http //www stvincent org/St-Vincent-Indianapolis/
Part V, Section B, Line 5	St Vincent Women's Hospital	The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address http //www stvincent org/St-Vincent-Womens/

Identifier	ReturnReference	Explanation
Part V, Section B, Line 5	St Vincent Medical Center Northeast	The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address http //www stvincent org/St-Vincent-Indianapolis/
Part V, Section B, Line 5	Peyton Manning Children's Hospital	The Community Health Needs Assessment ("CHNA") of the hospital facility can be located at the following web address http //peytonmanning stvincent org/

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	St Vincent Hospital and Health Care Center	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 14 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
Part V, Section B, Line 16	St Vincent Stress Center	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 14 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	St Vincent Women's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 14 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
Part V, Section B, Line 16	St Vincent Medical Center Northeast	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 14 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 16	Peyton Manning Children's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 16 - Notified each individual of the facility's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP by methods as noted in Question 14 This includes, but is not limited to, providing the following - A brief description of eligibility requirements and assistance provided- Directions on how to access the FAP and application on our website and physical location of application forms- Instructions to obtain free copy of FAP and application by mail- Contact information for an individual/nonprofit organization to assist if the individual has questions- Statement of translations of FAP as well as plain language summaries- Statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
Part V, Section B, Line 17	St Vincent Hospital and Health Care Center	The following steps were followed and considered reasonable efforts for purposes of Question 17 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 17	St Vincent Stress Center	The following steps were followed and considered reasonable efforts for purposes of Question 17 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
Part V, Section B, Line 17	St Vincent Women's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 17 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 17	St Vincent Medical Center Northeast	The following steps were followed and considered reasonable efforts for purposes of Question 17 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)
Part V, Section B, Line 17	Peyton Manning Children's Hospital	The following steps were followed and considered reasonable efforts for purposes of Question 17 - Notified each individual of the Hospital's Financial Assistance Policy (FAP) This notification began on the date care was provided and ended on the 120th day after the first billing statement was provided to the individual - Individuals were notified of the FAP as noted in Question 14 This includes, but is not limited to, the following - Brief description of eligibility requirements and assistance provided- Direct individuals to our website and physical location of application forms- Provided instructions to obtain free copy of FAP and application by mail- Provided contact information for an individual/nonprofit organization to assist if the individual has questions- Provided statement of translations of FAP as well as plain language summaries- Provided statement that no FAP-eligible individual will be charged more for emergency/medically necessary care than AGB- For individuals who submitted an incomplete FAP, we provided that individual with information relevant to assist them with completion of the FAP - For individuals who submitted a complete FAP, we made and documented a determination as to whether that person was eligible under the facility's FAP - We determined eligibility based on other means such as establishing that the individual is eligible under one or more means tested programs (as noted in Question 12)

Identifier	ReturnReference	Explanation
Part V, Section B, Line 18	St Vincent Hospital and Health Care Center	Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St Vincent Hospital and Health Care Center, Inc does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy Reasonable efforts taken include but are not limited to - Notifying individuals of the financial assistance policy on admission- Notifying individuals of the financial assistance policy prior to discharge- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
Part V, Section B, Line 18	St Vincent Stress Center	Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St Vincent Stress Center, Inc does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy Reasonable efforts taken include but are not limited to - Notifying individuals of the financial assistance policy on admission- Notifying individuals of the financial assistance policy prior to discharge- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

Identifier	ReturnReference	Explanation
Part V, Section B, Line 18	St Vincent Women's Hospital	Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St Vincent Women's Hospital, Inc does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy Reasonable efforts taken include but are not limited to - Notifying individuals of the financial assistance policy on admission- Notifying individuals of the financial assistance policy prior to discharge- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
Part V, Section B, Line 18	St Vincent Medical Center Northeast	Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of St Vincent Medical Center Northeast, Inc does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy Reasonable efforts taken include but are not limited to - Notifying individuals of the financial assistance policy on admission- Notifying individuals of the financial assistance policy prior to discharge- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy

Identifier	ReturnReference	Explanation
Part V, Section B, Line 18	Peyton Manning Children's Hospital	Question 18 is more appropriately answered as not applicable as the Billing and Collections Policy of Peyton Manning Children's Hospital, Inc does not allow a hospital to engage in extraordinary collection actions before the organization made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy Reasonable efforts taken include but are not limited to - Notifying individuals of the financial assistance policy on admission- Notifying individuals of the financial assistance policy prior to discharge- Notifying individuals of the financial assistance policy in communications with the patients regarding the patients' bills- Documenting its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
		Part VI, Line 2 Communities are dynamic systems in which multiple factors interact to impact quality of life and health status In addition to the formal CHNA conducted every 3 years, St Vincent Hospital and Health Care Center participates in a community group called Crooked Creek Community Development Corporation whose purpose is to assess needs within the community, prioritize action and work in partnership to address identified challenges The coalition works closely with its member organizations which come from multiple sectors of the community, including local government, business, education, faith communities, public health, health care providers and other social and human service organizations In addition, the coalition works closely with other coalitions as well as the local and state health departments to stay abreast of changing needs within the community and evidence-based and promising practices for addressing these needs

Identifier	ReturnReference	Explanation
		Part VI, Line 3 St Vincent Hospital and Health Care Center communicates with patients in multiple ways to ensure that those who are billed for services are aware of the hospital's financial assistance program as well as their potential eligibility for local, state or federal programs Signs are prominently posted in each service area, and bills contain a formal notice explaining the hospital's charity care program In addition, the hospital employs financial counselors, health access workers, and enrollment specialists who consult with patients about their eligibility for financial assistance programs and help patients in applying for any public programs for which they may qualify
		Part VI, Line 4 St Vincent Hospital and Health Care Center campus is located on the northwest side of Indianapolis in a neighborhood known as Crooked Creek, one of the most racially and economically diverse neighborhoods in Indianapolis, with a population of approximately 34,500 residents St Vincent Hospital and Health Care Center serves Marion and the surrounding counties in Central Indiana Marion County is the largest county in the state, with a population of 918,977 It is also the 13th largest city in the nation When including the Metropolitan Statistical Area (MSA), the population of Indianapolis is 1,756,241 The city's population is diverse and younger compared to the state The median age is 33 9, compared to the state's average age of 37 1 The population is 62 7% white, 26 7% African American, 2 0% Asian, and 2 8% two or more races, and continues to diversify For example, the Hispanic population has increased from 3 9% in 2000 to 9 3% in 2010 The unemployment rate in 2013 was 9 5% for Marion County, which ranks 52 out of 92 counties in the state The median household income was $39,957 in 2011, which ranked 78th out of Indiana counties

Identifier	ReturnReference	Explanation
		Part VI, Line 5 To provide the highest quality healthcare to all persons in the community, and in keeping with its not-for-profit status, St Vincent Hospital and Health Care Center - delivers patient services, including emergency department services, to all individuals requiring healthcare, without regard to patient race, ethnicity, economic status, insurance status or ability to pay- maintains an open medical staff that allows credentialed physicians to practice at its facilities- participates in medical and scientific research- trains and educates health care professionals- participates in government-sponsored programs such as Medicaid and Medicare to provide healthcare to the poor and elderly- is governed by a board in which independent persons who are representative of the community comprise a majority
		Part VI, Line 6 As part of the St Vincent Health System, St Vincent Hospital and Health Care Center is dedicated to improving the health status and quality of life for the communities it serves While designated associates at St Vincent Hospital and Health Care Center devote all or a significant portion of their time to leading and administering local community-based programs and partnerships, associates throughout the organization are active participants in community outreach They are assisted and supported by designated St Vincent Health Community Development associates and other support staff who work with each of its healthcare facilities to advocate for and provide technical assistance for community outreach, needs assessments and partnerships as well as to support regional and state-wide programs, community programs sponsored by St Vincent Health in which St Vincent Hospital and Health Care Center participates

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	IN
Community Benefit Report	Form 990, Part III, Line 4a, 4b and 4c	Other key services include Digestive Health, Diabetes Care, Center for Healthy Aging, Center for Joint Replacement, Breast Care Services, Mental Health Services, Surgery Services, Sports Medicine, Emergency Departments (Adult and Pediatric), and Primary Health Care Some of these services operate at a loss in order to ensure that comprehensive services are available to the community Such community-focused programs improve access to healthcare, advocate for the poor and vulnerable, promote health through free education and screenings and help to build better communities by improving quality of life

Identifier	ReturnReference	Explanation
Community Benefit Overview		St Vincent Hospital and Health Care Center is part of St Vincent Health, a non-profit healthcare system consisting of 22 locally-sponsored ministries serving over 47 counties throughout Central Indiana Sponsored by Ascension Health, the nation's largest Catholic healthcare system, St Vincent Health is one of the largest healthcare employers in the state As part of St Vincent Health, the St Vincent Hospital and Health Care Center's vision is to deliver a continuum of holistic, high-quality health services and improve the lives and health of Indiana individuals and communities, with special attention to the poor and vulnerable This is accomplished through strong partnerships with businesses, community organizations, local, state and federal government, physicians, St Vincent Hospital and Health Care Center associates and others Working with its partners, and utilizing the CHNA completed every three years, St Vincent Hospital and Health Care Center is committed to addressing community health needs and developing and executing an implementation strategy to meet identified needs to improve health outcomes within the community Community benefit is not the work of a single department or group within St Vincent Hospital and Health Care Center, but is part of the St Vincent mission and cultural fabric The hospital's leadership team provides direction and resources in developing and executing the Implementation Strategy in conjunction with the St Vincent Health Community Development Department, but associates at all levels of the organization contribute to community benefit and health improvement
Charity Care and Certain Other Community Benefits at Cost		Patient Services for Poor and Vulnerable Hospital and outpatient care is provided to patients that cannot pay for services, including hospitalizations, surgeries, prescription drugs, medical equipment and medical supplies Patients with income less than 200% of the Federal Poverty level (FPL) are eligible for 100% charity care for services Patients with incomes at or above 200% of the FPL, but not exceeding 400% of the FPL, receive discounted services based on an income-dependent sliding scale Hospital financial counselors and health access workers assist patients in determining eligibility and in completing necessary documentation St Vincent Hospital and Health Care Center is committed to 100% access, and is proactive in providing healthcare that leaves no one behind Community Health Needs Assessment True community benefit responds to the particular needs and challenges of the community, building on its unique strengths and assets The hospital leads a community health needs assessment every 3 years Using a variety of tools, including surveys, key person interviews, focus groups, secondary data, and data analysis professionals, the team identifies community issues and concerns These are shared with the community at large, and a consensus is reached about priorities and available resources To provide community input and a basis for collaboration within the community to address health needs, St Vincent leads or participates in a community roundtable or forum This group brings together individuals and organizations from throughout the community who share a common interest in improving health status and quality of life and provide expertise in a variety of community areas including public health Obesity (nutrition and physical activity), access to healthcare, behavior health, and cancer care (lung, breast and colon) have all been identified as key community needs Implementation Strategy Using the CHNA completed in 2013, the hospital developed a 2014-2016 Implementation Strategy to address priority community health needs These strategies include 1 Obesity (Nutrition and Exercise) Educate and promote the importance of proper nutrition and physical activity to the community- St Vincent staff will offer 3 one-hour educational presentations regarding healthy food choices and/or fitness at the Crooked Creek Farmer's Market - St Vincent staff will be informed of volunteer opportunities available at Crooked Creek Farmer's Market via weekly reminders, from May-October, in the online newsletter sent to the St Vincent Indianapolis system - As a partnership with Pike Township Schools and as part of their award of a PEP Grant, Peyton Manning Children's Hospital will coordinate a week-long summer camp geared to students in grades 3-5 for 2012, 2013 and 2014 - To better serve our Spanish-speaking population, the L I F E (Lifetime Individual Fitness & Eating) program will develop a healthy cookbook in Spanish featuring traditional Hispanic dishes - Provide at least 30 educational presentations regarding nutrition and 30 educational presentations a year regarding physical activity to youth, K-12 2 Access to HealthcareCoordinate access for vulnerable community members through the Outreach Workers- Each of the 3 outreach workers will complete at least 55 applications for assistance a month - Each of the 3 outreach workers will make at least 10 outreach efforts a month by visiting community centers, such as shelters, unemployment offices, and LaPlaza (resource center for Hispanic community) 3 Behavioral HealthEducate law makers and professionals about behavioral health issues and resources- Representative(s) from St Vincent Stress Center will meet with at least 5 district representatives in the State House and Senate to discuss behavioral health issues 4 Cancer Care (lung, breast and colon)Educate and promote the importance of cancer detection to the community- A BCCP (Breast and Cervical Cancer Program) will be established at our flagship hospital to support the financial needs of our underserved, high risk populations and ensure the completion of appropriate screenings and recommended follow-ups for detected Breast Cancers - At least 5 colon cancer educational presentations will be offered each fiscal year to underserved, high risk and/or elderly populations related to the prevention and early detection of Colon Cancer, with promotional efforts at locations such as the United Soccer Alliance of Indiana, which includes a large Hispanic population and large African American church communities within Central Indiana - At least 5 free fecal blood screenings events will be offered each fiscal year to underserved, high risk and/or elderly populations in central Indiana related to the prevention and early detection of Colon Cancer - Train at least 1 existing associate to become a tobacco cessation counselor each year for a total of 11 counselors on staff - Increase the number of participants completing the program during a 3-year time frame by 5% or a total of 126 individuals Public Program Participation and Enrollment OutreachSt Vincent Hospital and Health Care Center participates in government programs including Medicaid, SCHIP (Hoosier Healthwise), Healthy Indiana Plan (HIP) and Medicare and assists patients and families in enrolling for programs for which they are eligible Per Catholic Healthcare Association guidelines and St Vincent Health's conservative approach, Medicare shortfall is not included as community benefit Specific eligibility outreach programs sponsored by St Vincent in 2013 include - Hoosier Healthwise Enrollment and Outreach The Hoosier Healthwise Outreach Team partnered with community organizations to help enroll citizens in Hoosier Healthwise, Healthy Indiana Plan (HIP), Medicaid Disability, Presumptive Eligibility, and St Vincent Advantage In fiscal year 2013, the Outreach team touched the lives of 9,720 families and completed 2,160 enrollment applications for eligible individuals and families St Vincent provided office space, equipment and supplies as well as full-time coordination and supervision of this important outreach Health and Hospital Corporation's Covering Kids program provided enrollment staff St Vincent funds 50% of the salary costs for three enrollment outreach workers through an annual community funding award to Covering Kids - Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB)St Vincent's QMB/SLMB team worked with more than 1,200 (last year it was 2,400) seniors either by mail or phone, completing over 48 applications with patients who were struggling with the financial burden of Medicare deductibles and co-payments during FY 2013 Their premium was subtracted from their Social Security checks in the amount of anywhere from $96 to $150 per month The seniors were Social Security recipients and Medicare beneficiaries of modest means who paid all or some of Medicare's cost sharing amounts (i e premiums, deductibles, and co-payments) To qualify, it was imperative that the individuals were eligible for Medicare and met certain income guidelines which change annually The QMB/SLMB team assists seniors with completing the application to allow them to be refunded the amount they are paying for Medicare B and the government then begins to pick up the cost - Senior Health Insurance Information Program (SHIIP) SHIIP is a partnership between St Vincent and the Indiana Department of Insurance and five trained volunteer counselors The program has been in existence for ten years In fiscal year 2013, the counselors provided free and unbiased information to 759 seniors with questions regarding Medicare, Medicare Supplements, HMOs, Managed Care Plans, Medicaid and long-term care programs

Identifier	ReturnReference	Explanation
		Joshua Max Simon Primary Care Center The St Vincent Joshua Max Simon Primary Care Center provides full-service care for the entire family on a sliding fee scale, based on need There were 73,542 patient visits in fiscal year 2013, and more than 100,000 visits were recorded including nurse visits, pharmacy, and financial counseling visits Approximately 95 percent of these patients were uninsured/underinsured or were eligible for public programs, such as Medicaid Approximately 50 percent of all visits were by patients with limited English proficiency (including many Eastern European, Latino and Burmese immigrants) Primary and preventive care was provided through family medicine, internal medicine, womens health, pediatric, surgical and podiatric clinics Specialty care, such as general surgery, dermatology, sports medicine, and orthopedics were available, as well as ancillary services including lab, X-ray, pharmacy, financial counseling, legal counseling, parenting classes, and full-time medical interpretation B A B E StoreBed And Bntches, Etc (B A B E) is a community-based program that offers incentives in the form of coupons to parents who seek medical, education and nutritional services for themselves and their children Families earn coupons for seeking prenatal care, well baby care, immunizations, parenting and childbirth education classes, WIC nutrition education, care coordination, and other services Families then redeem the coupons at BABE stores for new or gently-used infant and maternity clothing, cribs, car seats, and other baby supplies During fiscal year 2013, 3,927 families were served through the two B A B E stores sponsored by St Vincent Bereavement Services Losing a loved one can be extremely distressing for family members St Vincent Hospice Bereavement Services works with families both before and after the passing of a loved one, helping them cope with their grief The St Vincent bereavement team reviews individual care plans, conducting support phone calls and home visits, and sending out mailings and a bereavement newsletter each month Support groups are provided based on age or relationship to the loved one The Road to Healing and When Grief Is New Grief 101 offers support for the ones left behind shortly after the loss A Daughter's Grief (daughters who have lost their mothers) and Safe Haven (parents who have lost a child) focus on the specific relationship one might have had with the loved one Other support groups include Widow/Widowers and the Lunch Bunch Socialization Group Project Snowflake is designed to provide families with children ages 6-16 years of age an opportunity to grieve and heal together at the holidays The Empty Chair is a grief seminar that focuses on grief support through the holidays The Project Butterfly is a summer family workshop series for grieving families with children ages 4-17 years of age Hospice also provides an Art Counseling Program, using drawing and painting to help grieving persons work through their emotional pain During fiscal year 2013, new groups were added, including Mind, Body & Spirit explores grief/loss through meditation, yoga, and Zumba and Finding Your Way dealing with the loss of a younger spouse Approximately 1,500 families were served through the St Vincent Hospice Bereavement Services Department during fiscal year 2013 St Vincent Cancer Care St Vincent Cancer Care devotes key resources to providing education about cancer prevention, healthy lifestyles and the importance of early detection through screenings to central Indiana communities Working with a variety of community organizations, including many specifically targeting the underserved, St Vincent Cancer Care has been an active participant in health fairs and other community events that educate members of the community about cancer risk factors, healthier lifestyles and the importance of screening/early detection, including providing opportunities for low/no cost oral, colorectal, skin, gynecological, lung and breast cancer screenings St Vincent is also committed to ensuring a continuum of care for those who are found to need additional diagnostic testing or treatment A key initiative of the St Vincent Center for Cancer Care is the mobile mammography van In FY13, 1,081 uninsured/underinsured women received free screening mammograms aboard the St Vincent Cancer Care Mobile Mammography Van The mammograms were provided at no charge through a grant from the Susan G Komen for the Cure Indianapolis Affiliate The mobile mammography program allows St Vincent to overcome key economic, cultural, geographic, and transportation barriers that block access to recommended screening mammograms, early detection, and peace of mind St Vincent coordinates care to ensure that 100% of women who are screened and require additional diagnostic testing (approximately 15% of women screened), or need treatment, will have access to the cancer care continuum Center of HopeThe St Vincent Indianapolis Center of Hope provides expert treatment, advocacy, emotional support and legal services coordination, as well as evidence collection and preservation for victims of violence The Center provides experienced forensic nurse examiners (FNEs) who are available 24 hours a day to serve victims of violent crimes, such as sexual assault, child sexual abuse, domestic violence, elder abuse, attempted homicide and physical assault These vulnerable patients are provided with a dedicated and private exam room equipped with specialized technology for collecting and preserving evidence, assistance in applying for victim compensation benefits for which they may qualify, consultation with a medical social worker and referral to a range of services to assist victims in healing both physically and emotionally The Center of Hope team consults with health professionals and departments throughout St Vincent Indianapolis Hospital to ensure victims needs can be assessed and met The Center of Hope clinical supervisor works closely with law enforcement, the judicial system and mental health and social service agencies throughout Marion and surrounding counties to help victims access the services they need, to provide expert testimony that assists in securing convictions, and to train these professionals about issues related to sexual assault and domestic violence The Center of Hope is also actively involved in educating the community about sexual assault and domestic violence and the services that are available for victims of these crimes The Center of Hope is supported by St Vincent, as well as by grant funding from the Indiana Criminal Justice Institute In FY 2013, the Center served over 200 victims of sexual assault and domestic violence Center for Perinatal LossSt Vincent Women's Center for Perinatal Loss assists families experiencing an infant loss with their grief journey by providing ongoing emotional and spiritual support through telephone contact, literature, counseling and support group meetings The Perinatal Hospice Program offers support to families during, at the time of, and following the birth and death of their babies born with fatal anomalies The Perinatal Loss Evaluation Program helps families deal with the pain and trauma experienced with the loss of an infant Through this program, families are assisted in discovering the cause of their baby's stillbirth or neonatal death as they go through their grief journey
		The Child Protection TeamIn Indiana, one child is identified as an abuse victim every 26 minutes (Kids Count in Indiana 2013 Data Book) The Child Protection Team at Peyton Manning Children's Hospital at St Vincent was established in 2008 to provide services to Indiana's most vulnerable children The team specializes in identification, counseling and prevention of child abuse The team includes a social work coordinator trained in the field of child abuse and a nurse who is specialized in child maltreatment case management The team works with health professionals and community agencies who serve the needs of high risk children The Child Protection Team is grateful for the ongoing support of The Daughters of Charity, The Crosser Family Foundation and Peyton Manning Children's Hospital license plate funding The Child Protection Team has worked with The Canadian Centre for Child Protection to bring The Commit to Kids Program to Indiana The Commit to Kids Program assists youth serving organizations with staff training and policy recommendations to make sure children are protected from the possibility of sexual abuse There has been an increased interest from organizations for a comprehensive, sustainable and evidenced-based program to prevent sexual victimization of children The Child Protection Team has responded to Indiana's commitment to children by making this new program available, easily accessible and affordable for all youth serving organizations As part of our hospital's child health advocacy mission, the Child Protection Team is continually seeking ways to be a strong community partner in keeping children safe Crisis Intervention Training St Vincent Stress Center partners in a Crisis Intervention Training for law enforcement officers Through this program, the Stress Center provides general education about mental illness, suicide prevention education, communication skills, de-escalation techniques, and information about community resources for people in mental health crises Mental health professionals and others in the community also provide instruction on psychopharmacology and the legal aspects of involuntary treatment The courses, which are endorsed by the Indiana Law Enforcement Academy, are offered free to law enforcement officers Approximately 200 - 250 officers from Marion, Boone, Hamilton, and Johnson Counties received this training in fiscal year 2013 Diabetes Education Diabetes affects over 10 percent of people in Indiana Type 2 diabetes accounts for approximately 95% of these cases and Type 1 accounts for the remaining 5% The St Vincent Diabetes Center's team of specialists, which includes certified diabetes educators, help individuals balance their diabetes care with their lifestyle needs Understanding how to manage this chronic condition is key to living an active, healthy life Through a collaborative effort between St Vincent Hospital Indianapolis and the Juvenile Diabetes Research Foundation, a full-day event for adults and children, and their families, living with Type 1 diabetes, was offered at no charge Various speakers provided sessions addressing the body, mind and spirit in relation to living a healthy life with diabetes Fresh Start Parenting Program The St Vincent Fresh Start to Life Prenatal Education Program provides health education, counseling and support for under-insured and uninsured women throughout Central Indiana The program evaluates the most at-risk women based on household income, language barriers, health knowledge and access to transportation Those at the greatest risk based on these criteria were chosen for the Prenatal Education Program, which served over 50 women in fiscal year 2013 Health Fairs and ScreeningsSt Vincent Hospital and Health Care Center participated in, facilitated, sponsored or promoted numerous health fairs and screening During fiscal year 2013, over 4,000 individuals either attended health fairs and/or were screened Fairs and screenings were held in conjunction with schools, community, state and national organizations, local and state government agencies, and were held at a variety of conferences and community events These events provided invaluable health education, prevention and screenings for thousands of Hoosiers across the state free of charge Healing and Wellness Support GroupsSt Vincent Hospital and Health Care Center sponsors a wide variety of support groups to help both patients and families cope with significant health challenges, family issues, bereavement or grief issues and other mental health concerns Groups often target particular age brackets to ensure that the unique challenges facing children, teens, adults and seniors are addressed St Vincent Hospital and Health Care Center provides expert facilitation, meeting coordination, materials and meeting space for each support group Health Professions Clinical TrainingIn an effort to prepare future healthcare professionals, St Vincent Hospital and Health Care Center offers a variety of clinical settings and internships to undergraduate and vocational allied health professionals from Franklin College, Harrison College, Indiana University, IUPUI, Ivy Tech, Marian University, Purdue University and University of Indianapolis St Vincent Hospital and Health Care Center provides these students experience in clinical settings with the following programs/departments Education and Development, Sports Medicine, Physical Therapy, Respiratory Therapy, Nursing, and Pharmacy HIV Care Coordination HIV Care Coordination services provide access to health coverage, patient assistance programs, and other basic needs such as housing, food and utility assistance The program is coordinated by a licensed clinical social worker who offers individual, group and family counseling and facilitates a weekly support group for HIV-diagnosed patients and their families During fiscal year 2013, the outpatient program served 52 clients with case management International Pediatric Heart Surgery Project The International Pediatric Heart Surgery Project was founded as part of The Children's Heart Center and St Vincent's commitment to fulfilling the mission of advocacy and care of the poor Through this effort, St Vincent provided $500,000 in fiscal year 2013 for life-saving heart surgery for children from impoverished areas, such as Bolivia, Kosovo, Mongolia, Honduras, Kenya, Uganda and Haiti These countries have minimal health care available for the treatment of congenital heart disease and without surgery these children would not survive There is no charge to the child's family The cardiothoracic surgeon and physicians of the Children's Heart Center, as well as pediatric anesthesiologists, intensivists, and other members of Peyton Manning Children's Hospital at St Vincent donate their skills and time in caring for these children Since the first patient arrived in February 2000, the program has provided life saving care for 103 children This program works with individual volunteers, local church congregations, and organizations such as Samaritan's Purse in order to coordinate and provide transportation, visas, host families, and interpreter services The lives of those who have had the opportunity to assist in caring for these children have been touched forever L I F E (Lifetime Individual Fitness & Eating) for Kids ProgramObesity among children has become a national epidemic, particularly in Indiana where 1 out of 3 children and 2 out of 3 adults are overweight or obese Life-threatening conditions such as type 2 diabetes, hypertension and heart disease, just to name a few, are also increasing among this population L I F E for Kids is a yearlong healthy lifestyle weight management program especially designed for children and adolescents This program was introduced in 2007 to help families develop healthier eating and physical activity habits through integrated education and counseling from a multi-disciplinary team that includes a physician, dietitian, behavior therapist, exercise physiologist and registered nurse Medical Supplies DonationsSt Vincent made donations of medical supplies throughout the year by supporting mission trips through local churches to Jamaica, Ecuador, and Haiti Additionally, donations were made to local organizations, such as, Timmy Global Health Foundation and FAME

Identifier	ReturnReference	Explanation
		Medical Education St Vincent Hospital and Health Care Center, in affiliation with the Indiana University School of Medicine, is a teaching hospital for future physicians St Vincent Hospital and Health Care Center provides a broad range of graduate, undergraduate, and continuing education opportunities to physicians, residents, medical students and physician assistant students through training programs in Internal Medicine, Family Medicine, Obstetrics/Gynecology, Pediatrics, General Surgery and Transitional Medicine, and through continuing medical education Over 170 interns and residents train in these programs each year, and over 400 medical students from Indiana University and other medical schools come to St Vincent for clinical rotations In addition, St Vincent residents provide health care to the poor in underserved areas of Indiana, as well as in underdeveloped countries Residents participate in urban, rural, or international medicine rotations to gain a broader medical perspective which enhances their professional and spiritual understanding Medical ResearchSt Vincent contributes funds and personnel to advance medical care The Research & Regulatory Affairs Department assists physicians and healthcare providers in developing new medical procedures, finding innovative uses for existing technologies and participating in clinical trial programs in order to provide patients and their families with cutting edge technologies and pharmaceuticals Research is being conducted in cardiovascular, cancer, neurological, gastrointestinal and orthopedic treatments as well as in additional specialty areas Medical Social ServicesThe Medical Social Services Department of St Vincent provides psychosocial services to patients and their families to maximize social functioning and to empower patients and their families The medical social workers are all licensed clinical social workers with master's degrees The social workers connect patients and their families to services and in many cases can provide direct assistance for temporary food, clothing, shelter and transportation needs During fiscal year 2013, through the work of the department, 625 community agencies were utilized to assist 109,338 patients and their families with achieving their optimal level of health Out of the Darkness Community WalkFor the 8th year in a row, St Vincent Stress Center was a platinum sponsor of the American Foundation for Suicide Prevention Out of Darkness Community Walk, which promotes awareness, education, prevention, and intervention for suicide and depression disorders Stress Center associates continue to play an integral role in holding this event Associates lead the committee that organizes the walk, and the Stress Center executive director has been an opening ceremony speaker for each year of the event In fiscal year 2013, the Out of Darkness Community Walk took place on September 14th This year 1,774 walkers showed up in support of the event, which raised $142,103 Project 18 Project 18, a partnership with Peyton Manning Children's Hospital at St Vincent and Ball State University, provides a hands on, standards-based, eighteen-week curriculum targeting 3rd through 5th grade students focusing on nutrition, physical fitness and holistic health Now in its fifth year, Project 18 currently has over 560 registered schools representing 76 Indiana counties and 121 cities Project 18 has impacted well over 100,000 students with its curriculum and programming Project 18 has also developed partnerships with the Indiana State Department of Health, the Indiana Department of Education and the Indiana Blood Center in an effort to increase awareness, to broaden the base of programs and to increase community involvement As the battle against childhood obesity continues, Project 18 encourages young students and their families to eat healthy, exercise regularly and to give back to the community School and Community Asthma ProgramAsthma can be a frightening, debilitating, even life-threatening condition, especially for children and their families Peyton Manning Children's Hospital believes that providing quality information about asthma and its treatment can empower children and families to better manage the condition, enabling them to participate more fully in a wide range of activities The School and Community Asthma Program offers free asthma classes for parents, students and teachers in conjunction with Peyton Manning Children's Hospital at St Vincent and the Asthma Alliance of Indianapolis In fiscal year 2013, more than 4,846 people were educated by Happy Healthy Lungs, Asthma, and Anti-Tobacco presentations in 51 different schools throughout the community School Health and WellnessIn order to enhance the health of our communities, Peyton Manning Children's Hospital at St Vincent has entered into a collaborative agreement with local schools to establish health centers in 16 area schools, 4 Archdiocesan inner-city schools, 8 Zionsville Community Schools, and 4 Carmel Clay Schools Through these partnerships, Peyton Manning Children's Hospital at St Vincent employs and trains school health personnel, including RNs, LPNs, Certified nurse assistants, and Emergency Medical Technicians, to work in local elementary, middle and high schools, allowing for consistent health practices across the school systems In addition to staffing school health clinics, Peyton Manning Children's Hospital at St Vincent also employs a school wellness coordinator who works closely with school administration, faculty, and students to share and coordinate available resources in schools in Marion and surrounding counties, providing health education, physical fitness testing, wellness consulting, organizing health and safety fairs and other wellness activities in over 110 schools Sports Performance OutreachSt Vincent provides sports medicine services at 24 high schools, 17 middle schools and several youth sports organizations Over 24,000 youth were served with Outreach athletic training services, sports physicals and injury management advice during fiscal year 2013 Speakers Bureau To accommodate the numerous requests for professionals to present health promotion education throughout the community, St Vincent sponsors a Speakers Bureau and coordinates presentations to a multitude of organizations and agencies 338-KIDS and 338-4HER Lines338-KIDS assist parents in determining the most appropriate level of care depending on their child's symptoms When parents have questions about their child's health, 338-KIDS provides a direct link to the exclusive nurse advice line at Peyton Manning Children's Hospital at St Vincent This hotline available 24/7 has registered nurses standing by to answer questions about fevers, allergic reactions, burns, rashes, accidents and other health-related problems their child may be having During fiscal year 2013, over 25,000 calls were taken on this kid's health advice hotline St Vincent Women's Hospital encourages women to ask questions regarding any health issues, and is dedicated to assisting them in receiving the help they need Women across Central Indiana are able to call 24 hours a day, seven days a week By calling 317-338-4HER (4437) day or night, individuals are able to reach a health professional who can answer questions or connect them with a doctor, nurse, or other professional who will advise them on their health issues During fiscal year 2013, over 14,000 calls were taken on this women's health advice hotline St Vincent Stress Center Education/SupportMental disorders are common in the United States and internationally An estimated 26 2 percent of Americans ages 18 and older, about one in four adults, suffer from a diagnosable mental disorder in a given year Recent statistics suggest roughly seven of every one hundred people suffer depression after age 18 at some point in their lives Depression's annual toll on U S businesses amounts to about $70 billion in medical expenditures, lost productivity and other costs Depression accounts for close to $12 billion in lost workdays each year The St Vincent Stress Center provides long-term recovery from depression by addressing the underlying relationship causes of depression During fiscal year 2013, the St Vincent Stress Center staff worked with surrounding universities in mentoring and training students in the healthcare field An active program of school integration also reached out to various schools in Marion, Hamilton, Boone, and Hendricks Counties, providing valuable and informative lectures on topics such as bullying, peer pressure, alcohol and substance abuse, test performance anxiety, suicide awareness, and peer pressure Between these two initiatives, staff spent over 2,000 hours of time teaching, supervising, and delivering behavioral health presentations to over 25 different schools
		Safe Sleep Peyton Manning Children's Hospital at St Vincent and St Vincent Women's Hospital joined forces with The Children's Museum in promoting various kids' health issues In an effort to reduce the incidence of sudden infant death syndrome, St Vincent provided free sleep sacks, in exchange for crib bumper pads, to infant caregivers who brought crib bumper pads to the concierge desk at The Children's Museum The bumper pads were then recycled and the materials used to make quilts which were donated to local shelters Parish Nursing Parish nurses provide health education, counseling, and health advocacy for their congregation St Vincent provides scholarships to registered nurses who wish to complete a parish nurse training program All denominations are supported by the parish nursing program which provides educational materials and health supplies to the faith communities they serve A parish nurse program coordinator, employed by St Vincent, provides oversight for the program and ensures parish nurses receive ongoing professional education During fiscal year 2013, three educational/networking sessions were offered Additionally, in an effort to guide future educational sessions, parish nurses were asked to complete a survey regarding how their time is spent and the most prominent healthcare issues within their congregation Tobacco Management Center The Tobacco Management Center is a hospital-based, nurse/pharmacist-driven smoking cessation program offered to the community which offers resources, group support and individualized counseling During fiscal year 2013, 39 individuals completed the program Of these, 39% were tobacco free for at least 60 days or more Because staying smoke free can be a challenge, the Tobacco Management Center staff provides critical on-going support to participants to encourage, motivate, and counsel them regarding struggles they may be having Community Benefit Cash and In-Kind ContributionsIn addition to the outreach programs operated by the hospital, St Vincent makes cash and in-kind donations to a variety of community organizations focused on improving health status in the community These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees working to improve health status and quality of life within the community

Identifier	ReturnReference	Explanation
Community Building Activities		Research shows that social determinants and quality of life play a major role in the health status of individuals and communities Community building activities, which focus on improving the quality of life within a community, ultimately influence and improve health status Back Pack Attack Eighty-eight percent of Indianapolis Public School families cannot afford the basic school supplies their children need requiring many teachers to spend their own money to operate their classrooms St Vincent has joined with other local partners to participate in the Back Pack Attack Program each year St Vincent runs a 3-week campaign to collect supplies, associates then deliver these supplies to be sorted and distributed to students in need In 2013, the program was able to assist 45,650 children Hope for the Holidays Each year, St Vincent associates reach into their own pockets to purchase Christmas gift items for families in need During their work time, department associates contact families, create needs list, collect donations, shop for items, wrap gifts and deliver food and packages to these families Reach Out and Read Early Literacy ProgramReach Out and Read is a national early literacy program designed to take advantage of the access pediatricians have to children who are in their critical early years (6 months to 5 years) of cognitive and language development Across Indiana, physician-based sites distribute thousands of new books each year to Hoosier children and their families In the State of Indiana, physicians and nurses have been trained in the program, including the healthcare professionals at the Joshua Max Simon Primary Care Center at St Vincent United Way Day of CaringSt Vincent associates are given time during their regular work day to participate in the United Way Day of Caring making this community wide effort a gift of time, effort and skills by participating organizations In fiscal year 2013, associates chose to work at one of two locations Holy Family Shelter is an emergency shelter for homeless families Associates participated in fun activities with the children to allow parents time to address other pressing issues, such as job searching The Christamore House is a family and community center Associates spent their time cleaning the inside of the center and the outside of the building by mowing the lawn and picking up debris Crooked Creek Neighborhood PartnershipsThe neighborhood surrounding the St Vincent Indianapolis Hospital campus, Crooked Creek is one of the largest culturally and economically diverse neighborhoods in the city of Indianapolis Over the past decade, Crooked Creek has experienced significant decline due to home foreclosures and business closures, resulting in vacant homes and buildings throughout the area St Vincent Indianapolis Hospital was instrumental in founding the Crooked Creek Community Development Corporation (CDC) whose mission is to improve housing, public infrastructure, and commercial areas for all who live, work, and visit this northwest Indianapolis community Crooked Creek CDC initiatives in fiscal year 2013 included - The HUB is a place where neighbors gather, learn and work The HUB is open to all residents and businesses for use as a resource center, meeting place, or workplace Visitors can gather information and take classes on home and business ownership, or connect with services offered by Indianapolis Neighborhood Housing Partnership, Business Ownership Initiative, or Michigan Road Business Association A gallery for local art provides the back drop for a kind of living room where residents can gather and share ideas - The Crooked Creek Farmer's Market provides convenient access to locally-grown, healthy food choices and provides local farmers with the opportunity to sell their locally-grown produce to contribute to the health and economic vitality of the Crooked Creek Community - The Fay Biccard Glick Neighborhood Center at Crooked Creek provides programs for families living on Indianapolis' northwest side including employment, energy and emergency assistance, English as a Second Language, food pantry, senior wellness, before/afterschool care, Skool of MADD Arts, recreational programs, early childhood development, GED, pre-college enrichment and summer camp St Vincent STAR Job Readiness ProgramThe STAR Program aims to enrich lives and provide job readiness skills to individuals in Marion and surrounding counties who are facing significant barriers to employment, but have a sincere desire to gain and maintain a job The STAR Program reaches out to both disadvantaged individuals and those who find themselves in situational stress due to a recent job loss, or an inability to find employment For many individuals, the program has not only resulted in a job, but has been life-transforming Participants meet for six weeks in a classroom setting, where they gain and/or enhance job readiness and life skills Following classroom training, students are placed with mentors throughout various departments in St Vincent Hospital including patient registration, food services, and housekeeping Four series of STAR classes were offered in fiscal year 2013 More than 291 STARS have gone on to sustain full-time employment since the program's inception Community Building Cash and In-Kind ContributionsThe hospital makes cash and in-kind donations to a variety of community organizations focused on building the community These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees working to improve infrastructure for the community

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 20

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 The finance committee ensures that funds are distributed appropriately according to Ascension Health's strategic business plan and consistent with corporate policies and procedures

Additional Data

Return to Form

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

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gennesaret Free Clinic Inc 615 N Alabama Street Indianapolis,IN 462041414	35-1776518	501(c)(3)	20,000				General support
The Julian Center Inc2011 N Meridian Street Indianapolis,IN 46202	35-1346514	501(c)(3)	16,500				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Neighborhood Christian Legal Clinic3333 N Meridian Street Suite 201 Indianapolis,IN 46208	35-1916572	501(c)(3)	20,000				General support
Fay Biccard Glick Neighborhood Center at Crooked Creek2990 W 71st Street Indianapolis,IN 46268	35-1738809	501(c)(3)	154,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Federation dba Elder Source6705 Hoover Road Indianapolis,IN 46260	35-0888017	501(c)(3)	15,000				General support
Horizon House Inc1033 E Washington Road Indianapolis,IN 46202	35-1759503	501(c)(3)	20,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Archdiocese of Indianapolis - A Promise to Keep30 East Palmer Street Indianapolis,IN 46225	35-1018460	501(c)(3)	20,000				General support
Morning Dove Therapeutic Riding Inc7440 W 96th Street Zionsville,IN 46077	35-2056736	501(c)(3)	40,300				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Indianapolis Medical Society Foundation - Project Health 631 E New York Street Indianapolis,IN 462023706	35-1810091	501(c)(3)	30,000				General support
YMCA of Greater Indianapolis - Pike615 N Alabama Street Indianapolis,IN 46204	35-0868211	501(c)(3)	35,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Brooke's Place for Grieving Young People Inc50 East 91st Street Indianapolis,IN 46240	35-2045122	501(c)(3)	15,000				General support
Crooked Creek Community Council IncPO Box 88902 Indianapolis,IN 46208	23-7169314	501(c)(3)	10,000				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BABE Store6940 N Michigan Road Indianapolis,IN 46268	35-2006040	501(c)(3)	19,200				General support
Indiana Members Foundation Inc - Back Pack Attack5101 Madison Avenue Indianapolis,IN 46227	27-1272002	501(c)(3)	7,500				General support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ascension HealthPO Box 45998 St Louis, MO 63145	31-1662309	501(c)(3)	40,157,966				Net assets transferred for operating expenses and bond remediation
StVincent Hospital Foundation Inc10330 N Meridian St Suite 430N Indianapolis, IN 46290	35-6088862	501(c)(3)	1,747,250				Operating grant

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
StVincent Medical Group Inc 8333 Naab Road Ste 200 Indianapolis,IN 46260	27-2039417	501(c)(3)	100,997,550				General support for Physician Network Group and general operations
StVincent Fishers Hospital Inc13861 Olio Road Fishers,IN 46037	45-4243702	501(c)(3)	7,463,159	58,133,730	Book value	Building and equipment	Net assets transferred for new hospital operations

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 1a	St Vincent Hospital and Health Care Center, Inc paid for cell phone usage for fourteen of the officers/directors, key employees, and highest compensated employees listed in Part VII St Vincent Hospital and Health Care Center, Inc will only reimburse a business expense when all three (3) of the following IRS requirements are met 1 The expense must have a business connection (i e , the expenses must be incurred while performing services on behalf of a SVH Entity), 2 The expense must be adequately substantiated by the Associate within a reasonable period of time, and 3 The Associate must return any excess reimbursement or allowance within a reasonable period of time St Vincent Hospital and Health Care Center, Inc "grossed up" the above applicable non-business expenses and included in the employees' W-2 as additional taxable compensation St Vincent Hospital and Health Care Center, Inc utilized charter travel during the fiscal year for one of the officer/directors It is not common practice to utilize charter travel, but on a few occasions in FY 2013 it was necessary due to limited flight times and urgency of system-wide meetings
	Part I, Line 4b	All employees and amounts listed are voluntary deferrals or company contributions to various non-qualified deferred compensation plans organized under Code Section 457(B) The exact purpose of each plan varies but they include compensation limitation make-up plans, voluntary deferral plans, deferral of a portion of incentive bonus type plans, etc No payments were made to listed persons in Part VII under the various non-qualified deferred compensation plans during the year

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert J Robison MD	(I)	482,974	351,767	19,327	29,506	15,403	898,977	0
	(II)	0	0	0	0	0	0	0
Vincent C Caponi	(I)	912,337	1,608,389	302,836	47,081	17,784	2,888,427	0
	(II)	0	0	0	0	0	0	0
D Kyle DeFur	(I)	438,495	136,545	60,735	29,651	23,357	688,783	0
	(II)	0	0	0	0	0	0	0
Thomas M Cook	(I)	234,508	42,961	963	27,104	8,099	313,635	0
	(II)	0	0	0	0	0	0	0
Ian G Worden	(I)	527,879	175,044	105,776	48,391	6,527	863,617	0
	(II)	0	0	0	0	0	0	0
Darcy K Burthay	(I)	361,926	59,073	13,606	36,060	5,619	476,284	0
	(II)	0	0	0	0	0	0	0
Anne F Coleman	(I)	278,036	76,919	810	44,459	26,787	427,011	0
	(II)	0	0	0	0	0	0	0
Martha L Durall	(I)	186,670	36,449	26,909	55,925	16,434	322,387	0
	(II)	0	0	0	0	0	0	0
Gary A Fammartino	(I)	211,014	35,282	8,612	42,798	12,267	309,973	0
	(II)	0	0	0	0	0	0	0
Jon D Rahman MD	(I)	312,159	107,972	69,588	65,765	17,535	573,019	0
	(II)	0	0	0	0	0	0	0
Daniel R LeGrand MD	(I)	390,874	9,073	37,186	42,129	24,768	504,030	0
	(II)	0	0	0	0	0	0	0
Robert M Lubitz	(I)	235,322	54,745	54,712	6,250	16,495	367,524	0
	(II)	0	0	0	0	0	0	0
James E Sumners	(I)	655,676	48,837	89,001	51,043	23,647	868,204	0
	(II)	0	0	0	0	0	0	0
Marvin L White	(I)	471,153	152,686	83,677	23,342	23,283	754,141	0
	(II)	0	0	0	0	0	0	0
William P Didelot	(I)	580,095	0	111,574	20,238	22,597	734,504	0
	(II)	0	0	0	0	0	0	0
Joseph F Bellflower	(I)	578,571	0	107,942	22,602	22,597	731,712	0
	(II)	0	0	0	0	0	0	0
Joseph O Murdock	(I)	396,626	128,532	75,980	48,931	19,825	669,894	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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

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

1 (a) Name of disqualified person	(b) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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
(1) - See Part V -	- See Part V -	99,271	See Part V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule L, Part IV	Business Transaction Involving Interested Persons	(a) Name of interested person Sharon L Worden(b) Relationship between interested person and organization Spouse of Ian Worden (Director/COO)(c) Amount of transaction $99,271(d) Description of transaction Sharon L Worden is an employee of St Vincent Hospital and Health Care Center, Inc and receives compensation from the related organization (e) Sharing of organization revenues No

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SCHEDULE 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
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

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

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

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

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

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	Compensation determinations of St Vincent Hospital and Health Care Center, Inc 's CEO, executive director, or top management official are made by a compensation committee of St Vincent Hospital and Health Care Center, Inc and/or St Vincent Health, Inc In determining compensation of the organization's CEO, executive director, or top management official, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The board, in executive session, reviewed and approved the compensation In review of the compensation, the CEO, executive director, and top management were compared to other hospitals in the area that hold the same position During the review and approval of the compensation, documentation of the decision was recorded in the board minutes Individuals were not present when their compensation was decided Compensation determinations of St Vincent Hospital and Health Care Center, Inc 's other officers or key employees are made by a compensation committee of St Vincent Hospital and Health Care Center, Inc and/or St Vincent Health, Inc In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The board, in executive session, reviewed and approved the compensation In the review of the compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same position During the review and approval of the compensation, documentation of the decision was recorded in the board minutes

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

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
StVincent Hospital and Health Care Center Inc

Employer identification number
35-0869066

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" 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

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	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" 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	(i) No
(1) SVH Real Estate Inc 8425 Harcourt Road Indianapolis, IN 46260 20-5002285	Real estate holding company	IN	StVincent Health Inc	C	2,784	2,969,423	100 000 %	Yes	
(2) St Mary's Medical Group Inc 3700 Washington Avenue Evansville, IN 47750 35-2076827	Investment	IN	St Mary's Health Services Inc	C	-641,423	742	100 000 %	Yes	

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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
(1) Ascension Health	B	40,157,966	Fair market value
(2) StVincent Hospital Foundation Inc	C	4,285,766	Fair market value
(3) StVincent Hospital Foundation Inc	B	1,747,250	Fair market value
(4) StVincent Medical Group Inc	B	100,997,550	Fair market value
(5) StVincent Fishers Hospital Inc	B	65,596,889	Book value

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

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

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

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

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? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No	(k) Percentage ownership
Breast MRI Leasing Company LLC 10330 N Meridian St Ste 430N Indianapolis, IN 46290 42-6662493	Sale and rental services	IN	StVincent Hospital and Health Care Center Inc	Related	230,642	43,329		No		Yes		50 000 %
Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150 Carmel, IN 46032 32-0014795	Ambulatory surgery center	IN	StVincent Carmel Hospital Inc	Related	5,892,459	1,896,555		No		Yes		45 000 %
Cooperative Managed Care Services LLC 9045 River Road Ste 250 Indianapolis, IN 46240 35-1999227	Case management	IN	StVincent Hospital and Health Care Center Inc	Unrelated	212,659	2,119,265		No		Yes		50 000 %
Endoscopy Center LLC 13421 Old Meridian St Ste 150 Carmel, IN 46032 32-0029881	Endoscopy center	IN	StVincent Carmel Hospital Inc	Related	681,952	357,300		No			No	51 000 %
Hancock Physician Network LLC 801 N State Street Greenfield, IN 46140 35-2051598	Primary care physician practices	IN	StVincent Hospital and Health Care Center Inc	Related	-2,692,272	2,094,475		No		Yes		50 000 %
HCH SVH Cath Lab Services LLC 1000 N 16th Street New Castle, IN 47362 45-2087950	Cath lab services	IN	StVincent Health Inc	Related	-229,738	1,629,927		No		Yes		50 000 %
Meridian Heights Associates LLC 6100 W 96th Street Ste 250 Indianapolis, IN 46278 26-4020296	Real estate holding	IN	StVincent Carmel Hospital Inc	Related		3,029,284		No		Yes		50 000 %
Neuro Oncology Equipment LLC 10330 N Meridian St Ste 430N Indianapolis, IN 46290 74-3103803	Sale and rental services	IN	StVincent Hospital and Health Care Center Inc	Related	151,678	1,684,704		No		Yes		50 000 %
StVincent HealthUSP LLC 15305 Dallas Pkwy Ste 1600 Addison, TX 75001 20-3749962	Ambulatory surgery center	IN	StVincent Health Inc	Related	136,436	387,939		No		Yes		50 000 %
StVincent Heart Center of Indiana LLC 10580 N Meridian Street Indianapolis, IN 46290 36-4492612	Heart hospital	IN	Central Indiana Health System Cardiac Services Inc	Related	20,552,234	78,811,464		No			No	74 080 %
Women's Physician Surgery Center LLC 8081 Township Line Road Indianapolis, IN 46260 35-2086841	Ambulatory surgery center	IN	StVincent Hospital and Health Care Center Inc	Related	-11,530	252,917		No			No	58 900 %
Ambulatory Care Center LLC 1125 Professional Blvd Evansville, IN 47714 35-2006018	OP Surgery	IN	St Mary's Health Services Inc	Related	4,879,396	4,549,444		No		Yes		50 000 %
Seton Health Services LLC 3700 Washington Avenue Evansville, IN 47750 27-0451316	Equipment rental	IN	St Mary's Health Services Inc	Related	36,943	99,375		No		Yes		50 000 %
St Mary's Peripheral Vascular Services Management Co LLC 3700 Washington Avenue Evansville, IN 47750 20-5062635	Management services	IN	St Mary's Medical Center of Evansville Inc	Related	211,137	156,690		No		Yes		75 000 %

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2012

Attachment Sequence No **179**

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

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

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

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

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

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ▶	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	34,516,272
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

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

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

Section B—Information on Use of Vehicles

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

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

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

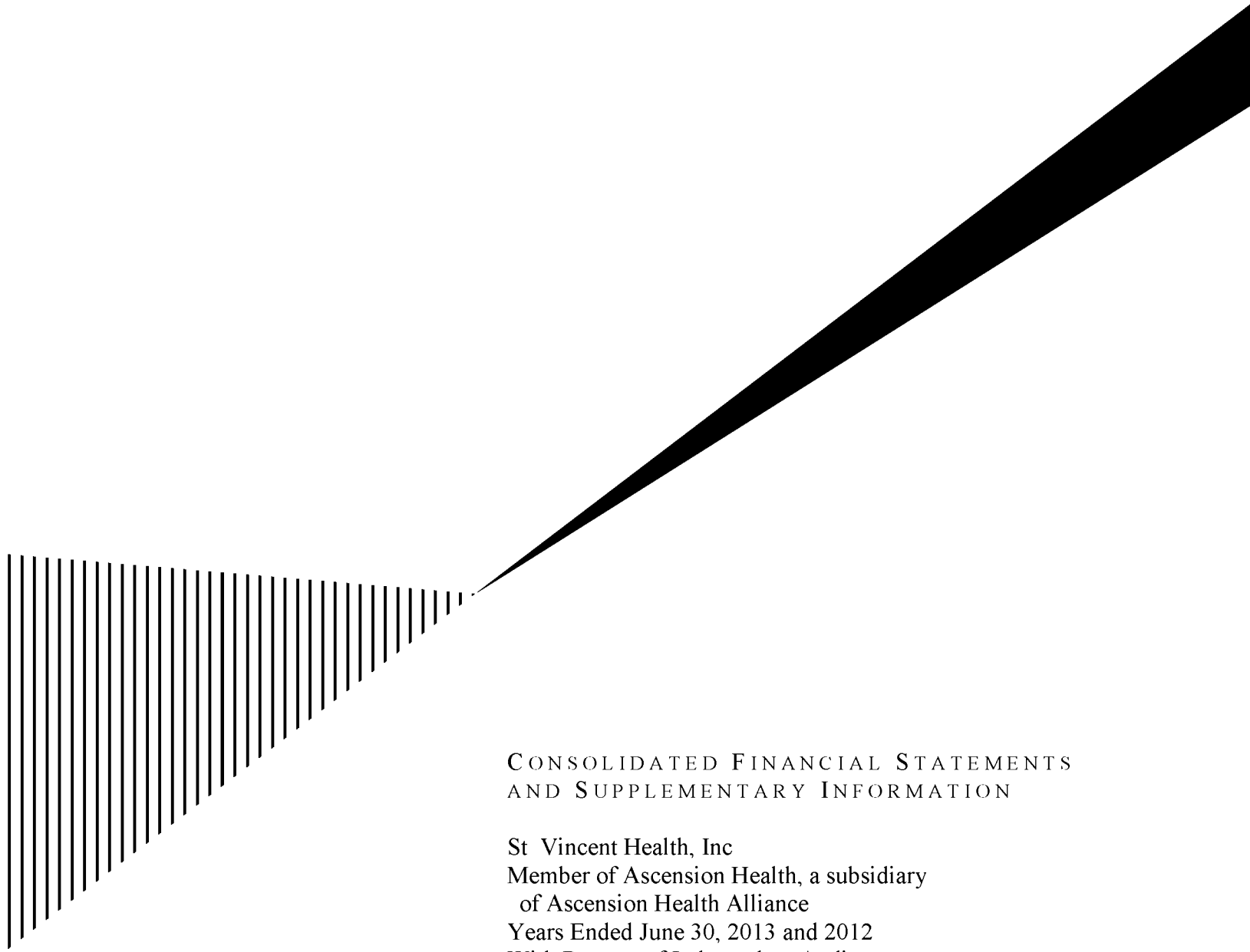
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	369,868



CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

St Vincent Health, Inc
Member of Ascension Health, a subsidiary
of Ascension Health Alliance
Years Ended June 30, 2013 and 2012
With Reports of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

St. Vincent Health, Inc.

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2013 and 2012

Contents

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Report of Independent Auditors

The Board of Directors
St Vincent Health, Inc

We have audited the accompanying consolidated financial statements of St Vincent Health, Inc , 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 Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the 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 financial statements referred to above present fairly, in all material respects, the consolidated financial position of St Vincent Health, Inc at June 30, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

As discussed in Note 1 to the consolidated financial statements, St Mary's Health, Inc changed its corporate membership from Ascension Health to St Vincent Health, Inc , St Vincent Health, Inc retrospectively adjusted its 2012 consolidated financial statements to include the historical operations and historical balances of St Mary's Health, Inc for comparative purposes

As discussed in Note 2 to the consolidated financial statements, St Vincent Health, Inc changed the presentation of the provision for bad debts as a result of adopting the amendments to the FASB Accounting Standards Codification resulting from Accounting Standards Update 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowances for Doubtful Accounts for Certain Health Care Entities*, effective July 1, 2012

Ernst + Young LLP

September 13, 2013

St. Vincent Health, Inc.

Consolidated Balance Sheets
(Dollars in Thousands)

	June 30 2013	2012 As Adjusted
Assets		
Current assets		
Cash and cash equivalents	**$ 49,042**	$ 39,436
Short-term investments	**33,058**	34,820
Interest in investments held by Ascension Health Alliance	**–**	45,690
Accounts receivable, less allowances for doubtful accounts ($104,389 and $104,451 at June 30, 2013 and 2012, respectively)	**357,725**	329,165
Current portion of assets limited as to use	**2,425**	2,647
Estimated third-party payor settlements	**9,186**	51,162
Inventories	**35,044**	29,469
Other	**49,251**	50,945
Total current assets	**535,731**	583,334
Assets limited as to use and other long-term investments	**88,256**	78,746
Interest in investments held by Ascension Health Alliance	**2,467,563**	2,209,977
Property and equipment		
Land and improvements	**78,264**	82,656
Building and equipment	**1,855,697**	1,825,213
Construction in progress	**57,894**	41,074
Less accumulated depreciation	**1,368,515**	1,333,775
Total property and equipment, net	**623,340**	615,168
Other assets		
Goodwill and other intangible assets	**189,675**	190,473
Investment in unconsolidated entities	**82,832**	77,766
Physician guarantee asset	**41,779**	22,624
Other	**35,743**	28,586
Total other assets	**350,029**	319,449
Total assets	**$ 4,064,919**	$ 3,806,674

	June 30	
	2013	2012 As Adjusted
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	**$ 6,804**	$ 12,892
Accounts payable and accrued liabilities	**282,005**	311,833
Estimated third-party payor settlements	**58,374**	47,258
Current portion of self-insurance liabilities	**7,413**	4,664
Other	**18,875**	15,535
Total current liabilities	**373,471**	392,182
Noncurrent liabilities		
Long-term debt	**465,879**	472,491
Pension and other postretirement liabilities	**100,665**	104,665
Physician guarantee liability	**41,628**	22,557
Other	**43,162**	35,590
Total noncurrent liabilities	**651,334**	635,303
Total liabilities	**1,024,805**	1,027,485
Net assets		
Unrestricted		
Controlling interest	**2,954,802**	2,700,690
Noncontrolling interests	**15,766**	14,092
Unrestricted net assets	**2,970,568**	2,714,782
Temporarily restricted – controlling interest	**52,357**	47,742
Permanently restricted – controlling interest	**17,189**	16,665
Total net assets	**3,040,114**	2,779,189
Total liabilities and net assets	**$ 4,064,919**	$ 3,806,674

See accompanying notes.

St. Vincent Health, Inc.

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended June 30	
	2013	**2012 As Adjusted**
Operating revenue		
Net patient service revenue	**$ 2,722,974**	$ 2,650,242
Less provision for doubtful accounts	**115,480**	121,071
Net patient service revenue, less provision for doubtful accounts	**2,607,494**	2,529,171
Other revenue	**128,431**	122,455
Income from unconsolidated entities, net	**20,639**	20,741
Net assets released from restrictions for operations	**4,595**	4,397
Total operating revenue	**2,761,159**	2,676,764
Operating expenses		
Salaries and wages	**1,074,841**	1,061,514
Employee benefits	**261,330**	251,752
Purchased services	**294,490**	234,379
Professional fees	**139,196**	133,501
Supplies	**348,610**	352,686
Insurance	**11,184**	10,943
Interest	**15,549**	18,263
Depreciation and amortization	**112,205**	101,383
Medicaid tax	**98,748**	74,073
Other	**237,929**	235,171
Total operating expenses before impairment, restructuring, and nonrecurring gains (losses), net	**2,594,082**	2,473,665
Income from operations before impairment, restructuring, and nonrecurring gains (losses), net	**167,077**	203,099
Impairment, restructuring, and nonrecurring gains (losses), net	**(11,499)**	69,256
Income from operations	**155,578**	272,355
Nonoperating gains (losses)		
Investment return	**180,105**	(41,016)
Income (loss) from unconsolidated entities	**796**	(2,478)
Other	**(8,162)**	(6,907)
Total nonoperating gains (losses), net	**172,739**	(50,401)
Excess of revenues and gains over expenses and losses	**328,317**	221,954
Less noncontrolling interests	**13,479**	11,751
Excess of revenues and gains over expenses and losses attributable to controlling interest	**314,838**	210,203

Continued on next page

St. Vincent Health, Inc.

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

(Dollars in Thousands)

	Year Ended June 30	
	2013	**2012 As Adjusted**
Unrestricted net assets, controlling interest		
Excess of revenues and gains over expenses and losses	**$ 314,838**	$ 210,203
Pension and other postretirement liability adjustments	**4,938**	(66,224)
Transfers to sponsor and other affiliates, net	**(68,781)**	(48,693)
Net assets released from restrictions for property acquisitions	**2,857**	4,177
Other	**260**	821
Increase in unrestricted net assets, controlling interest	**254,112**	100,284
Unrestricted net assets, noncontrolling interest		
Excess of revenues and gains over expenses and losses	**13,479**	11,751
Distributions of capital	**(11,808)**	(11,004)
Other	**3**	63
Increase in unrestricted net assets, noncontrolling interest	**1,674**	810
Temporarily restricted net assets, controlling interest		
Contributions and grants	**10,066**	9,875
Net change in unrealized gains/losses on investments	**1,287**	(1,604)
Investment return	**1,263**	1,599
Net assets released from restrictions	**(7,452)**	(8,574)
Other	**(549)**	(767)
Increase in temporarily restricted net assets, controlling interest	**4,615**	529
Permanently restricted net assets, controlling interest		
Contributions	**331**	102
Net change in unrealized gains/losses on investments	**85**	(117)
Investment return	**131**	110
Other	**(23)**	(48)
Increase in permanently restricted net assets, controlling interest	**524**	47
Increase in net assets	**260,925**	101,670
Net assets, beginning of the year	**2,779,189**	2,677,519
Net assets, end of the year	**$ 3,040,114**	$ 2,779,189

See accompanying notes

St. Vincent Health, Inc.

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30	
	2013	2012 As Adjusted
Operating activities		
Increase in net assets	**$ 260,925**	$ 101,670
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	**112,205**	101,383
Provision for doubtful accounts	**115,480**	121,071
Deferred pension costs	**(4,938)**	66,224
Interest, dividends, and net (gains) losses on investments	**(181,477)**	42,737
Loss on sale of assets defeasance of debt	**121**	115
Impairment and nonrecurring losses (gains), net	**11,499**	(69,256)
Transfers to sponsor and other affiliates, net	**68,781**	48,693
Restricted contributions, investment return, and other	**(11,219)**	(10,871)
Income from unconsolidated entities, net	**(21,435)**	(18,263)
Distributions from unconsolidated entities	**22,745**	23,001
Noncontrolling interest activity	**11,805**	10,941
(Increase) decrease in		
Short-term investments	**1,762**	2,273
Accounts receivable	**(144,040)**	(139,009)
Inventories and other current assets	**(4,075)**	(14,261)
Investments, including interest in investments held by Ascension Health Alliance	**(36,957)**	(200,206)
Other assets	**(7,155)**	(1,888)
Increase (decrease) in		
Accounts payable and accrued liabilities	**(42,151)**	10,369
Estimated third-party payor settlements, net	**53,092**	(27,097)
Other current liabilities	**10,748**	(566)
Other noncurrent liabilities	**8,450**	27,827
Net cash provided by operating activities	**224,166**	74,887
Investing activities		
Property and equipment and software additions	**(122,974)**	(122,276)
Proceeds from sale of property and equipment and other assets	**4,671**	218
Capital contributions to unconsolidated entities	**(6,376)**	(5,702)
Acquisition of assets	**(304)**	(5,038)
Net cash used in investing activities	**(124,983)**	(132,798)
Financing activities		
Issuance of long-term debt	**192**	–
Repayment of long-term debt	**(12,892)**	(3,451)
Distributions to noncontrolling interest partners	**(11,808)**	(11,004)
Other noncontrolling interest activity	**3**	63
Other financing activities	**(7,510)**	(7,614)
Transfers to sponsor and other affiliates, net	**(68,781)**	(48,693)
Restricted contributions, investment return, and other	**11,219**	10,871
Net cash used in financing activities	**(89,577)**	(59,828)
Net increase (decrease) in cash and cash equivalents	**9,606**	(117,739)
Cash and cash equivalents at beginning of year	**39,436**	157,175
Cash and cash equivalents at end of year	**$ 49,042**	$ 39,436

See accompanying notes

1. Organization and Mission

Organizational Structure

St Vincent Health, Inc (the Corporation) is a member of Ascension Health In December 2011, Ascension Health Alliance became the sole corporate member and parent organization of Ascension Health, a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 23 of the United States and the District of Columbia In addition to serving as the sole corporate member of Ascension Health, Ascension Health Alliance serves as the member or shareholder of various other subsidiaries Ascension Health Alliance, its subsidiaries, and the Health Ministries are referred to collectively from time to time hereafter as the System

Ascension Health Alliance is sponsored by Ascension Health Ministries, a Public Juridic Person The participating entities of Ascension Health Ministries are the Daughters of Charity of St Vincent de Paul in the United States, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province – American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi – US/Caribbean Province

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

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

1. Organization and Mission (continued)

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

Acute Care Hospitals:

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

St. Vincent Indianapolis Hospital
St. Vincent Women's Hospital
St. Vincent Stress Center
St. Vincent Medical Center Northeast
Peyton Manning Children's Hospital at St. Vincent

- *St. Vincent Carmel Hospital, Inc. (St. Vincent Carmel)* Carmel, Indiana
- *St. Joseph Hospital & Health Center, Inc. (St. Joseph-Kokomo)* Kokomo, Indiana
- *St. Vincent Anderson Regional Hospital, Inc. (formerly Saint John's Health System (Anderson))* Anderson, Indiana
- *St. Vincent Seton Specialty Hospital, Inc. (Seton)* Seton is a long-term acute care hospital with locations in Indianapolis and Lafayette, Indiana
- *St. Mary's Medical Center of Evansville, Inc. (SMMC):* SMMC is an acute care hospital located in Evansville, Indiana
- *St. Vincent Fishers Hospital, Inc.* (Fishers) Fishers, Indiana

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

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

1. Organization and Mission (continued)

- *St. Vincent Salem Hospital, Inc. (Salem):* Salem is an acute care hospital located in Salem, Indiana
- *St. Vincent Dunn Hospital, Inc. (Dunn):* Dunn is an acute care hospital located in Bedford, Indiana
- *St. Mary's Warrick Hospital, Inc. (Warrick):* Warrick is an acute care hospital located in Boonville, Indiana

Physician Groups:

- *St. Vincent Medical Group, Inc. (SVMG):* SVMG is the Corporation's multi-specialty physician network consisting of primary care, cardiology physicians, cardiovascular surgeons, remote care management, and other specialists located in Indianapolis, Indiana

- *St. Mary's Medical Group, LLC (SMMG):* SMMG is St Mary's parent company for four physician groups that include primary care, specialty care, internal medicine, cardiology physicians, and cardiovascular surgeons located in Evansville, Indiana

Other Health Care Entities:

- *Central Indiana Health System Cardiac Services, Inc. (CIHSCS)* CIHSCS is a 49% joint venture partner in Lafayette Heart Program Holdings, LLC, a cardiac program in Lafayette, Indiana CIHSCS also owns a controlling 74 1% of St Vincent Heart Center of Indiana, LLC (SVHCI), a freestanding cardiac hospital in Carmel, Indiana

- *St. Vincent Hospital Foundation, Inc., St. Mary's Medical Center Foundation, Inc., St. Mary's Warrick Hospital Foundation, Inc., St. Vincent Anderson Regional Hospital Foundation, Inc. (formerly Saint John's Foundation, Inc.), St. Joseph Foundation of Kokomo, Indiana, Inc., St. Vincent Frankfort Hospital Foundation, Inc., St. Vincent Randolph Hospital Foundation, Inc., St. Vincent Williamsport Hospital Foundation, Inc., St. Vincent Jennings Hospital Foundation, Inc., St. Vincent Clay Hospital Foundation, Inc., and St. Vincent Mercy Hospital Foundation, Inc. (collectively, the Foundations):* The Foundations provide fund-raising efforts to support the charitable, religious, scientific, and educational purposes of charitable works of SVHHS, SMMC, Anderson, St Joseph-Kokomo, Frankfort, Randolph, Williamsport, Jennings, Clay, Mercy, and other health facilities in accordance with the mission and values of Ascension Health

1. Organization and Mission (continued)

- *St. Vincent Health, Inc. (SVH)* SVH provides the corporate support functions for the Corporation

- *St. Mary's Health, Inc. (St. Mary's):* St Mary's provides corporate office support functions for St Mary's companies in Evansville, Indiana

- *St. Vincent New Hope, Inc. (New Hope)* New Hope is a residential treatment facility primarily providing residential and rehabilitation services for adults with a variety of developmental disabilities and is located in Indianapolis, Indiana

- *SVH Real Estate, Inc.(SVH Real Estate):* SVH Real Estate is a real estate holding company that holds land for future expansion of health care services and operates a medical office building that provides health care services

- *St. Vincent Health, Wellness and Preventive Care Institute, Inc. (Wellness)* Wellness is a public benefit corporation established to provide health, wellness, and preventive care services to patients primarily in central and southern Indiana

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

- *St. Mary's At Home, Inc. (SMAH):* SMAH is a home health organization that provides nursing and therapy services

- *St. Mary's Building Corporation (SMBC)* SMBC manages the St Mary's office buildings

- *St. Mary's Breast Center, LLC (SMFW):* SMFW provides breast screenings and diagnostic services and an array of women's wellness services

- *Ambulatory Care Center, LLC (ACC):* ACC is a consolidated joint venture with Evansville area physicians, which provides outpatient surgery services

1. Organization and Mission (continued)

- *St. Mary's Acute Dialysis Services, LLC (SMAD):* SMAD provides inpatient acute dialysis services

- *St. Mary's Peripheral Vascular Services, LLC (PV Lab):* PV Lab provides peripheral vascular services to patients

- *St. Mary's CARE Partners, Inc. (Care Partners):* Care Partners is a clinically integrated physician hospital organization

- *St. Mary's Warrick EMS, Inc. (EMS):* EMS provides ambulance services

Acquisitions and Change in Corporate Membership

As of July 1, 2012, St Mary's Health System of Americas, Inc changed its name to St Mary's Health, Inc St Mary's changed its corporate membership from Ascension Health to St Vincent Health, Inc The Corporation retrospectively adjusted its 2012 consolidated financial statements to include the historical operations and historical balances of St Mary's for comparative purposes This adjustment increased the 2012 income from operations by $62,347, excess of revenues and gains over expenses and losses by $53,857, total assets by $696,182, total liabilities by $248,201, and net assets by $447,981

The Corporation purchased CorVasc MD's, PC (CorVasc), a cardiovascular physician group, effective July 1, 2011, for a total purchase price of $2,907 CorVasc is operated under the Corporation's subsidiary SVMG

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

Consistent with the Corporation's policy and historical practice, the Corporation utilized independent third-party appraisers and advisors in estimating the fair market value of acquired assets and liabilities assumed, as well as the commercial reasonableness of the transactions

1. Organization and Mission (continued)

Mission

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

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

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research

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

1. Organization and Mission (continued)

The amount of traditional charity care provided, determined on the basis of cost, was approximately $86,052 and $83,107 for the years ended June 30, 2013 and 2012, respectively The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying supplementary information

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the Corporation or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation Investments in entities where the Corporation does not have operating control are recorded under the equity or cost method of accounting For entities recorded under the equity or cost method of accounting, the following table reflects the Corporation's interest in unconsolidated entities in the consolidated balance sheets, as well as income or loss for such entities included in the consolidated excess of revenues and gains over expenses and losses in the accompanying Consolidated Statements of Operations and Changes in Net Assets

The Corporation's equity in the net income (loss) of unconsolidated entities is recorded in other operating revenue if the investment relates to providing health care services and is recorded in other nonoperating gains (losses) if the investment relates to activities not related to providing health care services The Corporation recorded $20,639 and $20,741 in other operating revenue for the years ended June 30, 2013 and 2012, respectively The Corporation recorded $796 and $(2,478) in other nonoperating gains (losses) for the years ended June 30, 2013 and 2012, respectively

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

	Investment Recorded in Consolidated Balance Sheets as of June 30		Effect on Consolidated Excess of Revenues and Gains Over Expenses and Losses for the Year Ended June 30	
	2013	**2012**	**2013**	**2012**
Mid America Clinical Laboratories, LLC	**$ 7,124**	$ 5,664	**$ 2,996**	$ 2,659
Naab Road Surgery Center, LLC	**1,491**	1,678	**3,080**	3,356
The Surgery Center of Indianapolis, LLC	**1,910**	1,735	**2,634**	2,411
Advantage Health Solutions, Inc	**9,214**	6,237	**1,352**	(2,143)
Carmel Ambulatory Surgery Center, LLC	**1,444**	2,008	**4,812**	5,785
Lafayette Heart Program Holdings, LLC	**8,000**	8,000	**884**	–
Indiana Orthopaedic Hospital, LLC	**40,475**	39,824	**6,784**	6,012
Rehabilitation Hospital of Indiana, Inc	**2,050**	1,569	**481**	1,356
Other	**11,124**	11,051	**(1,588)**	(1,173)
	$ 82,832	$ 77,766	**$ 21,435**	$ 18,263

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

Use of Estimates

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

Fair Value of Financial Instruments

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

2. Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less

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

Prior to April 2012, the Corporation held a significant portion of its investments through the Ascension Legacy Portfolio (formerly the Health System Depository, or HSD), an investment pool of funds in which the System and a limited number of nonprofit health care providers participated The Ascension Legacy Portfolio investments were managed primarily by external investment managers within established investment guidelines The value of the Corporation's investment in the Ascension Legacy Portfolio represented the Corporation's pro rata share of the Ascension Legacy Portfolio's funds held for participants

During the year ended June 30, 2012, the CHIMCO Alpha Fund, LLC (Alpha Fund) was created to hold primarily all investments previously held through the Ascension Legacy Portfolio Catholic Healthcare Investment Management Company (CHIMCO), a wholly owned subsidiary of Ascension Health Alliance, acts as a manager and serves as the principal investment advisor for the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members In April 2012, a significant portion of the assets in the Ascension Legacy Portfolio was transferred to the Alpha Fund, in which Ascension Health Alliance has an investment interest, as a member of the Alpha Fund Ascension Health Alliance invests funds in the Alpha Fund on behalf of the Corporation As of June 30, 2013 and 2012, the Corporation has an interest in investments held by Ascension Health Alliance, which is reflected in the Consolidated Balance Sheets, and represents the Corporation's pro rata share of Ascension Health Alliance's investment interest in the Alpha Fund

The Corporation also invests in cash and short-term investments, U S government obligations, corporate obligations, marketable equity securities, international securities, and real estate investments that are locally managed Most of these funds are held in locally managed foundations where the Corporation has control over foundation assets

2. Significant Accounting Policies (continued)

The Corporation reports its interest in investments held by Ascension Health Alliance in the accompanying Consolidated Balance Sheets as short or long term, based on liquidity needs, which, prior to June 30, 2013, were directed by the Corporation and as of June 30, 2013, are directed by Ascension Health Alliance The Corporation's interest in investments held by Ascension Health Alliance are also classified based on whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Corporation The Corporation reports its other investments, including Foundation investments in the accompanying Consolidated Balance Sheets based upon the long or short term nature of the investments and whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Corporation

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

Purchases and sales of investments are accounted for on a trade-date basis Investment returns are comprised of dividends, interest, and gains and losses on the Corporation's investments, as well as the Corporation's return on its interest in investments held by Ascension Health Alliance, and are reported as nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law

Inventories

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

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including software internally developed Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage (expensed), application development stage (capitalized), or post-implementation stage (expensed) Intangible assets are included in other noncurrent assets on the Consolidated Balance Sheets and are comprised of the following

	June 30	
	2013	**2012**
Goodwill	**$ 103,999**	$ 103,838
Capitalized computer software costs	**161,610**	142,533
Accumulated amortization computer software costs	**(91,204)**	(74,396)
Other finite life intangibles	**25,002**	25,002
Accumulated amortization of other finite life intangibles	**(9,732)**	(6,504)
Total intangible assets	**$ 189,675**	$ 190,473

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs and other intangibles, are amortized over their expected useful lives

Computer software costs are amortized over a range of 3 to 7 years Other finite life intangibles include lease acquisition costs and assumed contracts and are amortized over a range of 5 to 15 years Total amortization expense for 2013 and 2012 was $20,946 and $20,515, respectively The five-year amortization of computer software and other finite life intangibles is as follows 2014 – $19,005, 2015 – $16,201, 2016 – $15,201, 2017 – $10,772, and 2018 – $8,325

2. Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets Depreciation expense in 2013 and 2012 was $91,259 and $80,868, respectively Additional depreciation expense of $9,989 related to St Mary's property and equipment was recorded during 2013 but related to previous years' activity and was an immaterial correction of an error The Corporation has not restated the prior year consolidated financial statements due to immateriality

Estimated useful lives by asset category are as follows land improvements – 10 to 25 years, buildings – 20 to 40 years, and equipment – 3 to 20 years Interest costs incurred as part of related construction are capitalized during the period of construction Net interest capitalized in 2013 and 2012 was $877 and $175, respectively

Several capital projects have remaining construction and related equipment purchase commitments of $20,921 as of June 30, 2013

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

The Corporation's most significant asset retirement obligation relates to required future asbestos remediation in certain hospital buildings Asset retirement obligations of $9,527 and $9,053 as of June 30, 2013 and 2012, respectively, are recorded in other noncurrent liabilities in the accompanying Consolidated Balance Sheets During 2013, $3 of retirement obligations were incurred and settled Accretion expense of $477 and $455 was recorded in 2013 and 2012, respectively

2. Significant Accounting Policies (continued)

Noncontrolling Interest

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

Temporarily and Permanently Restricted Net Assets

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

Performance Indicator

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

Operating and Nonoperating Activities

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

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

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

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term Adjustments to revenue related to prior periods increased net patient service revenue by $11,999 and $26,248 for the years ended June 30, 2013 and 2012, respectively

The percentage of net patient service revenue earned by payor for the years ended June 30, 2013 and 2012, is as follows

	Year Ended June 30	
	2013	**2012**
Medicare	**28.7%**	29 1%
Medicaid	**9.5**	8 0
HMO/PPO	**20.6**	21 8
Blue Cross	**29.4**	29 0
Commercial	**8.1**	8 5
Self-pay and other	**3.7**	3 6
	100.0%	100 0%

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2013 and 2012, are as follows

	June 30	
	2013	**2012**
Medicare	**18.1%**	17 7%
Medicaid	**8.8**	8 1
HMO/PPO	**20.6**	20 6
Blue Cross	**19.4**	17 7
Commercial	**5.5**	6 1
Self-pay and other	**27.6**	29 8
	100.0%	100 0%

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

2. Significant Accounting Policies (continued)

The Corporation has an agreement to transfer certain patient receivables with recourse to a third party in exchange for cash at a discounted rate The Corporation is deemed to have retained the risk of ownership of the receivables, which serve as collateral for the cash advanced to the Corporation, and the Corporation continues to reflect the receivables and related liability to the third party on its Consolidated Balance Sheets As of June 30, 2013 and 2012, receivables subject to this arrangement were $23,616 and $24,323, respectively, and are included in other current assets The Corporation estimates its recourse obligation, which is reflected in accounts payable and other accrued liabilities

Hospital Assessment Fee

The Indiana Hospital Association (IHA) and the Office of Medicaid Policy and Planning (OMPP) worked together to develop and implement a hospital assessment fee program as enacted by the 2011 Session of the Indiana General Assembly The Centers for Medicare and Medicaid Services (CMS) approved the state plan amendment necessary to implement these changes with an effective date of July 1, 2011 The program continued through June 30, 2013, and has been renewed by the Hospital Assessment Fee Committee, subject to CMS approval, for another four-year period through June 30, 2017 Under this program, OMPP will collect an assessment fee from eligible hospitals (the Medicaid tax) The Medicaid tax will be used in part to increase reimbursement to eligible hospitals for services provided in both fee-for-service and managed care programs and as the state share of disproportionate share hospital (DSH) payments During 2013 and 2012, the Corporation incurred $98,748 and $74,073, respectively, in Medicaid tax under this program, which is reflected in total operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets The Corporation earned additional Hospital Assessment Fee (HAF) reimbursement of $147,988 and $126,488 in 2013 and 2012, respectively, which is reflected in net patient service revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets

2. Significant Accounting Policies (continued)

Electronic Health Record Incentive Payments

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

The Corporation accounts for HITECH incentive payments as a gain contingency Income from Medicare incentive payments is recognized as revenue after the Corporation has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended The Corporation recognized revenue from Medicaid incentive payments after it adopted certified EHR technology Incentive payments totaling $13,661 and $4,243 for the years ended June 30, 2013 and 2012, respectively, are included in total operating revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, the Corporation's compliance with the meaningful use criteria is subject to audit by the federal government

Impairment, Restructuring, and Nonrecurring Gains (Losses)

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

2. Significant Accounting Policies (continued)

During the years ended June 30, 2013 and 2012, the Corporation recorded total impairment, restructuring, and nonrecurring (losses) and gains of $(11,499) and $69,256, respectively For the year ended June 30, 2013, this amount was comprised of restructuring and nonrecurring expenses primarily related to severance for reduction in force and other retention payments For the year ended June 30, 2012, this amount was comprised of long-lived asset impairments of $(4,887) related to the termination of an information technology service contract and impairment of an office building offset by a nonrecurring pension curtailment gain of approximately $74,143

Income Taxes

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

At June 30, 2013, the Corporation has a net operating loss carryforward of $57,840, which results in a deferred tax asset of $23,613 for federal and state income tax purposes These losses expire in varying amounts from 2015 through 2032 A valuation allowance has been recorded for the full amount of the deferred asset related to the net operating loss carryforwards due to the uncertainty regarding their use

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

Regulatory Compliance

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

2. Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications were made to the 2012 accompanying consolidated financial statements to conform to the 2013 presentation Such reclassifications had no impact on the change in net assets

Subsequent Events

The Corporation evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date but before the financial statements are issued, for potential recognition or disclosure in the consolidated financial statements as of the Consolidated Balance Sheet date For the year ended June 30, 2013, the Corporation evaluated subsequent events through September 13, 2013, representing the date on which the accompanying audited consolidated financial statements were available to be issued During this period, there were no subsequent events that required recognition or disclosure in the accompanying consolidated financial statements Additionally, there were no nonrecognized subsequent events that required disclosure

Adoption of New Accounting Standards

In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debt and the Allowance for Doubtful Accounts for Certain Health Care Entities* ASU 2011-07 requires healthcare entities that recognize significant amounts of patient service revenue at the time services are rendered to present the provision for doubtful accounts related to patient service revenue adjacent to patient service revenue in the Statements of Operations and Changes in Net Assets rather than as operating expense Additional disclosures relating to sources of patient service revenue and the allowance for doubtful accounts are also required This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011

The Corporation recognizes a significant amount of patient service revenue at the time services are rendered even though the patient's ability to pay is not initially assessed The Corporation adopted this guidance as of July 1, 2012, and retrospectively applied the presentation requirements to all periods presented The adoption of this guidance resulted in the reclassification of the Corporation's provision for doubtful accounts for the year ended June 30, 2012, decreasing total operating revenue and total operating expenses before impairment, restructuring and nonrecurring gains (losses), net by $121,071

(Dollars in Thousands)

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

At June 30, 2013 and 2012, the Corporation's investments are comprised of its interest in investments held by Ascension Health Alliance and certain other investments, including investments held and managed by the Foundations Board-designated investments represent investments designated by resolution of the Board of Trustees to put amounts aside primarily for future capital expansion and improvements Assets limited as to use primarily include investments restricted by donors The Corporation's cash, cash equivalents, interest in investments held by Ascension Health Alliance, and assets limited as to use and other long-term investments are reported in the accompanying Consolidated Balance Sheets as presented in the following table

	June 30	
	2013	**2012**
Cash and cash equivalents	**$ 49,042**	$ 39,436
Short-term investments	**33,058**	34,820
Current portion of assets limited as to use	**2,425**	2,647
Assets limited as to use and other long-term investments		
Board-designated investments	**18,710**	14,339
Temporarily or permanently restricted	**60,659**	59,186
Other long-term investments	**8,887**	5,221
Total assets limited as to use and other long-term investments	**88,256**	78,746
Interest in investments held by Ascension Health Alliance	**2,467,563**	2,255,667
Total	**$ 2,640,344**	$ 2,411,316

(Dollars in Thousands)

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

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

	June 30	
	2013	**2012**
Cash and cash equivalents	**$ 59,345**	$ 44,875
Short-term investments	**33,271**	35,561
U S government, state, municipal, and agency obligations	**1,998**	3,189
Corporate and foreign fixed income securities	**19,929**	19,178
Asset-backed securities	**190**	111
Equity securities	**41,477**	36,884
International securities	**11,084**	10,625
Alternative investments and other investments	**1,856**	1,660
Other assets limited as to use	**3,631**	3,566
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use, and other long-term investments	**172,781**	155,649
Interest in investments held by Ascension Health Alliance	**2,467,563**	2,255,667
Cash and cash equivalents, short-term investments, interest in investments held by Ascension Health Alliance, assets limited as to use, and other long-term investments	**$ 2,640,344**	$ 2,411,316

(Dollars in Thousands)

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

As of June 30, 2013 and 2012, the composition of total Alpha Fund and Ascension Legacy Portfolio investments is as follows

	June 30	
	2013	**2012**
Cash, cash equivalents, and short-term investments	**3.3%**	4 7%
U S government obligations	**24.7**	32 1
Asset-backed securities	**8.6**	10 3
Corporate and foreign fixed income investments	**12.0**	9 0
Equity securities	**17.4**	13 1
Alternative investments and other investments		
Private equity and real estate funds	**5.8**	5 7
Hedge funds	**21.9**	18 7
Commodities funds and other investments	**6.3**	6 4
	100.0%	100 0%

Investment return recognized by the Corporation is summarized as follows

	Year Ended June 30	
	2013	**2012**
Return (loss) on interest in investments held by Ascension Health Alliance and investment return in Ascension Legacy Portfolio	**$ 172,784**	$ (43,140)
Interest and dividends	**3,647**	2,210
Net gains (losses) on investments reported at fair value	**5,286**	(1,561)
Restricted investment income	**1,154**	1,463
Total investment return (loss)	**$ 182,871**	$ (41,028)
Investment return (loss) included in nonoperating gains (losses)	**$ 180,105**	$ (41,016)
Increase (decrease) in restricted net assets	**2,766**	(12)
Total investment return (loss)	**$ 182,871**	$ (41,028)

4. Fair Value Measurements

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

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

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

Level 1 – Quoted prices (unadjusted) that are readily available in active markets or exchanges for identical assets or liabilities on the reporting date

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly Level 2 pricing inputs include prices quoted for similar assets and liabilities in active markets or exchanges or prices quoted for identical or similar assets and liabilities in markets that are not active If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability

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

4. Fair Value Measurements (continued)

As of June 30, 2013 and 2012, the Level 2 and Level 3 assets and liabilities listed in the fair value hierarchy tables on the following pages utilize the following valuation techniques and inputs

Cash and cash equivalents and short-term investments

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

Pooled short-term investment funds

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

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

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

Corporate and foreign fixed income securities

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

4. Fair Value Measurements (continued)

Asset-backed securities

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

Equity securities

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

Alternative investments and other investments

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

Other alternative investments are valued using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals

4. Fair Value Measurements (continued)

As discussed in Notes 2 and 3, the Corporation has an interest in investments held by Ascension Health Alliance and certain other investments, such as those investments held and managed by foundations As of June 30, 2013, 20%, 43%, and 37% of total Alpha Fund assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2, and Level 3 inputs, respectively, while 0%, 100%, and 0% of total Alpha Fund liabilities that are measured at fair value on a recurring basis were measured at such fair values based on Level 1, Level 2, and Level 3 inputs, respectively

As of June 30, 2012, 17%, 52%, and 31% of total Alpha Fund assets that were measured at fair value on a recurring basis were measured based on Level 1, Level 2, and Level 3 inputs, respectively, while 0%, 100%, and 0% of total Alpha Fund liabilities that were measured at fair value on a recurring basis were measured based on Level 1, Level 2, and Level 3 inputs, respectively

The following table summarizes fair value measurements, by level, at June 30, 2013, for all financial assets measured at fair value on a recurring basis in the Corporation's consolidated financial statements

(Dollars in Thousands)

4. Fair Value Measurements (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2013				
Cash and cash equivalents	$ 9,682	$ 621	$ –	$ 10,303
Short-term investments	7,449	25,822	–	33,271
U.S. government, state, municipal, and agency obligations	–	1,998	–	1,998
Corporate and foreign fixed income securities	–	19,929	–	19,929
Asset-backed securities	–	190	–	190
Equity securities	38,228	3,249	–	41,477
International securities	11,084	–	–	11,084
Subtotal of assets at fair value	66,443	51,809	–	118,252
Assets not measured at fair value				54,529
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use, and other long-term investments				$ 172,781
Benefit plan assets, included in other noncurrent assets, invested in				
Equity securities	$ 20,037	$ –	$ –	$ 20,037
Pooled short-term investment funds	$ –	$ –	$ 5,104	$ 5,104

(Dollars in Thousands)

4. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2012, for all financial assets measured at fair value on a recurring basis in the Corporation's consolidated financial statements

	Level 1	Level 2	Level 3	Total
June 30, 2012				
Cash and cash equivalents	$ 4,976	$ 294	$ –	$ 5,270
Short-term investments	11,131	24,430	–	35,561
U S government, state, municipal, and agency obligations	–	3,189	–	3,189
Corporate and foreign fixed income securities	–	19,178	–	19,178
Asset-backed securities	–	111	–	111
Equity securities	33,855	3,029	–	36,884
International securities	10,625	–	200	10,825
Subtotal of assets at fair value	60,587	50,231	200	111,018
Assets not measured at fair value				44,631
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use, and other long-term investments				$ 155,649
Benefit plan assets, included in other noncurrent assets, invested in				
Equity securities	$ 14,096	$ –	$ –	$ 14,096
Pooled short-term investment funds	$ –	$ –	$ 4,471	$ 4,471

(Dollars in Thousands)

4. Fair Value Measurements (continued)

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

During the years ended June 30, 2013 and 2012, the changes in the fair value of the foregoing assets measured using significant unobservable inputs (Level 3) were comprised of the following Transfers in or out of Level 3 are recognized as of the beginning of the reporting period The balance at July 1, 2011, was $3,578, purchases, issuances, and settlements were $559, and transfers into Level 3 were $334 The balance at July 1, 2012, was $4,471, purchases, issuances, and settlements were $1,126, and transfers out of Level 3 were $493, resulting in an ending balance at June 30, 2013, of $5,104

5. Long-Term Debt

Long-term debt consists of the following

	June 30	
	2013	**2012**
Intercompany debt with Ascension Health Alliance, payable in installments through November 2053, interest (3 54% and 3 79% at June 30, 2013 and 2012, respectively) adjusted based on the prevailing blended market interest rate of underlying debt obligations	**$ 472,683**	$ 476,216
Notes payable with The Care Group, LLC and other related entities, paid July 2, 2012, interest at 4 25%	**–**	9,167
	472,683	485,383
Less current portion	**6,804**	12,892
Long-term debt, less current portion	**$ 465,879**	$ 472,491

(Dollars in Thousands)

5. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt are as follows

Year ending June 30	
2014	$ 6,804
2015	6,638
2016	5,622
2017	6,817
2018	6,884
Thereafter	439,918
Total	$ 472,683

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

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

5. Long-Term Debt (continued)

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

The borrowing portfolio of the Senior and Subordinate Credit Group includes a combination of fixed and variable rate hospital revenue bonds, commercial paper and other obligations, the proceeds of which are in turn loaned to the Senior and Subordinate Credit Group members subject to a long-term amortization schedule of 1 to 39 years

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

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

5. Long-Term Debt (continued)

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

As of June 30, 2013, the Senior Credit Group has a line of credit of $1,000,000, which may be used as a source of funding for unremarketed variable rate debt (including commercial paper) or for general corporate purposes, toward which bank commitments totaling $1,000,000 extend to November 9, 2014 As of June 30, 2013 and 2012, there were no borrowings under the line of credit

As of June 30, 2013, the Subordinate Credit Group has a $75,000 revolving line of credit related to its letters of credit program, toward which a bank commitment of $75,000 extends to November 27, 2013 As of June 30, 2013, $49,990 of letters of credit had been extended under the revolving line of credit, although there were no borrowings under any of the letters of credit

The outstanding principal amount of all hospital revenue bonds is $5,196,235, which represents 40% of the combined unrestricted net assets of the Senior and Subordinate Credit Groups members at June 30, 2013

Guarantees are contingent commitments issued by the Senior and Subordinate Credit Groups generally to guarantee the performance of a sponsored organization or an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and similar transactions The term of the guarantee is equal to the term of the related debt, which can be as short as 30 days or as long as 27 years The maximum potential amount of future payments the Senior and Subordinate Credit Groups could be required to make under its guarantees and other commitments at June 30, 2013, is approximately $377,000

During the years ended June 30, 2013 and 2012, interest paid was $16,426 and $18,438, respectively Capitalized interest was $877 and $175 for the years ended June 30, 2013 and 2012, respectively

6. Pension Plans

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

Ascension Health Pension Plan

The Corporation participates in the Ascension Health Pension Plan (the Ascension Plan), a noncontributory defined benefit pension plan that covers substantially all eligible employees of certain System entities Benefits are based on each participant's years of service and compensation The Ascension Plan's assets are invested in the Ascension Health Master Pension Trust (the Trust), a master trust consisting of cash and cash equivalents, equity, fixed income funds, and alternative investments The Trust also invests in derivative instruments, the purpose of which is to economically hedge the change in the net funded status of the Ascension Plan for a significant portion of the total pension liability that can occur due to changes in interest rates Contributions to the Ascension Plan are based on actuarially determined amounts sufficient to meet the benefits to be paid to plan participants Net periodic pension cost of $2,252 in 2013 and $20,417 in 2012 was charged to the Corporation The service cost component of net periodic pension cost charged to the Corporation is actuarially determined, while all other components are allocated based on the Corporation's pro rata share of Ascension Health's overall projected benefit obligation

During the year ended June 30, 2012, the System approved and communicated to employees a redesign of associate retirement benefits, which affects the Ascension Plan and provides an enhanced comprehensive defined contribution plan These changes became effective January 1, 2013 These changes resulted in the Corporation's recognition of a nonrecurring curtailment gain of $74,143 during the year ended June 30, 2012 These changes also resulted in one-time decreases to the projected benefit obligation of $89,004 The projected benefit obligation is included in pension and other postretirement liabilities in the Accompanying Consolidated Balance Sheets

6. Pension Plans (continued)

The assets of the Ascension Plan are available to pay the benefits of eligible employees of all participating entities In the event participating entities are unable to fulfill their financial obligations under the Ascension Plan, the other participating entities are obligated to do so As of June 30, 2013, the Ascension Plan had a net unfunded liability of $187,362 The Corporation's allocated share of the Ascension Plan's net unfunded liability reflected in the accompanying Consolidated Balance Sheets at June 30, 2013 and 2012, was $100,665 and $104,665, respectively As a result of updating the funded status of the Plan, Ascension Health transferred an additional pension liability of $3,742 and $43,453 to the Corporation during 2013 and 2012, respectively These transfers are included in pension and other postretirement liability adjustments in the accompanying Consolidated Statements of Operations and Changes in Net Assets

As of June 30, 2013 and 2012, the fair value of the Ascension Plan's assets available for benefits was $3,849,706 and $3,948,293, respectively As discussed in the Fair Value Measurements note, the Corporation, as well as the System, follows a three-level hierarchy to categorize assets and liabilities measured at fair value In accordance with this hierarchy, as of June 30, 2013, 21%, 39%, and 40% of the Ascension Plan's assets that were measured at fair value on a recurring basis were categorized as Level 1, Level 2, and Level 3, respectively With respect to the Ascension Plan's liabilities measured at fair value on a recurring basis, 0%, 0%, and 100% were categorized as Level 1, Level 2, and Level 3, respectively, as of June 30, 2013 Additionally, as of June 30, 2012, 16%, 51%, and 33% of the Ascension Plan's assets that were measured at fair value on a recurring basis were categorized as Level 1, Level 2, and Level 3, respectively With respect to the Ascension Plan's liabilities measured at fair value on a recurring basis, 6%, 87%, and 7% were categorized as Level 1, Level 2, and Level 3, respectively, as of June 30, 2012

6. Pension Plans (continued)

Ascension Health Defined Contribution Plan

The Corporation participates in the Ascension Health Defined Contribution Plan (the Defined Contribution Plan), a contributory and noncontributory, defined contribution plan sponsored by Ascension Health that covers all eligible associates There are three primary types of contributions to the Defined Contribution Plan employer automatic contributions, employee contributions, and employer matching contributions Benefits for employer automatic contributions are determined as a percentage of a participant's salary These benefits are funded annually, and participants become fully vested over a period of time Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period These benefits are funded each payroll period, and participants become fully vested in all employer contributions immediately Defined contribution expense, representing both employer automatic contributions and employer matching contributions (including the St Vincent Heart Center of Indiana Retirement Plan amounts), was $33,250 and $18,713 for the years ended June 30, 2013 and 2012, respectively

St. Vincent Heart Center of Indiana Retirement Plan

Through September 30, 2012, SVHCI had a defined contribution retirement plan that covered substantially all employees SVHCI made nonelective contributions that were based on the participating employee's compensation Employees were immediately vested in this portion of the plan In addition, SVHCI matched the participating employee's elective 401(k) contributions up to 3% of the employee's compensation Vesting in SVHCI matching contributions was based on years of service, and such contributions were 100% vested to the employee after five years of service Effective September 30, 2012, the St Vincent Heart Center of Indiana Retirement Plan was frozen, all participant balances became fully vested, and the Plan assets were transferred to the Ascension Health Defined Contribution Plan (with the same benefits as the Ascension Health Defined Contribution Plan noted above)

7. Self-Insurance Programs

The Corporation participates in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits Actuarially determined amounts, discounted at 6%, are contributed to the trusts and the captive insurance company to provide for the estimated cost of claims The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported and are discounted at 6% in 2013 and 2012 In the event that sufficient funds are not available from the self-insurance programs, each participating entity may be assessed its pro rata share of the deficiency If contributions exceed the losses paid, the excess may be returned to participating entities

Professional and General Liability Programs

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

7. Self-Insurance Programs (continued)

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of $4,588 and $4,711 for the years ended June 30, 2013 and 2012, respectively For the year ended June 30, 2013, the expense has been reduced by $5,660 of excess premiums previously retained by Ascension Health's professional and general liability self-insured program which has been returned to the Health Ministry Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are liabilities for deductibles and reserves for claims incurred but not yet reported of $5,816 and $4,664 at June 30, 2013 and 2012, respectively

In addition, the Corporation maintains professional and general liability insurance coverage for its physician groups through outside insurance agencies Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense related to physician coverage of $3,336 and $3,330 for the years ended June 30, 2013 and 2012, respectively

Workers' Compensation

The Corporation participates in Ascension Health's workers' compensation program, which provides occurrence coverage through a grantor trust The trust provides coverage up to $1,000 per occurrence with no aggregate On July 1, 2012, the Corporation implemented a $100 deductible, thereby assuming responsibility for indemnity and expenses for each and every claim occurring and reported after that date, up to the deductible amount The trust provides a mechanism for funding the workers' compensation obligations of its members Excess insurance against catastrophic loss is obtained through commercial insurers Premium payments made to the trust are expensed and reflect both claims reported and claims incurred but not reported

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of $4,672 and $6,284 for the years ended June 30, 2013 and 2012, respectively Included in current self-insurance liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of $1,597 and $0 at June 30, 2013 and 2012, respectively

(Dollars in Thousands)

7. Self-Insurance Programs (continued)

Medical and Dental Claims

The Corporation is self-insured for medical and dental claims The Corporation estimates its liability for covered medical and dental claims, including claims incurred but not reported, based upon historical costs incurred and payment processing experience At June 30, 2013 and 2012, the liability for such covered medical and dental claims was $12,235 and $12,769, respectively, and is included in accounts payable and accrued liabilities in the accompanying Consolidated Balance Sheets

8. Lease Commitments

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

Year ending June 30	
2014	$ 35,607
2015	31,733
2016	25,008
2017	21,415
2018	14,273
Thereafter	27,571
Total	$ 155,607

The Corporation has subleased certain of its space under the operating leases reported above Total future minimum rents to be received under noncancelable subleases with terms of one year or more are $1,618

In addition, the Corporation is a lessor under certain operating lease agreements, primarily ground leases related to third party owned medical office buildings (MOBs) on land owned by the Corporation The Corporation also leases space to others in some buildings it owns Future minimum rental receipts under all noncancelable operating leases with terms of one year or more are as follows

(Dollars in Thousands)

8. Lease Commitments (continued)

Year ending June 30	
2014	$ 2,430
2015	2,239
2016	1,924
2017	1,498
2018	1,343
Thereafter	38,977
Total	$ 48,411

Rental expense under operating leases amounted to $63,959 and $63,101 in 2013 and 2012, respectively

In May 2003, the Corporation sold various outpatient and professional MOBs to a real estate investment trust (REIT) and contemporaneously leased back certain space in those buildings to support ongoing ministry operations for a period of 12 years with leases extending through 2015 These space leases are being accounted for as operating leases based on their terms, and future minimum lease payments under these leases are included in the amounts reported above The building sales were accounted for as sale-leaseback transactions, and as such, certain gains on the sales were deferred As of June 30, 2013 and 2012, net deferred gains of $502 and $1,050, respectively, were included in other noncurrent liabilities in the accompanying Consolidated Balance Sheets These gains are being recognized as operating income over the related leaseback terms In connection with that sale, the Corporation entered into a long-term ground lease for the property underlying the buildings, whereby the REIT is able to take control of the buildings for 50 years with one 25-year renewal at the option of the REIT

9. Related-Party Transactions

The Corporation utilizes various centralized programs and overhead services of the System or its other sponsored organizations, including risk management, retirement services, treasury, debt management, executive management support, internal audit services, administrative services, biomedical engineering, supply chain, and information technology services The charges allocated to the Corporation for these services represent both allocations of common costs and specifically identified expenses that are incurred by the System on behalf of the Corporation Allocations are based on relevant metrics such as the Corporation's pro rata share of revenues, certain costs, debt, or investments to the consolidated totals of the System The amounts charged to the Corporation for these services may not necessarily result in the net costs that would be incurred by the Corporation on a stand-alone basis The charges allocated to the Corporation were $146,224 and $136,171 for the years ended June 30, 2013 and 2012, respectively

In addition to the charges discussed above, the Corporation made payments to the System of $40,841 and $42,691 for the years ended June 30, 2013 and 2012, respectively, representing the Corporation's share of costs to fund a System-wide information technology and process standardization project that is expected to continue through December 2015 Also, during the years ending June 30, 2013 and 2012, the Corporation transferred cash and investments of $27,940 and $6,002, respectively, in support of Ascension Health's strategic initiatives and Sister Services These payments are included in transfers to sponsor and other affiliates, net, in the accompanying Consolidated Statements of Operations and Changes in Net Assets

The Corporation purchased $48,103 and $31,008 of laboratory services in 2013 and 2012, respectively, from Mid America Clinical Laboratories, LLC (MACL) SVHHS is a 25% owner of MACL

The Corporation paid $88 and $577 to Suburban Health Organization (SHO) in 2013 and 2012, respectively, for items such as physician recruitment dues, third-party administration services, and network development SHO processed $30,424 and $45,303 in claim payments for the Corporation in 2013 and 2012, respectively SVH is a Class D stockholder of SHO

The Corporation paid $1,697 and $1,688 to NeuroOncology Equipment, LLC (Novalis) in 2013 and 2012, respectively, for rental of equipment SVHHS is a 50% owner of Novalis

The Corporation paid $1,678 and $1,800 to United Hospital Services, LLC (UHS) in 2013 and 2012, respectively, for laundry services SVHHS is a 16 7% owner of UHS

9. Related-Party Transactions (continued)

The Corporation paid $615 to Breast MRI Leasing Company, LLC (Breast MRI) in both 2013 and 2012 for rental of equipment SVHHS is a 50% owner of Breast MRI

The Corporation paid $3,100 and $2,400 to Orthopaedic Consulting Services, LLC (OCS) in 2013 and 2012, respectively, for management fees SVHHS is a 5% owner of OCS

The Corporation paid $2,435 and $0 to Women's Services Management, LLC (WSM) in 2013 and 2012, respectively, for management fees SVHHS is a 5% owner of WSM

The Corporation participates in a joint venture arrangement for the operation of the Rehabilitation Hospital of Indiana, Inc (RHI), a free-standing, not-for-profit, comprehensive rehabilitation facility The Corporation is a 49% owner and guarantees 50% of the outstanding bonds and line of credit amounts ($8,035 at June 30, 2013), using a supporting letter of credit for payment of principal and interest on certain debt issued on behalf of RHI The guarantee extends through the term of the debt and expires on November 1, 2020 A long-term liability has been recorded in the accompanying Consolidated Balance Sheets of $85 and $90 in 2013 and 2012, respectively, representing the fair value of this guarantee determined using a discounted cash flow analysis The Corporation also made a working capital loan of $1,500 to RHI on June 1, 2010

The Corporation is a 34 5% owner of Advantage Health Solutions, Inc (Advantage) SVHHS is a 50% guarantor on the minimum statutory net worth requirement with the Indiana Department of Insurance The guarantee amount was $4,544 at June 30, 2013, however, because Advantage is well in excess of the minimum statutory net worth requirements, the Corporation estimates the fair value of this guarantee to be zero

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

The Corporation provides professional services to some of its joint ventures The revenue received for these services was $38,260 and $41,747 in 2013 and 2012, respectively, and is included in other revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets

10. Contingencies and Commitments

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

In March 2013, Ascension Health Alliance and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of the Ascension Plan The Corporation does not believe that this matter will have a material adverse effect on the Corporation's consolidated financial position or results of operations

In September 2010, Ascension Health received a letter from the U S Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators were provided to certain Medicare beneficiaries in accordance with national coverage criteria In connection with this nationwide review, the Corporation will be reviewing applicable medical records for response to the DOJ The DOJ's investigation spans a time frame beginning in 2004 and extending through the present time Through September 13, 2013, the DOJ has not asserted any claims against the Corporation Ascension Health and the Corporation continue to fully cooperate with the DOJ in its investigation

10. Contingencies and Commitments (continued)

The Corporation enters into agreements with nonemployed physicians that include minimum revenue guarantees These guarantees provide financial incentives to induce physicians to relocate their practices to a health ministry that serves an area with a demonstrated community need Guarantees are designed to assist a physician in establishing a viable medical practice in a community in order to promote the health of the community The Corporation agrees to make payments to the physician at the end of specific time periods if the gross receipts generated by the practice do not equal or exceed a specific dollar amount The Corporation has also entered into agreements with physician groups to provide emergency room, anesthesia, orthopaedic trauma with Orthopaedics Indianapolis, P C (80% owner of Indiana Orthopaedic Hospital, LLC), and obstetrics emergency department coverage in areas with a demonstrated community need The Corporation guarantees to cover the costs of providing coverage if there are not sufficient patient billings that exceed the cost of providing the coverage The carrying amounts of the liability for the Corporation's obligation under these guarantees were $41,628 and $22,557 at June 30, 2013 and 2012, respectively, and are included in noncurrent liabilities in the accompanying Consolidated Balance Sheets The corresponding deferred charges of $41,779 and $22,624 at June 30, 2013 and 2012, respectively, are included in other assets in the accompanying Consolidated Balance Sheets and are amortized to expense over the term of the related guarantee

The maximum amount of future payments that the Corporation could be required to make under these guarantees is $91,373 However, the Corporation is entitled to proceeds of receivables collected to offset guarantee amounts paid, which reduces the total maximum guarantee amount

The Corporation has certain supply commitments totaling $2,974 at June 30, 2013

Supplementary Information

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Report of Independent Auditors on Supplementary Information

The Board of Directors
St Vincent Health, Inc

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying Consolidating Balance Sheet as of June 30, 2013, Consolidating Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, and Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs for the years ended June 30, 2013 and 2012, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst + Young LLP

September 13, 2013

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013
(Dollars in Thousands)

	Consolidated St Vincent Health	Reclassifications and Eliminations	St Vincent Health, Inc	SVH Real Estate, Inc	St. Vincent Health, Wellness & Preventive Care Institute, Inc	St Joseph Hospital & Health Center, Inc	St Vincent Anderson Regional Hospital, Inc
Assets							
Current assets							
Cash and cash equivalents	$ 49 042	$ –	$ 2 997	$ 28	$ –	$ 346	$ 565
Short-term investments	33 058	–	–	–	–	4 783	–
Accounts receivable less allowances for doubtful accounts of $104 389	357 725	–	–	–	36	19 894	27 329
Current portion of assets limited as to use	2 425	–	–	–	–	–	357
Estimated third-party payor settlements	9 186	–	–	–	–	437	360
Inventories	35 044	–	7	–	–	2 307	3 995
Other	49 251	(23 726)	19 312	29	169	893	3 911
Total current assets	535 731	(23 726)	22 316	57	205	28 660	36 517
Assets limited as to use and other long-term investments	88 256	–	–	–	33	1 307	4 834
Interest in investments held by Ascension Health Alliance	2 467 563	–	20 388	–	54	142 733	74 804
Property and equipment							
Land and improvements	78 264	–	1 084	600	–	3 016	6 861
Building and equipment	1 855 697	–	93 165	1 744	–	136 094	119 567
Construction-in-progress	57 894	–	2 204	–	–	2 184	3 078
Less accumulated depreciation	1 368 515	–	77 322	7	–	108 406	94 570
Total property and equipment net	623 340	–	19 131	2 337	–	32 888	34 936
Other assets							
Goodwill and other intangible assets	189 675	–	68 586	–	–	144	4
Investment in unconsolidated entities	82 832	–	14 118	–	–	308	–
Physician guarantee asset	41 779	–	–	–	–	658	1 645
Other	35 743	(35 612)	54 449	535	–	134	168
Total other assets	350 029	(35 612)	137 153	535	–	1 244	1 817
Total assets	$ 4 064 919	$ (59 338)	$ 198 988	$ 2 929	$ 292	$ 206 832	$ 152 908

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013
(Dollars in Thousands)

	CHSCS and CHS Newco, LLC	St Vincent Heart Center of Indiana, LLC	St Vincent Hospital and Health Care Center, Inc	St Vincent Hospital Foundation, Inc	St. Vincent Fishers Hospital, Inc	St Vincent Carmel Hospital, Inc	St. Vincent Mercy Hospital
Assets							
Current assets							
Cash and cash equivalents	$ 552	$ 14 982	$ 6 710	$ 616	$ 997	$ 973	$ 327
Short-term investments	–	24 238	–	3 425	–	–	477
Accounts receivable less allowances for doubtful accounts of $104 389	–	15 567	163 270	–	4 710	20 872	2 350
Current portion of assets limited as to use	–	–	–	1 871	–	–	10
Estimated third-party payor settlements	–	48	3 587	–	–	126	382
Inventories	–	1 538	14 979	–	343	1 198	211
Other	14	2 018	24 983	79	740	3 889	417
Total current assets	566	58 391	213 529	5 991	6 790	27 058	4 174
Assets limited as to use and other long-term investments	–	16	380	70 468	–	–	214
Interest in investments held by Ascension Health Alliance	53 723	–	814 348	3 742	659	552 793	15 214
Property and equipment							
Land and improvements	7 139	–	20 547	–	8 121	4 336	1 003
Building and equipment	–	65 753	719 310	–	56 066	102 036	28 670
Construction-in-progress	–	54	16 368	–	349	17 470	18
Less accumulated depreciation	1 591	43 062	550 303	–	6 288	67 502	18 445
Total property and equipment net	5 548	22 745	205 922	–	58 248	56 340	11 246
Other assets							
Goodwill and other intangible assets	46 756	207	34 953	–	57	1 644	–
Investment in unconsolidated entities	8 000	–	55 680	–	–	4 303	–
Physician guarantee asset	–	–	15 115	–	908	–	1 109
Other	–	67	2 013	–	41	89	911
Total other assets	54 756	274	107 761	–	1 006	6 036	2 020
Total assets	$ 114 593	$ 81 426	$ 1 341 940	$ 80 201	$ 66 703	$ 642 227	$ 32 868

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013
(Dollars in Thousands)

	St Vincent Randolph Hospital, Inc	St Vincent Clay Hospital, Inc	St Vincent New Hope, Inc	St Vincent Frankfort Hospital, Inc	St Vincent Williamsport Hospital, Inc	St Vincent Jennings Hospital, Inc	St Vincent Salem Hospital, Inc
Assets							
Current assets							
Cash and cash equivalents	$ 35	$ 1 089	$ 1 002	$ 573	$ 1 098	$ 159	$ 27
Short-term investments	15	47	–	73	–	–	–
Accounts receivable less allowances for doubtful accounts of $104 389	2 848	2 461	1 865	2 902	2 199	2 175	1 978
Current portion of assets limited as to use	–	–	–	–	–	–	–
Estimated third-party payor settlements	534	240	7	215	211	364	44
Inventories	284	426	–	423	288	180	286
Other	541	778	78	311	6	139	972
Total current assets	4 257	5 041	2 952	4 497	3 802	3 017	3 307
Assets limited as to use and other long-term investments	951	355	–	222	629	177	57
Interest in investments held by Ascension Health Alliance	25 818	34 649	878	39 724	33 177	6 815	7 281
Property and equipment							
Land and improvements	722	315	939	226	280	538	–
Building and equipment	24 029	18 446	7 994	8 810	12 525	17 913	1 873
Construction-in-progress	32	295	–	16	447	17	364
Less accumulated depreciation	12 030	12 312	6 341	6 439	7 636	9 286	830
Total property and equipment net	12 753	6 744	2 592	2 613	5 616	9 182	1 407
Other assets							
Goodwill and other intangible assets	3	–	–	–	–	–	662
Investment in unconsolidated entities	–	–	–	–	–	–	–
Physician guarantee asset	442	720	–	–	–	666	914
Other	357	286	–	23	724	124	23
Total other assets	802	1 006	–	23	724	790	1 599
Total assets	$ 44 581	$ 47 795	$ 6 422	$ 47 079	$ 43 948	$ 19 981	$ 13 651

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013

(Dollars in Thousands)

	St Vincent Dunn Hospital, Inc	St. Vincent Medical Group, Inc	Quality Healthcare Solutions, LLC (Navion)	St Vincent Seton Specialty Hospital, Inc	St Mary's Health, Inc (Evansville)
Assets					
Current assets					
Cash and cash equivalents	$ 396	$ 984	$ 76	$ 855	$ 13 655
Short-term investments	–	–	–	–	–
Accounts receivable less allowances for doubtful accounts of $104 389	2 256	15 460	–	8 448	61 105
Current portion of assets limited as to use	–	–	–	–	187
Estimated third-party payor settlements	934	170	–	566	961
Inventories	466	205	–	512	7 396
Other	241	2 159	1 452	357	9 489
Total current assets	4 293	18 978	1 528	10 738	92 793
Assets limited as to use and other long-term investments	2	–	–	18	8 593
Interest in investments held by Ascension Health Alliance	3 194	16 736	20 258	76 219	524 356
Property and equipment					
Land and improvements	160	24	–	851	21 502
Building and equipment	9 482	22 563	68	23 310	386 279
Construction-in-progress	95	1 007	–	95	13 801
Less accumulated depreciation	3 493	18 658	67	10 405	313 522
Total property and equipment net	6 244	4 936	1	13 851	108 060
Other assets					
Goodwill and other intangible assets	24	21 610	14 361	–	664
Investment in unconsolidated entities	–	–	–	–	423
Physician guarantee asset	–	–	–	–	19 602
Other	199	938	–	13	10 261
Total other assets	223	22 548	14 361	13	30 950
Total assets	$ 13 956	$ 63 198	$ 36 148	$ 100 839	$ 764 752

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013
(Dollars in Thousands)

	Consolidated St Vincent Health	Reclassifications and Eliminations	St Vincent Health, Inc	SVH Real Estate, Inc	St. Vincent Health, Wellness & Preventive Care Institute, Inc	St Joseph Hospital & Health Center, Inc	St Vincent Anderson Regional Hospital, Inc
Liabilities and net assets							
Current liabilities							
Current portion of long-term debt	$ 6 804	$ (3 561)	$ 651	$ –	$ –	$ 242	$ 230
Accounts payable and accrued liabilities	282 005	–	25 062	57	181	10 019	16 035
Estimated third-party payor settlements	58 374	–	–	–	–	1 778	2 365
Current portion of self-insurance liabilities	7 413	–	195	–	–	58	265
Other	18 875	(23 727)	2 325	–	895	5 317	3 668
Total current liabilities	373 471	(27 288)	28 233	57	1 076	17 414	22 563
Noncurrent liabilities							
Long-term debt	465 879	(32 050)	44 602	–	–	16 564	15 741
Pension and other postretirement liabilities	100 665	–	87 742	–	–	–	–
Physician guarantee liability	41 628	–	–	–	–	658	1 588
Other	43 162	–	17 769	–	–	1 737	608
Total noncurrent liabilities	651 334	(32 050)	150 113	–	–	18 959	17 937
Total liabilities	1 024 805	(59 338)	178 346	57	1 076	36 373	40 500
Net assets							
Unrestricted							
Controlling interest	2 954 802	–	20 642	2 872	(817)	169 152	107 216
Noncontrolling interests	15 766	–	–	–	–	–	–
Unrestricted net assets	2 970 568	–	20 642	2 872	(817)	169 152	107 216
Temporarily restricted – controlling interest	52 357	–	–	–	33	910	4 681
Permanently restricted – controlling interest	17 189	–	–	–	–	397	511
Total net assets	3 040 114	–	20 642	2 872	(784)	170 459	112 408
Total liabilities and net assets	$ 4 064 919	$ (59 338)	$ 198 988	$ 2 929	$ 292	$ 206 832	$ 152 908

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013
(Dollars in Thousands)

	CHSCS and CHS Newco, LLC	St Vincent Heart Center of Indiana, LLC	St Vincent Hospital and Health Care Center, Inc	St Vincent Hospital Foundation, Inc	St. Vincent Fishers Hospital, Inc	St Vincent Carmel Hospital, Inc	St. Vincent Mercy Hospital
Liabilities and net assets							
Current liabilities							
Current portion of long-term debt	$ –	$ 3 561	$ 2 478	$ –	$ –	$ 307	$ 168
Accounts payable and accrued liabilities	46	8 000	86 334	–	2 328	13 212	2 228
Estimated third-party payor settlements	–	2 206	28 516	–	–	1 509	2 174
Current portion of self-insurance liabilities	–	80	4 533	–	–	266	11
Other	646	1 940	7 270	51	216	2 380	760
Total current liabilities	692	15 787	129 131	51	2 544	17 674	5 341
Noncurrent liabilities							
Long-term debt	–	32 050	169 631	–	–	21 043	11 518
Pension and other postretirement liabilities	–	–	–	–	–	–	–
Physician guarantee liability	–	–	15 115	–	908	–	1 109
Other	–	–	9 472	–	–	147	196
Total noncurrent liabilities	–	32 050	194 218	–	908	21 190	12 823
Total liabilities	692	47 837	323 349	51	3 452	38 864	18 164
Net assets							
Unrestricted							
Controlling interest	85 507	53 265	1 014 935	31 924	63 251	602 909	14 514
Noncontrolling interests	28 394	(19 692)	–	–	–	279	–
Unrestricted net assets	113 901	33 573	1 014 935	31 924	63 251	603 188	14 514
Temporarily restricted – controlling interest	–	16	3 656	32 259	–	175	190
Permanently restricted – controlling interest	–	–	–	15 967	–	–	–
Total net assets	113 901	33 589	1 018 591	80 150	63 251	603 363	14 704
Total liabilities and net assets	$ 114 593	$ 81 426	$ 1 341 940	$ 80 201	$ 66 703	$ 642 227	$ 32 868

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013

(Dollars in Thousands)

	St Vincent Randolph Hospital, Inc	St Vincent Clay Hospital, Inc	St Vincent New Hope, Inc	St Vincent Frankfort Hospital, Inc	St Vincent Williamsport Hospital, Inc	St Vincent Jennings Hospital, Inc	St Vincent Salem Hospital, Inc
Liabilities and net assets							
Current liabilities							
Current portion of long-term debt	$ 209	$ 115	$ 25	$ 7	$ 60	$ 155	$ –
Accounts payable and accrued liabilities	2 098	2 120	1 411	3 630	1 417	1 305	1 330
Estimated third-party payor settlements	1 507	2 471	18	2 235	1 495	2 322	1 160
Current portion of self-insurance liabilities	43	5	82	9	7	6	27
Other	909	351	986	1 388	885	567	693
Total current liabilities	4 766	5 062	2 522	7 269	3 864	4 355	3 210
Noncurrent liabilities							
Long-term debt	14 315	7 886	1 705	493	4 095	10 617	–
Pension and other postretirement liabilities	–	–	290	48	–	–	–
Physician guarantee liability	442	626	–	–	–	666	914
Other	46	16	–	–	68	84	–
Total noncurrent liabilities	14 803	8 528	1 995	541	4 163	11 367	914
Total liabilities	19 569	13 590	4 517	7 810	8 027	15 722	4 124
Net assets							
Unrestricted							
Controlling interest	22 121	32 627	1 605	39 047	35 527	3 632	9 470
Noncontrolling interests	2 406	–	–	–	–	450	–
Unrestricted net assets	24 527	32 627	1 605	39 047	35 527	4 082	9 470
Temporarily restricted – controlling interest	451	1 578	300	222	394	177	57
Permanently restricted – controlling interest	34	–	–	–	–	–	–
Total net assets	25 012	34 205	1 905	39 269	35 921	4 259	9 527
Total liabilities and net assets	$ 44 581	$ 47 795	$ 6 422	$ 47 079	$ 43 948	$ 19 981	$ 13 651

St. Vincent Health, Inc.

Consolidating Balance Sheet

June 30, 2013
(Dollars in Thousands)

	St Vincent Dunn Hospital, Inc	St. Vincent Medical Group, Inc	Quality Healthcare Solutions, LLC (Navion)	St Vincent Seton Specialty Hospital, Inc	St Mary's Health, Inc (Evansville)
Liabilities and net assets					
Current liabilities					
Current portion of long-term debt	$ 113	$ 4	$ –	$ 6	$ 2 034
Accounts payable and accrued liabilities	2 104	40 505	758	4 339	57 486
Estimated third-party payor settlements	2 618	–	–	1 640	4 360
Current portion of self-insurance liabilities	15	82	5	54	1 670
Other	2 157	3 276	1 274	1 928	2 720
Total current liabilities	7 007	43 867	2 037	7 967	68 270
Noncurrent liabilities					
Long-term debt	7 707	287	–	426	139 249
Pension and other postretirement liabilities	–	–	–	–	12 585
Physician guarantee liability	–	–	–	–	19 602
Other	–	–	–	–	13 019
Total noncurrent liabilities	7 707	287	–	426	184 455
Total liabilities	14 714	44 154	2 037	8 393	252 725
Net assets					
Unrestricted					
Controlling interest	(760)	19 044	34 111	92 428	500 580
Noncontrolling interests	–	–	–	–	3 929
Unrestricted net assets	(760)	19 044	34 111	92 428	504 509
Temporarily restricted – controlling interest	2	–	–	18	7 238
Permanently restricted – controlling interest	–	–	–	–	280
Total net assets	(758)	19 044	34 111	92 446	512 027
Total liabilities and net assets	$ 13 956	$ 63 198	$ 36 148	$ 100 839	$ 764 752

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(Dollars in Thousands)

	Consolidated St Vincent Health	Reclassifications and Eliminations	St Vincent Health Inc	SVH Real Estate Inc	St Vincent Health Wellness & Preventive Care Institute Inc	St Joseph Hospital & Health Center Inc	St Vincent Anderson Regional Hospital Inc	CIHSC S and CIHS Newco LLC	St Vincent Heart Center of Indiana LLC	St Vincent Hospital and Health Care Center Inc
Operating revenue										
Net patient service revenue	$ 2 722 974	$ (19)	$ –	$ –	$ 43	$ 136 801	$ 205 248	$ –	$ 139 599	$ 1 111 847
Less provision for doubtful accounts	115 480	–	2 040	–	–	10 257	14 141	–	1 485	87 605
Net patient service revenue less provision for doubtful accounts	2 607 494	(19)	(2 040)	–	43	126 544	191 107	–	138 114	1 024 242
Other revenue	128 431	(10 399)	4 395	57	343	1 448	16 780	177	589	57 540
Income from unconsolidated entities net	20 639	–	396	–	–	–	–	884	–	19 525
Net assets released from restrictions for operations	4 595	–	51	–	–	54	262	–	40	2 800
Total operating revenue	2 761 159	(10 418)	2 802	57	386	128 046	208 149	1 061	138 743	1 149 107
Operating expenses										
Salaries and wages	1 074 841	–	(3 606)	–	723	42 498	67 346	1 582	31 884	384 645
Employee benefits	261 050	(286)	(3 556)	–	142	11 325	19 583	484	8 901	100 712
Purchased services	294 490	(4)	89 785	4	20	13 417	16 552	–	6 674	75 348
Professional fees	139 196	(9 551)	18 647	4	129	5 285	18 937	12	6 305	49 655
Supplies	348 610	(202)	10 362	–	16	15 099	32 885	–	30 400	149 372
Insurance	11 184	–	–	–	5	326	272	–	139	4 443
Interest	15 549	–	(465)	–	–	584	555	–	2 036	5 169
Depreciation and amortization	112 205	–	21 423	7	–	5 317	4 622	50	3 839	34 886
Medicaid tax	98 748	–	–	–	–	6 872	9 925	–	3 836	49 114
Other	253 929	(35)	(130 119)	49	167	13 963	25 526	5 427	14 582	193 272
Total operating expenses before impairment restructuring and nonrecurring gains (losses) net	2 594 082	(10 418)	(6 859)	64	1 202	114 688	196 203	7 555	108 594	1 046 616
Income (loss) from operations before impairment restructuring and nonrecurring gains (losses) net	167 077	–	9 661	(7)	(816)	13 358	11 946	(6 494)	30 149	102 491
Impairment restructuring and nonrecurring gains (losses) net	(11 499)	–	(3 502)	–	–	(317)	(492)	–	(310)	(2 704)
Income (loss) from operations	155 578	–	6 159	(7)	(816)	13 041	11 454	(6 494)	29 839	99 787
Nonoperating gains (losses)										
Investment return	180 105	–	1 219	–	(1)	10 578	5 261	3 265	480	57 780
Income (loss) from unconsolidated entities	796	–	1 352	–	–	(49)	–	–	–	77
Other	(8 162)	–	(3 247)	–	–	(57)	(222)	–	–	(1 307)
Total nonoperating gains (losses) net	172 739	–	(676)	–	(1)	10 472	5 039	3 265	480	56 550
Excess (deficit) of revenues and gains over expenses and losses	328 317	–	5 483	(7)	(817)	23 513	16 493	(3 229)	30 319	156 337
Less noncontrolling interests	13 479	–	–	–	–	–	–	7 859	–	–
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	314 838	–	5 483	(7)	(817)	23 513	16 493	(11 088)	30 319	156 337

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(Dollars in Thousands)

	St Vincent Hospital Foundation Inc	St Vincent Fishers Hospital Inc	St Vincent Carmel Hospital Inc	St Vincent Mercy Hospital	St Vincent Randolph Hospital Inc	St Vincent Clay Hospital Inc	St Vincent New Hope Inc	St Vincent Frankfort Hospital Inc	St Vincent Williamsport Hospital Inc	St Vincent Jennings Hospital Inc
Operating revenue										
Net patient service revenue	$ –	$ 6 [illegible]	$ 15[illegible]12	$ 25 9[illegible]4	$ 2[illegible]650	$ 22 [illegible]728	$ 22 153	$ 2[illegible]085	$ 22 [illegible]48	$ 19 816
Less provision for doubtful accounts	–	1 06[illegible]	[illegible]08	1 0[illegible]8	1 [illegible]7	1 2[illegible]9	–	[illegible]12	1 [illegible]9	2 558
Net patient service revenue less provision for doubtful accounts	–	6 614	154 004	24 856	25 91[illegible]	21 449	22 153	[illegible]6	21 155	17 258
Other revenue	(1 569)	[illegible]36	12 5[illegible]5	[illegible]51	[illegible]80	4[illegible]6	[illegible]	[illegible]80	6[illegible]	[illegible]1
Income from unconsolidated entities net	–	–	4 868	–	–	–	–	–	–	–
Net assets released from restrictions for operations	–	–	22	[illegible]	146	9	29	[illegible]0	–	[illegible]2
Total operating revenue	(1 569)	[illegible]350	171 [illegible]39	25 428	26 8[illegible]9	21 9[illegible]4	22 215	2[illegible]62[illegible]	21 8[illegible]2	17 816
Operating expenses										
Salaries and wages	–	[illegible]636	[illegible]7 999	8 [illegible]99	9 66[illegible]	6 [illegible]59	[illegible]1 806	8 404	9 [illegible]68	[illegible]9 [illegible]2
Employee benefits	–	[illegible]5[illegible]	12 [illegible]59	2 [illegible]01	2 846	1 96[illegible]	[illegible]5 89[illegible]	2 246	2 61[illegible]	1 8[illegible]9
Purchased services	–	802	9 018	2 [illegible]09	[illegible]11 [illegible]	[illegible]046 [illegible]	[illegible]25	[illegible]020 [illegible]	1 409	2 882
Professional fees	–	1 [illegible]59	[illegible]4 10[illegible]	[illegible]0[illegible]8	1 80[illegible]	1 06[illegible]	154	1 82[illegible]	1 04[illegible]	1 [illegible]5[illegible]
Supplies	–	612	19 [illegible]08	2 [illegible]31	1 944	1 [illegible]48	490	1 644	1 090	908
Insurance	–	[illegible]4	[illegible]06	68	[illegible]2	[illegible]4	8[illegible]	24	40	(21)
Interest	–	–	[illegible]42	406	[illegible]0[illegible]	2[illegible]8	60	1[illegible]	144	[illegible]4
Depreciation and amortization	–	[illegible]8[illegible]	4 6[illegible]5	1 049	891	[illegible]80	[illegible]41	499	[illegible]42	[illegible]48[illegible]
Medicaid tax	–	[illegible]23 1	4 [illegible]0[illegible]6	969	[illegible]956	1 [illegible]056	–	1 001	1 11[illegible]	801
Other	(1 966)	1 6[illegible]6	1[illegible]80[illegible]	2 600	[illegible] 001	[illegible] 089	2 250	4 588	2 461	2 462
Total operating expenses before impairment restructuring and nonrecurring gains (losses) net	(1 966)	9 6[illegible]3	120 66[illegible]	22 9[illegible]0	24 [illegible]59	19 [illegible]22	[illegible]23 406	[illegible]23 [illegible]66	19 991	16 699
Income (loss) from operations before impairment restructuring and nonrecurring gains (losses) net	[illegible]397	(2 [illegible]23)	[illegible]0 [illegible][illegible]2	2 [illegible]58	2 080	2 612	(1 191)	4 [illegible]05[illegible]	1 841	1 11[illegible]
Impairment restructuring and nonrecurring gains (losses) net	–	(10)	(192)	(4[illegible]5)	(54)	(5[illegible])	–	(48)	(21)	(90)
Income (loss) from operations	[illegible]397	(2 [illegible]33)	[illegible]0 [illegible]80	2 [illegible]0[illegible]	2 026	2 [illegible]55[illegible]	(1 191)	4 009	1 820	1 02[illegible]
Nonoperating gains (losses)										
Investment return	[illegible]5[illegible]81	(1[illegible])	[illegible]0 [illegible][illegible]4	1 [illegible]045	1 [illegible]761	2 [illegible]08	[illegible]	2 [illegible]6[illegible]1	2 [illegible]59	2 [illegible]0[illegible]
Income (loss) from unconsolidated entities	–	–	(59[illegible])	–	–	–	–	–	–	–
Other	(2 028)	–	(1[illegible]4)	(161)	(126)	(14)	(1)	–	[illegible]2	(2)
Total nonoperating gains (losses) net	[illegible]2[illegible]5	(1[illegible])	[illegible]0 [illegible]0[illegible]	884	1 6[illegible]5	2 294	2	2 6[illegible]1	2 [illegible]91	[illegible]0[illegible]5
Excess (deficit) of revenues and gains over expenses and losses	4 1[illegible]0	(2 [illegible]46)	[illegible]0 [illegible]58[illegible]	2 88[illegible]	[illegible] 661	4 849	(1 189)	6 680	4 211	1 [illegible]2
Less noncontrolling interests	–	–	608	–	[illegible]	–	–	–	–	–
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	4 1[illegible]0	(2 [illegible]46)	[illegible]9 [illegible]9[illegible]	2 88[illegible]	[illegible] 6[illegible]4	4 849	(1 189)	6 680	4 211	1 [illegible]2

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(Dollars in Thousands)

	St Vincent Salem Hospital Inc	St Vincent Dunn Hospital Inc	St Vincent Medical Group Inc	Quality Healthcare Solutions LLC (Nuvion)	St Vincent Seton Specialty Hospital Inc	St Mary s Health Inc (Evansville)
Operating revenue						
Net patient service revenue	$ 20 419	$ 26 145	$ 171 172	$ –	$ 58 646	$ 517 970
Less provision for doubtful accounts	1 382	1 005	12 850	–	376	20 411
Net patient service revenue less provision for doubtful accounts	19 037	25 140	158 322	–	58 270	497 559
Other revenue	214	1 060	8 717	12 727	154	19 629
Income from unconsolidated entities net	–	–	–	–	–	966
Net assets released from restrictions for operations	39	2	136	–	4	649
Total operating revenue	19 290	26 202	167 175	12 727	58 428	518 497
Operating expenses						
Salaries and wages	6 499	9 264	194 021	5 391	24 793	195 863
Employee benefits	2 115	3 012	32 250	1 322	6 314	46 087
Purchased services	3 111	3 640	4 018	8	4 571	50 922
Professional fees	1 136	1 059	6 072	2 119	785	24 473
Supplies	1 054	1 993	9 309	17	5 867	71 193
Insurance	51	163	2 845	7	69	2 252
Interest	–	272	10	–	15	4 847
Depreciation and amortization	906	953	36 3	2 480	1 156	29 125
Medicaid tax	595	843	–	–	–	17 358
Other	2 644	3 423	30 375	(2 674)	6 399	37 326
Total operating expenses before impairment restructuring and nonrecurring gains (losses) net	18 111	24 622	282 532	8 670	49 969	473 446
Income (loss) from operations before impairment restructuring and nonrecurring gains (losses) net	1 179	1 580	(115 357)	4 057	8 459	45 051
Impairment restructuring and nonrecurring gains (losses) net	(35)	(58)	(3339)	(35)	(42)	(2 738)
Income (loss) from operations	1 144	1 522	(115 696)	4 022	8 417	42 313
Nonoperating gains (losses)						
Investment return	391	64	903	1 121	5 091	36 957
Income (loss) from unconsolidated entities	–	–	–	–	–	9
Other	–	(2)	–	–	–	(853)
Total nonoperating gains (losses) net	391	62	903	1 121	5 091	36 113
Excess (deficit) of revenues and gains over expenses and losses	1 535	1 584	(114 793)	5 143	13 508	78 426
Less noncontrolling interests	–	–	–	–	–	5 005
Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest	1 535	1 584	(114 793)	5 143	13 508	73 421

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(Dollars in Thousands)

	Consolidated St Vincent Health	Reclassifications and Eliminations	St Vincent Health Inc	SVH Real Estate Inc	St Vincent Health Wellness & Preventive Care Institute Inc	St Joseph Hospital & Health Center Inc	St Vincent Anderson Regional Hospital Inc	CHSCS and CHS Newco LLC	St Vincent Heart Center of Indiana LLC
Unrestricted net assets controlling interest									
Excess (deficit) of revenues and gains over expenses and losses	$ 314 838	$ –	$ 5 483	$ (7)	$ (817)	$ 23 513	$ 16 493	$ (11 088)	$ 30 319
Pension and other postretirement liability adjustments	4 938	–	2 550	–	–	–	–	–	–
Transfers (to) from sponsor and other affiliates net	(68 781)	–	(41 245)	2 344	–	(6 044)	(8 842)	18 150	(18 125)
Net assets released from restrictions for property acquisitions	2 857	–	–	–	–	502	356	–	6
Other	260	–	–	–	–	–	–	(2)	(23)
Increase (decrease) in unrestricted net assets controlling interest	254 112	–	(33 212)	2 337	(817)	17 971	8 007	7 060	12 177
Unrestricted net assets noncontrolling interest									
Excess of revenues and gains over expenses and losses	13 479	–	–	–	–	–	–	7 858	–
Distributions of capital	(11 808)	–	–	–	–	–	–	–	(6 350)
Other	3	–	–	–	–	–	–	3	–
Increase (decrease) in unrestricted net assets noncontrolling interest	1 674	–	–	–	–	–	–	7 861	(6 350)
Temporarily restricted net assets controlling interest									
Contributions and grants	10 066	–	–	–	33	340	378	–	20
Net change in unrealized gains losses on investments	1 287	–	–	–	–	19	127	–	–
Investment return	1 263	–	–	–	–	70	175	–	–
Net assets released from restrictions	(7 452)	–	(51)	–	–	(556)	(618)	–	(46)
Other	(549)	–	–	–	–	–	–	–	22
Increase (decrease) in temporarily restricted net assets controlling int	4 615	–	(51)	–	33	(127)	62	–	(4)
Permanently restricted net assets controlling interest									
Contributions	331	–	–	–	–	1	–	–	–
Net change in unrealized gains losses on investments	85	–	–	–	–	–	–	–	–
Investment return	131	–	–	–	–	–	1	–	–
Other	(23)	–	–	–	–	–	–	–	–
Increase (decrease) in permanently restricted net assets controlling int	524	–	–	–	–	1	1	–	–
Increase (decrease) in net assets	260 925	–	(33 263)	2 337	(784)	17 845	8 070	14 921	5 823
Net assets beginning of year	2 779 189	–	53 905	535	–	152 614	104 338	98 980	27 766
Net assets end of year	$ 3 040 114	$ –	$ 20 642	$ 2 872	$ (784)	$ 170 459	$ 112 408	$ 113 901	$ 33 589

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(Dollars in Thousands)

	St Vincent Hospital and Health Care Center Inc	St Vincent Hospital Foundation Inc	St Vincent Fishers Hospital Inc	St Vincent Carmel Hospital Inc	St Vincent Mercy Hospital	St Vincent Randolph Hospital Inc	St Vincent Clay Hospital Inc	St Vincent New Hope Inc	St Vincent Frankfort Hospital Inc	St Vincent Williamsport Hospital Inc
Unrestricted net assets controlling interest										
Excess (deficit) of revenues and gains over expenses and losses	$ 156,337	$ 4,150	$ (2,346)	$ 89,979	$ 2,887	$ 3,654	$ 4,849	$ (1,189)	$ 6,680	$ 4,211
Pension and other postretirement liability adjustments	–	–	–	–	(6)	(54)	49	339	78	25
Transfers (to) from sponsor and other affiliates net	(207,140)	(3,198)	65,597	(16,453)	(3)	(12)	(2)	137	–	(1)
Net assets released from restrictions for property acquisitions	1,376	–	–	290	26	99	–	112	–	–
Other	(3,969)	4,844	–	(312)	–	(2)	(2)	(138)	–	–
Increase (decrease) in unrestricted net assets controlling interest	(53,396)	5,796	63,251	73,504	2,904	3,685	4,894	(739)	6,758	4,235
Unrestricted net assets noncontrolling interest										
Excess of revenues and gains over expenses and losses	–	–	–	608	–	–	–	–	–	–
Distributions of capital	–	–	–	(570)	–	–	–	–	–	–
Other	–	–	–	–	–	–	–	–	–	–
Increase (decrease) in unrestricted net assets noncontrolling interest	–	–	–	38	–	–	–	–	–	–
Temporarily restricted net assets controlling interest										
Contributions and grants	479	6,686	–	70	146	183	68	31	136	19
Net change in unrealized gains losses on investments	107	934	–	4	–	16	65	(5)	–	–
Investment return	140	795	–	6	–	–	54	4	–	–
Net assets released from restrictions	(4,176)	–	–	(312)	(81)	(245)	(9)	(141)	(70)	–
Other	3,986	(4,955)	–	301	2	(4)	2	138	–	–
Increase (decrease) in temporarily restricted net assets controlling int	536	3,460	–	69	67	(50)	180	27	66	19
Permanently restricted net assets controlling interest										
Contributions	–	220	–	–	–	–	–	–	–	–
Net change in unrealized gains losses on investments	–	85	–	–	–	–	–	–	–	–
Investment return	–	130	–	–	–	–	–	–	–	–
Other	–	(23)	–	–	–	–	–	–	–	–
Increase (decrease) in permanently restricted net assets controlling int	–	412	–	–	–	–	–	–	–	–
Increase (decrease) in net assets	(52,860)	9,668	63,251	73,611	2,971	3,642	5,074	(712)	6,824	4,254
Net assets beginning of year	1,071,451	70,482	–	529,752	11,733	21,370	29,131	2,617	32,445	31,667
Net assets end of year	$ 1,018,591	$ 80,150	$ 63,251	$ 603,363	$ 14,704	$ 25,012	$ 34,205	$ 1,905	$ 39,269	$ 35,921

St. Vincent Health, Inc.

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(Dollars in Thousands)

	St Vincent Jennings Hospital Inc	St Vincent Salem Hospital Inc	St Vincent Dunn Hospital Inc	St Vincent Medical Group Inc	Quality Healthcare Solutions LLC (Navion)	St Vincent Seton Specialty Hospital Inc	St Mary s Health Inc (Evansville)
Unrestricted net assets controlling interest							
Excess (deficit) of revenues and gains over expenses and losses	$ 1 332	$ 1 535	$ 1 584	$ (114 793)	$ 5 143	$ 13 508	$ 73 421
Pension and other postretirement liability adjustments	39	46	(265)	–	–	–	2 137
Transfers (to) from sponsor and other affiliates net	(4)	–	(4)	158 197	–	1	(12 134)
Net assets released from restrictions for property acquisitions	43	–	29	–	–	8	10
Other	–	–	–	(136)	–	–	–
Increase (decrease) in unrestricted net assets controlling interest	1 410	1 581	1 344	43 268	5 143	13 517	63 434
Unrestricted net assets noncontrolling interest							
Excess of revenues and gains over expenses and losses	–	–	–	–	–	–	5 006
Distributions of capital	–	–	–	–	–	–	(4 888)
Other	–	–	–	–	–	–	–
Increase (decrease) in unrestricted net assets noncontrolling interest	–	–	–	–	–	–	118
Temporarily restricted net assets controlling interest							
Contributions and grants	243	33	2	–	–	18	1 181
Net change in unrealized gains losses on investments	–	–	–	–	–	–	20
Investment return	–	–	–	–	–	–	19
Net assets released from restrictions	(270)	(39)	(31)	(136)	–	(12)	(659)
Other	–	–	–	136	–	–	(177)
Increase (decrease) in temporarily restricted net assets controlling int	(27)	(6)	(29)	–	–	6	384
Permanently restricted net assets controlling interest							
Contributions	–	–	–	–	–	–	110
Net change in unrealized gains losses on investments	–	–	–	–	–	–	–
Investment return	–	–	–	–	–	–	–
Other	–	–	–	–	–	–	–
Increase (decrease) in permanently restricted net assets controlling int	–	–	–	–	–	–	110
Increase (decrease) in net assets	1 383	1 575	1 315	43 268	5 143	13 523	64 046
Net assets beginning of year	2 876	7 952	(2 073)	(24 224)	28 968	78 923	447 981
Net assets end of year	$ 4 259	$ 9 527	$ (758)	$ 19 044	$ 34 111	$ 92 446	$ 512 027

St. Vincent Health, Inc.

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs

(Dollars in Thousands)

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

	Year Ended June 30	
	2013	**2012 As Adjusted**
Traditional charity care provided	**$ 86,052**	$ 83,107
Unpaid cost of public programs for persons living in poverty	**145,098**	113,462
Other programs for persons living in poverty and other vulnerable persons	**5,834**	6,373
Community benefit programs	**39,949**	36,783
Care of persons living in poverty and community benefit programs	**$ 276,933**	$ 239,725

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