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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)

2012

OMB No 1545-0047

Open to Public Inspection

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

A Fo	or the 2	2012 cal	endar year, or tax year beginning 07-01-201	.2 , 2012, and end	ling 06-30	-2013			
_		pplicable	C Name of organization Covenant Medical Center Inc				D Employ	er iden	tification number
_	dress ch	-	Doing Business As				42-12	64647	,
Na -	me char	nge	3						
_ Inr	tıal retur	m	Number and street (or P O box if mail is not deliv 3421 West Ninth Street	vered to street address)	Room/suit	e	E Telepho	ne numl	per
Te _	rmınated	d	Suite				(319)	272-8	000
_ Am	nended r	return	City or town, state or country, and ZIP + 4 Waterloo, IA 507025499				(= = - /		
Ap	plication	pending	,				G Gross re	ceipts \$	356,114,756
			F Name and address of principal office Jack Dusenbery	r			nis a group	return	
			3421 West Ninth Street			affili	ates?		┌ Yes No
			Waterloo, IA 507025499			H(b) Are	all affiliates	ınclud	ded?
Ta	y-eyem	npt status	▼ 501(c)(3)		:27	If"N	lo," attach	a lıst	(see instructions)
		<u> </u>		4947(a)(1) 01 3	127	H(c) Gro	up exemptı	on nun	nber ► 0928
			v wheatoniowa org						
			Corporation Trust Association Other			L Year of fo	ormation 198	35 M	State of legal domicile IA
Pa	rt I		mary						
			escribe the organization's mission or most s de inpatient and outpatient healthcare servi		5				
ų	-	10 01011	are impactent and outpatient neartheare servi						
aovemance	-								
<u> </u>	, -	Chack th	us box 🛌 if the organization discontinued	its operations or dis	snosed of	more than	25% of its	net ac	
<u> </u>		CHECK C	ins box Fig. In the organization discontinued	res operations of all	30364 01	more chair	25 70 01103	nec as.	3013
	3 1	Number	of voting members of the governing body (P	art VI, line 1a) .			. [3	15
ACUMUES &	4 1	Number	of independent voting members of the gover	nıng body (Part VI,	, lıne 1b)		[4	9
Ĕ	5 1	Total nu	mber of individuals employed in calendar ye	ar 2012 (Part V , Iır	ne 2a) .			5	2,549
Į			mber of volunteers (estimate if necessary)					6	432
			related business revenue from Part VIII, co					7a	1,363,763
	b	Net unre	lated business taxable income from Form 9	90-T, line 34 .		1		7b	610,434
		Contro	butions and grants (Part VIII, line 1h)			Pri	or Year	22	Current Year
9	8 9		m service revenue (Part VIII, line 2g)		1,985,123 248,615,969		2,555,160		
Reven	10		ment income (Part VIII, column (A), lines 3		3,386,1		3,593,773		
걆	11						15,557,6	_	18,241,572
	12		evenue—add lines 8 through 11 (must equa				260 544 0	20	
	13		and sımılar amounts paıd (Part IX, column				269,544,8 437,7	_	274,018,759
	14		ts paid to or for members (Part IX, column (437,7	0	412,176
	15		es, other compensation, employee benefits (\dashv	
\$		5-10)		(,,		135,658,8	85	138,927,037
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A)	, line 11e)				0	0
ਡੌ	b		ndraısıng expenses (Part IX, column (D), line 25) $ ightharpoons$						
	17		expenses (Part IX, column (A), lines 11a-1				118,276,4		121,108,667
	18		expenses Add lines 13-17 (must equal Pai				254,373,1	_	260,447,880
e?	19	Keven	ue less expenses Subtract line 18 from line	212			15,171,7 ng of Currer	-	13,570,879
9 6						_	year		End of Year
14. 200	20	Total	assets (Part X, line 16)				203,081,1	46	223,704,308
Fend Balances	21		iabilities (Part X, line 26)				38,206,4	19	38,045,045
	22		sets or fund balances Subtract line 21 from	n line 20			164,874,7	27	185,659,263
	rt II	_	ature Block						
ny k	nowled	dge and is any ki	perjury, I declare that I have examined this pelief, it is true, correct, and complete Declared because the complete Declared			an officer) is	based on a		
Sigr	1	**** Signa	** ture of officer				014-05-15 Date		
ler		'	ELE M PANICUCCI Senior VP and CFO						
			or print name and title						
		F	rint/Type preparer's name Preparer's	signature	Da	I CII	eck if	PTIN	
Pai			ırm's name 🕨				f-employed m's EIN ►		
	pare	r							
Jse	Onl	ly 「	ırm's address ►			Ph	one no		

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

┌Yes ┌No

including grants of \$

) (Revenue \$

Other program services (Describe in Schedule O)

4d

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		N o
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		
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
L O	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 $\sqrt[6]{4}$	10		No
.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
е	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
.2a	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	
L3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
.4a	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
.5	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
.6	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
. 7	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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
.9	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		N o
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	

Par	t 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 1^2 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		
С	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)			
а	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 \cdot .	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?	38	Yes	

GI I	Statements Regarding Other IRS Fillings and Tax Compliance			Г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 105		. 03	.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
1	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	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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		
)	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 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. Section A. Governing Rody and Management

yea If th bod				
yea If th bod	1 1		Yes	No
If th	ter the number of voting members of the governing body at the end of the tax			
bod				
	here are material differences in voting rights among members of the governing ly, or if the governing body delegated broad authority to an executive committee			
01.5	similar committee, explain in Schedule O			
b Ente	er the number of voting members included in line 1a, above, who are			
	ependent			
	any officer, director, trustee, or key employee have a family relationship or a business relationship with any er officer, director, trustee, or key employee?	2	Yes	
	the organization delegate control over management duties customarily performed by or under the direct	3		No
	pervision of officers, directors or trustees, or key employees to a management company or other person?			
	the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5 Dıd	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	
	the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	re members of the governing body?	7a	Yes	
	eany governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?	7b	Yes	
	the organization contemporaneously document the meetings held or written actions undertaken during the ir by the following			
	e governing body?	8a	Yes	
	ch committee with authority to act on behalf of the governing body?	8b	Yes	
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	anization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	on B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ıe Cod	e.)
	on B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ue Cod Yes	e.) No
Section	the organization have local chapters, branches, or affiliates?	evenu 10a		
Sectio 10a Did b If "Y			Yes	
Section 10a Did b If "Y affil 11a Has	the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
Section 10a Did b If "Y affil 11a Has the	the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
Section 10a Did b If "Y affil 11a Has the b Des	the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
Section 10a Did b If "Y affil 11a Has the b Des 12a Did	the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
Section 10a Did b If "Y affil 11a Has the b Des 12a Did b Wer rise	the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
Section 10a Did b If "Y affil 11a Has the b Des 12a Did b Wer rise c Did in Si	the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, liates, and branches to ensure their operations are consistent with the organization's exempt purposes? In the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? In the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? In the organization is chedule to the process, if any, used by the organization to review this Form 990 to all members of its governing body before filing form? In the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "Yes," describe to conflicts?	10a 10b 11a 12a	Yes Yes Yes Yes	
Section 10a Did b If "Y affil 11a Has the b Des 12a Did b Wer rise c Did in Si	the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
Section 10a Did b If "Y affil 11a Has the b Des 12a Did b Wer rise c Did in Si 13 Did	the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, liates, and branches to ensure their operations are consistent with the organization's exempt purposes? In the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? In the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? In the organization is chedule to the process, if any, used by the organization to review this Form 990 to all members of its governing body before filing form? In the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "No," go to line 13 to the organization have a written conflict of interest policy? If "Yes," describe to conflicts?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	
Section	the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
Section 10a Did b If "Y affil 11a Hass the b Des 12a Did b Wer rise c Did in Si 13 Did 14 Did 15 Did inde	the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
Section 10a Did b If "Y affil 11a Has the b Des 12a Did b Wer rise c Did in S 13 Did 14 Did 15 Did inde a The	the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
Section 10a Did b If "Y affil 11a Hass the b Des 12a Did b Wer rise c Did in S 13 Did 14 Did 15 Did inde a The b Oth	Ithe organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, liates, and branches to ensure their operations are consistent with the organization's exempt purposes? Is the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? Scribe in Schedule O the process, if any, used by the organization to review this Form 990 Ithe organization have a written conflict of interest policy? If "No," go to line 13 For officers, directors, or trustees, and key employees required to disclose annually interests that could give a to conflicts? Ithe organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Ithe organization have a written whistleblower policy? Ithe organization have a written document retention and destruction policy? Ithe process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes	
Section	It the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, liates, and branches to ensure their operations are consistent with the organization's exempt purposes? is the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? Scribe in Schedule O the process, if any, used by the organization to review this Form 990 It the organization have a written conflict of interest policy? If "No," go to line 13 The officers, directors, or trustees, and key employees required to disclose annually interests that could give at conflicts? The organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe schedule O how this was done The organization have a written whistleblower policy? The organization have a written document retention and destruction policy? The process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a organization's CEO, Executive Director, or top management official The organization or seventhing compensation of the organization.	10a 10b 11a 12a 12b 12c 13 14	Yes	
Section 10a Did b If "Y affil 11a Has the b Des 12a Did b Werrise c Did in Si 13 Did 14 Did 15 Did inde a The b Oth If "Y 16a Did taxa b If "Y	the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, liates, and branches to ensure their operations are consistent with the organization's exempt purposes? In the organization provided a complete copy of this Form 990 to all members of its governing body before filling form? Secribe in Schedule O the process, if any, used by the organization to review this Form 990 Ithe organization have a written conflict of interest policy? If "No," go to line 13 The officers, directors, or trustees, and key employees required to disclose annually interests that could give a to conflicts? The organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done The organization have a written whistleblower policy? The organization have a written document retention and destruction policy? The process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a able entity during the year? Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
Section 10a Did b If "Y affil 11a Has the b Des 12a Did b Werrise c Did in Si 13 Did 14 Did 15 Did inde a The b Oth If "Y part	the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, liates, and branches to ensure their operations are consistent with the organization's exempt purposes? In the organization provided a complete copy of this Form 990 to all members of its governing body before filling form? Socribe in Schedule O the process, if any, used by the organization to review this Form 990 The organization have a written conflict of interest policy? If "No," go to line 13 The officers, directors, or trustees, and key employees required to disclose annually interests that could give a to conflicts? The organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe interest of the organization have a written whistleblower policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? organization's CEO, Executive Director, or top management official The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a able entity during the year?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FTIMOTHY HUBER 3421 WEST NINTH STREET WATERLOO, IA (319) 272-7607

Form 990	(2012	•
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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

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	me and Title A verage hours per week (list any hours for related A verage hours per week (list any hours A verage hours per more than one box, unless compensation from the and a director/trustee) A verage hours person is both an officer and a director/trustee) A verage hours person is both an officer organization (W-organizations (W-organ								. '	(F) Estima mount o compens from	ated of other sation the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizat relat organiza	ed
1b	Sub-Total							+					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	-			٠.	٠.	•	•	9,152,818	5,003,06	2		1,362,311
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	se l	ıste	d abov	e) wl					
												Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization	ve highest comp										tax yeaı	r

(A) Name and business address	(B) Description of services	(C) Compensation
Graham Construction , 421 Grand Avenue DES MOINES IA 50309	Construction	3,451,507
Iowa Emergency Physicians LLP , PO Box 793 TRAVERSE CITY MI 496850793	Physician Services	1,324,197
Invision , PO Box 1800 WATERLOO IA 507041800	Construction	712,695
Quest Diagnostics , PO Box 740709 ATLANTA GA 303740709	Medical Testing	351,664
Mayo Collaborative , PO Box 9146 MINNEAPOLIS MN 554809146	Medical Testing	302,773
Total number of independent contractors (including but not limited to those listed above	\ba waaaad maka than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►20

		Check if Schedu	ule O contains a respoi	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated camp	paigns 1a					512, 513, or 514
Grants	ь	Membership du						
Srai nou			ents 1c					
ts,(_		ations 1d	2,356,857				
tributions, Giffs, Grants Other Similar Amounts	d	Government grants		117,731				
Contributions, and Other Sim	e	_		<u> </u>				
utic 1er	f	similar amounts no	ons, gifts, grants, and 1f ot included above	80,572				
di G ∰	g	Noncash contribution 1a-1f \$	ons included in lines					
Containd	h	Total. Add lines	s 1a-1f	🗼	2,555,160			
				Business Code				
enu	2a	NET PROGRAM SEF	RVICE REVENUE	900099	116,732,179	116,732,179		
₽e.	b	MEDICARE/MEDICA	AID PAYMENTS	900099	124,398,454	124,398,454		
ИСе	c	REFERRAL LAB		621500	1,436		1,436	
Program Serwoe Revenue	d	TECHS - PHYSICIA	_	621110	29,244		29,244	
an	e	All other progra	TIONS am service revenue	446110	1,333,083	7.422.050	1,333,083	
¥og⊩	f				7,133,858	7,133,858		
	g 3		s 2a-2f		249,628,254			
	3		ome (including dividen ar amounts)		2,539,019			2,539,019
	4	Income from inves	tment of tax-exempt bond	proceeds F	0			
	5	Royalties	(1) D = 1	►	0			
	6a	Gross rents	(ı) Real 775,815	(II) Personal				
	b	Less rental	273,597					
	c	expenses Rental income	502,218	0				
	d	or (loss) Net rental incor	me or (loss)		502,218			502,218
	_		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	82,857,274	19,880				
	b	Less cost or other basis and	81,821,557	843				
	_	sales expenses Gain or (loss)	1,035,717	19,037				
	c d		s)		1,054,754			1,054,754
nue	8a	Gross income fi events (not incl \$	rom fundraising luding	·				
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a					
'the	b		penses b					
0	C		loss) from fundraising	events 🛌	0			
	Уa	See Part IV, lin	rom gaming activities le 19 a					
	b		penses b					
	C		(loss) from gamıng actı 	vities	0			
	10a	Gross sales of returns and allo						
	b	Less cost of go	oods sold b					
	С		loss) from sales of inv	entory	0			
		Miscellaneous	Revenue	Business Code				
	_	CAFETERIA		722514	1,063,015	2 545 440		1,063,015
	b		EALTH RECORD	900099	3,515,113	3,515,113		
	C	PHARMACY RE		446110	10,359,684	10,359,684		1 447 403
	d e	All other revenu	ue	🕨	2,801,542	1,354,059		1,447,483
					17,739,354			
	12	Total revenue.	See Instructions .	🕨	274,018,759	263,493,347	1,363,763	6,606,489

Form 990 (2012) 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 (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 412,176 412,176 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 2,122,494 1,615,905 506,589 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 806,677 806,677 Other salaries and wages 111,197,796 110,791,280 406,516 Pension plan accruals and contributions (include section 401(k) 6,416,473 6,393,549 22,924 and 403(b) employer contributions) Other employee benefits 11,564,470 41,559 11,522,911 10 6,819,127 6,797,279 21,848 11 Fees for services (non-employees) Management O 7,000 7,000 Legal 0 0 0 Professional fundraising services See Part IV, line 17 Investment management fees 282,231 282,231 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,587,174 2,561,974 25,200 Schedule O) Advertising and promotion . . 11,948 11,948 12 13 Office expenses 7,325,495 7,299,385 26,110 14 Information technology . . 0 15 0 Royalties . . 7,648,600 16 Occupancy 7,648,600 **17** 277,164 265,146 12,018 Travel 18 Payments of travel or entertainment expenses for any federal, 0 state, or local public officials 140,523 19 Conferences, conventions, and meetings . 137,910 2,613 20 378,131 378,131 Payments to affiliates 698,145 21 698,145 7,900,226 7,900,175 22 Depreciation, depletion, and amortization . 51 23 591,519 591,519 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MEDICAL SUPPLIES 40,638,191 40,638,166 25 CORPORATE SERVICES ALLOCATION 22,553,657 2,113,413 20,440,244 BAD DEBT EXPENSE 9,644,193 9,644,193 d PARENT COMPANY ALLOCATION 9,349,479 1,234,134 8,115,345 11,074,991 10,738,087 336,904 e All other expenses Total functional expenses. Add lines 1 through 24e 25 260,447,880 229,822,572 30,625,308 0 Joint costs. Complete this line only if the organization 26 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 t	hıs Pa	rt X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,727	1	3,727
	2	Savings and temporary cash investments			84,116,216	2	94,687,582
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			30,530,632	4	29,394,566
	5	Loans and other receivables from current and former officers employees, and highest compensated employees. Complete Schedule L	Part II	of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), an and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedul	buting employers		3	0	
	7	Notes and loans receivable, net		0	- -	0	
₹	8	Inventories for sale or use			3,883,834	H	3,371,712
	9	Prepaid expenses and deferred charges			61,577	- -	46,519
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	267,509,217	,		10,010
	ь	Less accumulated depreciation	10b	173,670,030	82,531,544	10c	93,839,187
	11	Investments—publicly traded securities	0	11	0		
	12	Investments—other securities See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			1,953,616	15	2,361,015
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			203,081,146	16	223,704,308
	17	Accounts payable and accrued expenses			17,535,584	17	21,228,818
	18	Grants payable			0	18	0
	19	Deferred revenue			0		0
	20	Tax-exempt bond liabilities		0		0	
_	21	Escrow or custodial account liability Complete Part IV of Sc		0		0	
lities	22	Loans and other payables to current and former officers, dire key employees, highest compensated employees, and disquare					
Liabilit		persons Complete Part II of Schedule L			0	22	0
Ï	23	Secured mortgages and notes payable to unrelated third part			14,800,742	23	12,973,299
	24	Unsecured notes and loans payable to unrelated third parties	S .		0	24	0
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F					
		D			5,870,093		3,842,928
	26	Total liabilities. Add lines 17 through 25			38,206,419	26	38,045,045
S)		Organizations that follow SFAS 117 (ASC 958), check here	- ▽ ar	nd complete			
ည		lines 27 through 29, and lines 33 and 34.			104 004 500		405 007 000
<u> </u>	27	Unrestricted net assets			164,664,536		185,387,288
Fund Balance	28	Temporarily restricted net assets			210,191		271,975
至	29	Permanently restricted net assets			0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.		,			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	١.			31	
	32	Retained earnings, endowment, accumulated income, or othe	r funds			32	
ĕ	33	Total net assets or fund balances			164,874,727	33	185,659,263
_	34	Total liabilities and net assets/fund balances			203,081,146	34	223,704,308

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		274,0	18,759
2	Total expenses (must equal Part IX, column (A), line 25)	2		260.4	147,880
3	Revenue less expenses Subtract line 2 from line 1	3			570,879
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5		164,8	374,727
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		7.2	213,657
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			59,263
Par	t XII Financial Statements and Reporting			•	•
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
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 revi a separate basis, consolidated basis, or both	ewed oi	ור		
	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 sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	:d 3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134030754

Employer identification number

OMB No 1545-0047

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Covenant Medical Center Inc

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

									42-12646			
Part				blic Charity Sta						structions	•	
The or	ganız	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	ox)			
1	Г	A chur	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	Γ	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedu	ıle E)					
3	굣	A hosp	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(iii). E	nter the	
_	_			ty, and state								
5	ļ	_	· ·	erated for the benefi	_	or universit	y owned or o	perated by a	a government	al unit desc	ribed in	
	_		. , . , .	(A)(iv). (Complete P	•							
6		A feder	al, state, or	local government o	government	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).			
				at normally receives on 170(b)(1)(A)(vi).		•	support from	a governme	ntal unit or fr	om the gene	eral public	
8	\sqcap	A comr	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	\sqcap	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
receipts			eipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
its support from gross investment income and unrelated business taxable income (less section 511 t			tax) from bu	sinesses								
		acquire	d by the org	ganızatıon after June	30,1975 S	ee section 5	609(a)(2). (C	omplete Par	tIII)			
10	Γ	Anorga	anization or	ganized and operated	d exclusively	to test for p	or public safety See section 509(a)(4).					
11 e f g	, _	one or the box a By checother the section of the ocheck to the since A since	more public that descri Type I cking this b nan foundati 509(a)(2) rganization this box	ganized and operated by supported organized be the type of supported organizes. Type II contained by the the son managers and other contained by the two deceived a written deceived a written deceived a the organization.	ations descr porting organ Type II organization her than one etermination	ibed in secti ization and c I - Functiona is not contr or more pub from the IRS	on 509(a)(1) complete line ally integrate olled directly licly support	or section s 11e throu d d or indirectl ed organizat	509(a)(2) Segh 11h Type III - No y by one or m nons describe e II, or Type	ee section 5 on-functiona nore disqual ed in section	09(a)(3). Check Ily integrated ified persons 1 509(a)(1) or	
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No										
		and (III) below, the governing body of the supported organization?										
		(ii) A family member of a person described in (i) above?										
_		• •		lled entity of a perso						11g((III)	
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)					
su	ıppor	ne of ted ation	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		zation f your	(vi) Is t organızatı col (i) orga ın the U	on in anized	(vii) A mount of monetary support	
				instructions))	Yes	No	Yes	No	Yes	No		
									1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493134030754

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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** Covenant Medical Center Inc 42-1264647 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	_	up member s nam	e, address, LTN		
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	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 nontavable amount					

26.692

26,692

0

Amount

No

Νo Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

1

2a

2b

2c

3

5

Schedule C (F	orm 990 or 990-E2) 2012		Page 3
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has filled Form 5768 (election under section $501(h)$).	ТОИ	
For each "Yes"	esponse to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)

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

activity.

- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- Media advertisements? C
- Mailings to members, legislators, or the public?
- Publications, or published or broadcast statements?
- Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- Total Add lines 1c through 1i
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a
 - **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	NC
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		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 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
- Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 2 expenses for which the section 527(f) tax was paid).
- Current year
- b Carryover from last year
- c
- 3 $Aggregate\ amount\ reported\ in\ section\ 6033(e) (1) (A)\ notices\ of\ nondeductible\ section\ 162(e)\ dues$
- 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?
- Taxable amount of lobbying and political expenditures (see instructions)

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
Schedule C Disclosures	Part II-B Line 1i	Wheaton Franciscan Healthcare and Franciscan Ministries are part of a controlled group of healthcare and housing organizations that are related through a common parent organization Certain entities within this controlled group engage in limited lobbying activities that benefit each organization collectively. Wheaton Franciscan Healthcare employs one full time Vice President of Strategic Planning and Government. Relations whose duties include a portion of lobbying activities. These lobbying activities approximate 20% of total annual salary. A benefits factor of 25% is added, and the total is allocated amongst the organizations receiving the benefit of these services. The lobbying activities include such things as preservation of Medicare and Medicaid funding, monitoring federal legislation that may impact the organization, participating in and coordinating visits with elected officials, coordinating advocacy activities in conjunction with relevant trade associations, and providing awareness on specific state related legislative issues when the need arises (e.g. state hospital assessment legislation in Wisconsin). The portion of direct expenses related to annual employee business travel to Washington DC or other locations, in order to lobby for issues important to healthcare providers and patients, have been included if applicable. Finally, any trade association dues containing a percentage portion allocable to lobbying activities, has been added or estimated, as appropriate. Lobbying expenses incurred by each organization directly, are reflected on their respective IRS Form 990, and can be summarized as follows. Wheaton Franciscan Services, Inc. #36-3262111 \$61,723. Wheaton Franciscan Healthcare - Southeast. Wisconsin, Inc. #39-1566865 \$57,464. Wheaton Franciscan, Inc. #39-0816857 \$17,376. Wheaton Franciscan Healthcare - St. Francis, Inc. #39-0907740 \$9,567. Wheaton Franciscan Healthcare - St. Francis, Inc. #39-0907740 \$9,567. Wheaton Franciscan Healthcare - St. Franciscan Healthcare - Franklin, Inc. #56-2592868
		Wheaton Franciscan Home Health and Hospice, Inc. #39- 1559428 \$ 852 Marianjoy, Inc. #36-3483589 \$5,035 Marianjoy Rehabilitation Hospitals and Clinics, Inc. #36- 2680776 \$14,507 Wheaton Franciscan Healthcare - Iowa, Inc.

#42-1177001 \$5,035 Covenant Medical Center, Inc #42-1264647 \$26,692 Sartorı Hospital, Inc #42-0758901 \$4,668 Mercy Hospital, Inc #42-1178403 \$2,069 TOTAL

LOBBYING EXPENSES \$217,444

DLN: 93493134030754

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

	me of the organization	Employer identification number					
COI	venant Medical Center Inc		42-1264647				
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		inds or Accounts. Complete if the				
		(a) Donor advised funds	(b) Funds and other accounts				
L	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
ŀ	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No				
5	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?						
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.				
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertified historic structure				
	easement on the last day of the tax year	Г	Held at the End of the Year				
а	Total number of conservation easements	<u> </u>	2a				
b	Total acreage restricted by conservation easements	<u> </u>	2b				
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c				
d	Number of conservation easements included in (c) acq	` `					
u	historic structure listed in the National Register	lanca area 3/17/30, and not on a	2d				
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminated	d by the organization during				
	the tax year ▶						
ŀ	Number of states where property subject to conservat	ion easement is located 🕨					
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No				
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year				
_	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	during the year				
7	► \$,, and amoreing conservation casements	during the year				
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)				
•	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the	e footnote to the organization's financial	•				
	the organization's accounting for conservation easeme		ou Othou Cincilou Accord				
ŒЦ	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.				
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or research in furtherance of public				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, o					
	(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, histor following amounts required to be reported under SFAS						
_	•	110 (A3C 930) relating to these items					
а	Revenues included in Form 990, Part VIII, line 1		► \$				

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tı</u>	<u>reasures, o</u>	<u>r Othe</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the following th	nat are a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	or exchange p	rograms	i		
b	Scholarly research		e	Γ	Othe	r				
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expla	iin ho	w the	y furthe	er the organiza	tıon's ex	kempt purpose	ın	
5	During the year, did the organization solicit	or receive donations	s of a	rt, hıs	torıcal	treasures or o	thersin	nılar		
	assets to be sold to raise funds rather than t								│ Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ered "Y	es" to Form 9	3 90, ———	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	y for c	ontribu	itions or other	assets	not	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able					
								1A	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	?					│ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been provided	ın Part	XIII		Γ
Pa	rt V Endowment Funds. Complete									
_		(a)Current year	(b)Prior	year	b (c)Two years	back (d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
т	Administrative expenses									
g	End of year balance					<u> </u>				
2	Provide the estimated percentage of the curi	ent year end balan	ce (III	ne 1g	, colum	in (a)) held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ►									
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shows	uld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and administ	ered for	the		T 82
	organization by (i) unrelated organizations			_			_	3a	(i) Yes	No
	(ii) related organizations			• •				3a		
b	If "Yes" to 3a(II), are the related organization						· . · .	3		†
4	Describe in Part XIII the intended uses of th	e organization's en	down	nent f	unds					
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa							
	Description of property				Cost or s (invest			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					4	,033,723			4,033,723
b	Buildings					89	,505,879	45,842,31	.8 4	13,663,561
c	Leasehold improvements					4	,246,079	4,064,27	′ 6	181,803
d I	Equipment					98	,543,817	82,836,09	9 1	15,707,718
							,179,719		37 3	30,252,382
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (B), line	10(c).)		▶	č	93,839,187

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		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)	F	
Part VIII Investments—Program Related. S	see Form 990, Part X, line 1	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,		
(a) Desc		(b) Book value
(4) 5 6 6		(2) 20011 14140
Total (Column (b) much acual Forms 000, Part V, col (R) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part	rx line 75	
1 (a) Description of liability	(b) Book value	
1 (a) Description of liability Federal income taxes		
Federal income taxes	(b) Book value	
-	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal income taxes	(b) Book value	
Federal Income taxes DUE TO THIRD PARTY PAYOR	(b) Book value 0 3,842,928	
Federal income taxes	(b) Book value 0 3,842,928	

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete 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

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Covenant Medical Center Inc

Employer identification number

42-1264647

Pa	Financial Ass	stance an	d Certain	Other Community	Benefits at Cost				
								Yes	No
1a	Did the organization have	a financial as	ssistance pol	licy during the tax year?	' If "No," skıp to questı	on 6a	1a	Yes	
b	If "Yes," was it a written j	policy?					1b	Yes	
2	If the organization had mi financial assistance polic					pplication of the			
	Applied uniformly to a Generally tailored to i	•			mly to most hospital fac	cilities			
3	Answer the following base organization's patients du			nce eligibility criteria th	at applied to the larges	t number of the			
а	Did the organization use I If "Yes," indicate which o					providing <i>free</i> care?	3a	Yes	
	┌ 100% ┌ 150% ┌	200% ┌ 0	ther		%				
b	Did the organization use I which of the following was				=	-	3b	Yes	
	□ 200% □ 250% □	300%	50% - 400	0%		0/0			
c	If the organization used for criteria for determining elused an asset test or oth discounted care	igibility for fre	ee or discoun	ted care Include in the	description whether the	e organization			
4	Did the organization's fina								
5a	provide for free or discounted care to the "medically indigent"?						_4	Yes	
h	the tax year?					5a	Yes	 	
	If "Yes" to line 5b, as a re						5b		No
C	care to a patient who was	_					5c		
6a	Did the organization prep	are a commur	nity benefit re	eport during the tax year	r?		6a	Yes	
Ь	If "Yes," did the organiza	tion make it a	vailable to th	ne public?			6b	Yes	
	Complete the following ta worksheets with the Sche	_	worksheets p	provided in the Schedule	e H instructions Do not	submit these			
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	st				1
	ancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ben expense		f) Perce otal exp	
a	Financial Assistance at cost	, ,		3,574,082		3,574,	083	1 4	30 %
b	(from Worksheet 1) Medicaid (from Worksheet 3, column a)			30,253,518	25,299,511	4,954,			80 %
С									
d	d Total Financial Assistance and Means-Tested						10 %		
	Government Programs . Other Benefits			33,027,000	23,233,311	0,320,		- 3 1	
е	e Community health improvement services and community benefit operations						10.0/		
f	(from Worksheet 4) 1,302,319 11,109 1,291,210 0 510 % f Health professions education 1,302,319 11,109 1,291,210 0 510 %							10 %	
(from Worksheet 5)									10 %
h	(from Worksheet 6) Research (from Worksheet 7)			8,279,213 18,979	4,938,250	3,340, 18.	963 979		30 %
1	Cash and in-kind contributions for community								
1	benefit (from Worksheet 8) Total. Other Benefits			999,694 14,988,730	6,297,071	999, 8,691,	_		00 % 60 %
k Total. Add lines 7d and 7j . 48,816,330 31,596,582 17,219							_		70 %

Pa	rt II Community Building activities during the of the communities in	tax year, an									
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off evenu	setting e	(e) Net communi building expense		(f) Perc total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements			241,479			5,788	235	,691	0	090 °
5	Leadership development and training			,			57.55		,,,,,,		
6	for community members Coalition building										
7	Community health improvement										
8	Workforce development										
9	Other										
0	Total			241,479			5,788	235	,691	0	090 %
	t 💵 Bad Debt, Medicar	e, & Collec	tion Practic	es			•				
	ion A. Bad Debt Expense							ı		Yes	No
1	Did the organization report bac Statement No 15?	d debt expense		with Heathcare Fina	ancial M	anage -	ment As	ssociation	1	Yes	
2	Enter the amount of the organi	zatıon's bad d	ebt expense E					• • •			
	methodology used by the orga					2		9,644,193			
3	Enter the estimated amount of patients eligible under the org	_		•							
	the methodology used by the o	organization to	estimate this	amount and the ratio							
	any, for including this portion of	of bad debt as	community ber	nefit	• •	3					
4	Provide in Part VI the text of to or the page number on which t		-				ribes ba	id debt expense			
ect	ion B. Medicare	1113 100011000 13	contained in ti	ie accaenca inianeiai	Stateme	21103					
5	Enter total revenue received fi	om Medicare	(including DSH	and IME)		5		48,674,356			
6	Enter Medicare allowable cost					6		37,765,429			
7	Subtract line 6 from line 5 Th	ıs ıs the surplı	ıs (or shortfall)			7		10,908,927			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method	ology or source								
	Cost accounting system	r c∘	st to charge ra	tio $ar{\Gamma}$	Other						
ect	ion C. Collection Practices										
9a	Did the organization have a wr	itten debt coll	ection policy di	ırıng the tax year?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part V	ection practice	s to be followe	d for patients who ar	e known	to qu	alıfy for t	inancial	9b	Yes	
Pa	rt IV Management Comp								ans—s	ee instruct	tions)
	(a) Name of entity	(t	 Description of pi activity of entit 		c) Organız orofit % oı ownershi	r stock	er) Officers, directors, trustees, or key mployees' profit % stock ownership %	pro	e) Physio ofit % or ownershi	stock
L											
2											
3									+		
1									+		
									+		
<u> </u>									1		
5											
7											
3											
•											
LO											
11											
L 2											
13		†							+		

Part V	Part V Facility Information										
	A. Hospital Facilities	Licensed	Gene	Child	Teac	Critical	Rese	- FF-2	ER-other		
smallest How ma organiza 	order of size from largest to t—see instructions) ny hospital facilities did the ation operate during the tax year? ——	nsed hospital	General medical & surgical	Children's hospital	Teaching hospital	al access hospital	Research facility	ER-24 hours	ther	Other (December)	
name, a	address, and primary website address									Other (Describe)	Facility reporting group
1	Covenant Medical Center Inc 3421 West Ninth Street Waterloo, IA 50702 http://www.wheatoniowa.org	X	Х		х			х			1

Schedule H (Form 990) 2012

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) Covenant Medical Center Inc

Name of hosp	oital facility	or facility	/ reporting	group
--------------	----------------	-------------	-------------	-------

For	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)	_	<u></u>	IN-
			Yes	NO
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)			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
C	the community			
d	• • • • • • • • • • • • • • • • • • • •			
е	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 13			
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	-	Yes	_
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	<u> </u>
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website			
b	A vailable upon request from the hospital facility			
	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				
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			
е	▼ 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	₩	Νo
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	\vdash	_
С	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? \$			

P	art V Facility Information (continued)			
Fi	nancial 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 $\frac{200}{9}$ %			
	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 % 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)			
а	Income level			
b	Asset level			
(Medical indigency			
d	Insurance status			
e	Uninsured discount			
f	· ▼ Medicaid/Medicare			
g	State regulation			
ŀ	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)			
а	The policy was posted on the hospital facility's website			
b	The policy was attached to billing invoices			
ď	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			
€	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)			
	Illing and Collections			
15	5 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	15	Yes	
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	13	165	
	the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
а	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			
а				
b	Lawsuits			
•	Liens on residences			
d	Body attachments			
e	Other similar actions (describe in Part VI)			

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P	art 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)			
а	Notified individuals of the financial assistance policy on admission			
Ь	Notified individuals of the financial assistance policy prior to discharge			
С	Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
d				
	financial assistance policy			
е	Other (describe in Part VI)			
Po	olicy 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	10	Yes	
	their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	19	res	
_				
a				
b	<u>. </u>			
С				
d	,			
	arges 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			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
Ь	▼ 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			١
	covering such care?	21		Νo
22	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		N o
	If "Yes," explain in Part VI			

6

Ρ	а	a	e

Part V	Facility	Information	(continued

Section C. Other	Health Care	e Facilities Tl	hat Are Not I	Licensed, Regi	istered, or S	Similarly Re	cognized a	ıs a
Hospital Facility								

(list in order of size, from largest to smallest)

39	care facilities did the organization operate during the tax year?				
Name and address		Type of Facility (describe)			
1	See Additional Data Table				
2					
3					
4					

Schedule H (Form 990) 2012

Schedule H (Form 990) 2012

Page

Part VI Supplemental Information Complete this part to provide the following information

organization's financial assistance policy

- 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 \ 22d, \$
- **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 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may
- Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or

be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the

- other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc) Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the
- organization and its affiliates in promoting the health of the communities served

Identifier	ReturnReference	Explanation
Identifier Schedule H Supplemental Information	ReturnReference Various - see the following referenc	es Schedule H Part 1 Line 6a The Annual Report that outlines th Hospital's community benefit information is contained in a report prepared by the system, Wheaton Franciscan Services,
		Inc (FEIN #36-3262111) which is the ultimate parent organization of an integrated health care system operated in Wisconsin, Illinois, Iowa, and Colorado For more information,
		please see our annual report at www mywheaton org It is available under "A bout Wheaton" by selecting "Community
		Impact," and scrolling down to "2013 Annual Report" Schedu H Part 1 Line 7 Community Benefit amounts are reported usin total actual costs per the hospital's managerial accounting
		system in use, which includes all patient segments including inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, Medicare HMO, uninsured, and self-pay
		patients Medicare is reported using the most recently filed coreport at the time the Annual Report and related community
		benefit information are published. Amounts are compiled using software application recommended by the Catholic Health
		Association because it has the ability to provide the information a format suitable for Schedule H presentation. After the datis entered by the Site Finance Directors, its accuracy is verification.
		by employees who are trained in community benefit reporting, and then approved by the Chief Financial Officer and the
		President/CEO of the organization After amounts are verified and approved, community benefit amounts become finalized Wheaton Franciscan Healthcare complies with Illinois state la
		which requires reporting to the Attorney General's Office Additionally, Wheaton Franciscan Healthcare voluntarily repo
		community benefit information in Wisconsin and Iowa by maki the information readily available on certain websites. Finally, the information is compiled with the assistance of the softwar
		for presentation in IRS Forms 990 Schedule H and Statement Program Service Accomplishments Part III Schedule H Part
		Line 7 Column f Wheaton Franciscan Healthcare organizations follow guidelines established by the Catholic Health Association, who recommends that bad debt expense not be
		included in community benefit amounts. As a result of this applied methodology, a total amount of \$9,644,193 has not
		been included in the calculation of the percentages reported of Schedule H Line 7 Column f Schedule H Part 1 Line 7g In the Southeast Wisconsin and Marianjoy regions, physician clinics
		are operated by a separate legal entity and are therefore not included in Community Benefit amounts on hospital 990's In
		the Iowa region, clinic operations are included as a department of the hospital, Covenant Medical Center, Inc. Clinic operation for the Iowa clinics are included only in the community benefit
		reporting of charity care, government sponsored health care, and Medicare shortfall Therefore, for all entities, including
		Covenant Medical Center, Inc , costs related to physician clinics are not included in subsidized health services reported on Schedule H Part I Line 7g Schedule H Part III Section A
		Lines 1-4 As part of an annual process, affiliates of Wheaton Franciscan Healthcare complete a consolidated audit each
		year, which for June 30, 2013, contained a footnote on Bad Debt which appeared under item (3) "Summary of Significant Accounting Policies" on page 14 of the attached audited
		financial statements Note that while FASB ASU 2011-07 requires certain organizations present bad debt as a reductio
		from patient service revenue for financial statement presentation, for IRS Form 990 presentation, these amounts are classified as bad debt expense. It is the practice of
		Wheaton Franciscan Healthcare to record actual bad debt expense for each organization at the time the amount due is
		determined to be uncollectible, and thus written off With the onset of presumptive care effective July 1, 2011, practices a
		now in place to retroactively determine a patient's eligibility under Wheaton's Charity Care Policy, and remove those amounts from bad debt expense in order to correctly show the
		patients as charity care Wheaton Franciscan Healthcare's position is therefore that none of the patients resulting in
		uncollectible accounts would have qualified as charity care patients as this determination is made at the time of admission and corrective action is taken based on presumptive care. Ba
		debt expense is only determined after many months of collection efforts, and for this reason Part III Section A Line
		is reported as none (ie at zero) Additionally, since the organization follows guidelines established by the Catholic Health Association and the related state counterpart in
		Wisconsin, Iowa, or Illinois as appropriate, Wheaton Francisc Healthcare does not include any form of bad debt expense in
		annual reporting of community benefit amounts Schedule H Part III Section B Line 6-8 Schedule H Part III Section B Lin 6 reports "allowable costs of care" as taken from the most
		recently filed Medicare cost report available at the time the Community Benefit Report is published. The Medicare cost
		report calculates its allowable total costs based on applicable Medicare regulations. Medicare and Medicaid cost is
		determined using individual cost center cost-to-charge ratios. This cost to charge ratio is determined using all payer cost a all payer charges. The cost to charge ratio is applied to the
		actual Medicare and Medicaid charges to determine the Medicare and Medicaid cost This organization has adopted t
		cost and charge practices as recommended by the Catholic Health Association and the Wisconsin, Iowa, or Illinois Hospi Association as applicable, and therefore, does not count any
		Medicare shortfall numbers in its annual reporting of Commun Benefit amounts Schedule H Part III Section C Line 9b
		Wheaton Franciscan Healthcare has a policy that outlines all collection practices for patients who are known to qualify for government programs and for our charity care program We
		make every attempt to assist the patient in enrolling in government insurance plans or our own charity care program
		allowing for free or discounted care. If the patient does not qualify for any type of aid or charity care, declines to establis
		reasonable payment plan or pay the liability, the patient will to moved into a bad debt status, and the account is sent to a collection agency. This does not occur before the patient has
		received several notices and a final written warning Schedule Part V Section A and Section C Affiliates of Wheaton
		Franciscan Healthcare have defined and reported "hospital facilities" to include only those bricks and mortar buildings the actually have inpatient beds, in addition to meeting all other
		criteria under Wisconsin, Iowa, or Illinois state laws, as applicable, required for hospital licensing. Although there are
		other facilities within our system built to hospital standards, performing hospital-based billing, and conforming to other "hospital" standards under state law, until there is further
		guidance from the IRS, these facilities have been reported in Section C, due to their lack of having state certified inpatient
		beds Schedule H Part V Section B Line 1j, 3, 4, 6i, and 7 Wheaton Franciscan Healthcare's Community Health Needs Reports provide additional detailed information in response to
		many of the Schedule H questions on our Community Health Needs Assessments and Implementation Plans These repor
		can be directly accessed for our various hospitals at the following websites Wisconsin Hospital Facilities Please go t
		www mywheaton org and select "About Wheaton" then "Community Impact" At the bottom of this page there will be link to each of our hospitals Select the applicable hospital, a
		to the left select "Community Needs Assessment" There are two reports available for each hospital facility, "Health Needs
		Report - Assessment of our Community" and "Answering the Call - Meeting our Community Needs" There are also various City and County reports, Health Survey reports, Secondary
		Data reports, and Key Informant Interview reports that supports the findings in the final assessments and plans. Iowa Hospita
		Facilities Please go to www wheatoniowa org and select "Abo Us", then "Commitment to the Community", then "Communit Health Needs Assessment" One fully summarized report is
		assessable for each of the three Iowa Hospital Facilities that contains detailed information on the Community Health Need
		Assessment, Implementation Plan, and all supporting data Illinois Hospital Facilities Please go to www marianjoy org ai select "About Us" then "Community Benefits" All detailed
		information on the Community Health Needs Assessment and Implementation Strategy, which is presented in a Illinois Sta
		required format, can be obtained by selecting "Marianjoy 201 Community Benefits Report" Schedule H Part V Section B Li
hedule H Supplemental formation (cont'd)	Various - see the following referenc	4 Wheaton Franciscan Healthcare collaborat es Schedule H Part VI Line 6 Covenant Medical Center, Inc. is a member of the Wheaton Franciscan Healthcare system, which
(Solic d)		operates an integrated health care delivery system in Iowa T sole member of the hospital, Wheaton Franciscan Healthcare
		Iowa, Inc is a supporting organization and as such, provides corporate services at a consolidated level for its hospitals an
		other supported organizations, including Covenant Medical Center, Inc. In completing its role, many community benefit activities that would otherwise be undertaken directly by the
		hospital are undertaken by Wheaton Franciscan Healthcare of behalf of its member hospitals and other organizations even
		though Covenant Medical Center, Inc is first seen as a community hospital which serves its own direct community Originally established by the Franciscan Sisters, Daughters of
		the Sacred Hearts of Jesus and Mary, St Clara Province (the "Wheaton Franciscan Sisters"), Wheaton Franciscan Healthca
		is dedicated to improving the lives of the patients it serves nonly by providing exceptional and compassionate care, but by

only by providing exceptional and compassionate care, but by dedicating resources to the communities we serve Schedule H Part VI Line 7 Wheaton Franciscan Healthcare operates several health care organizations and files community benefit reports in Illinois as required by Illinois state law. In two other states where Wheaton Franciscan Healthcare conducts business (Iowa and Wisconsin), community benefit reporting is not required, but Wheaton voluntarily makes this information available on several

websites

Software ID: **Software Version:**

EIN: 42-1264647

Name: Covenant Medical Center Inc

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

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

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

and address	Type of Facility (describe)
CMC's Horizons Substance Abuse 2101 KIMBALL AVENUE WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Wellness Center 2101 KIMBALL AVENUE WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Cancer Treatment Center 200 EAST RIDGEWAY AVENUE SUITE CTC WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Hematology Oncology 200 EAST RIDGEWAY AVENUE SUITE 400 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Medical Center's Sleep Lab 2710 ST FRANCIS DRIVE SUITE 409 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
owa Spine and Brain Institute 2710 ST FRANCIS DRIVE SUITE 110 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Neurology 2710 ST FRANCIS DRIVE SUITE 104 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Convenient Care 2710 ST FRANCIS DRIVE SUITE 111 VATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Family Practice 2710 ST FRANCIS DRIVE SUITE 210 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Orthopedics 2710 ST FRANCIS DRIVE SUITE 319 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Cardiology 2710 ST FRANCIS DRIVE SUITE 320 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Pulmonology 2710 ST FRANCIS DRIVE SUITE 402 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Surgery 2710 ST FRANCIS DRIVE SUITE 410 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Ent Allergies 2710 ST FRANCIS DRIVE SUITE 411 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Cov Clinic Nephrology Podiatry Pediatr 2710 ST FRANCIS DRIVE SUITE 510 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
VATEREO 0,1A 30702 1ammography Screening Center 132 KING DRIVE VATERLOO,1A 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic - Psychiatry 2750 ST FRANCIS DRIVE WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic - Psychiatry 2802 ORCHARD DRIVE CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic - Arrowhead 226 BLUEBELL ROAD SUITE CC CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Arrowhead Medical Center 226 BLUEBELL ROAD SUITE OPT CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic- Rehabilitation Medicine 8421 WEST NINTH STREET SUITE 100 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic 2055 KIMBALL SUITE 400 WATERLOO,IA 50702	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic - Family Practice 516 SOUTH DIVISION STREET SUITE 11 CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Bariatrics 516 SOUTH DIVISION STREET SUITE 10 CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Family Practice 516 SOUTH DIVISION STREET SUITE 10 CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Orthopedics 516 SOUTH DIVISION STREET SUITE 12 CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic Specialist 516 SOUTH DIVISION STREET SUITE 14 CEDAR FALLS,IA 50613	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic - Dysart 501 CLARK STREET DYSART,IA 52224	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic - Evansdale B562 LAFAYETTE ROAD EVANSDALE,IA 50707	OUTPATIENT SUBSTANCE ABUSE SERVICES
Covenant Clinic - Fairbank LOS SOUTH WALNUT STREET	OUTPATIENT SUBSTANCE ABUSE SERVICES

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

ection C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as	а
ospital 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?

39

and address	Type of Facility (describe)			
Covenant Clinic - Gladbrook 109 SECOND STREET GLADBROOK,IA 50635	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic - Jesup 1094 220TH STREET IESUP,IA 50648	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic – LaPorte City 601 HIGHWAY 218 NORTH LAPORTE CITY,IA 50651	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic - Oelwein 129 EIGHT AVENUE SE OELWEIN,IA 50662	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic - Reinbeck 501 MAIN STREET REINBECK,IA 50669	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic - Shell Rock 309 SOUTH CHERRY STREET SHELL ROCK,IA 50670	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic - Traer 200 WALNUT STREET TRAER,IA 50675	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic - Tripoli 602 SEVENTH AVENUE SW TRIPOLI,IA 50676	OUTPATIENT SUBSTANCE ABUSE SERVICES			
Covenant Clinic - Waverly 217 20TH STREET NW WAVERLY,IA 50677	OUTPATIENT SUBSTANCE ABUSE SERVICES			

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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.

OMB No 1545-0047

DLN: 93493134030754

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

► Attach to Form 990

Inspection Employer identification number

Covenant Medical Center Inc	_					42-1264647	
General Inform 1 Does the organization main the selection criteria used	ıntaın records to subs						▼ Yes
2 Describe in Part IV the or							
		Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Covenant Foundation Inc 3421 West 9th St Waterloo,IA 507025499	42-1295784	501(c)(3)	50,000		Book		Provide support
(2) Schoitz Health Resources Inc 3421 West 9th St Waterloo,IA 507025499	42-1232935	501(c)(3)	352,176		Book		Provide support
(3) OSF Services Inc PO Box 667 Wheaton,IL 601870667	36-3353311	501(c)(3)	698,145		Book		Provide support
(4) Northeast Iowa Food Bank 106 E 11th Street Waterloo,IA 50703	42-1169648	501(c)(3)	10,000		Book		Provide assistance
2 Enter total number of cost	Tion F01 (c)(3) and co	vornment organizations	listed in the line 1 table				

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

,			
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) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

(Complete this	part to	provide	e the information r	equired in Part .	., iine 2	, Part III	, column	(b)	, and an	y other additional information	

Identifier	Return Reference	Explanation
Schedule I Disclosures	Schedule I , Part I , Line 2	Wheaton Franciscan Healthcare and Franciscan Ministries maintain files and records to manage the decision-making and award process for organizations that it provides community sponsorship dollars to Decisions are made by a Community Sponsorship Committee with leaders who hold positions in Diversity, Strategic Planning, Mission Services, Marketing and Philanthropy The Committee generally strives to sponsor organizations that have missions that align with the mission, vision and values of Wheaton Franciscan Healthcare and/or Franciscan Ministries. The committee also looks for certain other criteria when deciding which organizations will receive contributions, including but not limited to supporting healthcare or housing related activities within the Southeast Wisconsin, Iowa, and Illinois markets, supporting programming that work to further diversity and cultural competency, aligning with other WFH business relationships or service lines, supporting student academic achievement or workforce development initiatives, and finally, supporting environmental "green" initiatives. Leaders periodically meet with representatives of sponsored organizations to discuss objectives including how dollars will be spent. Currently, confirmation letters are sent to sponsored organizations when award dollars are given, that confirm the dollar amount awarded and the intended purpose, with a request that the recipient acknowledge receipt of the funds in written correspondence. Files are maintained in the Organizational Change and Leadership Performance Department to include copies of letters of request, award and denial letters along with acknowledgement receipts from sponsored organizations.

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DLN: 93493134030754

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Covenant Medical Center Inc

Employer identification number

42-1264647

	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel 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		
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		
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			
а	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		Νo
	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			
а	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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	_		N -
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

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)(1)-(111) 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	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

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

Also complete this part for any additional information						
Identifier	Return Reference	Explanation				
Schedule J Disclosures	Various - See the following references	Schedule J Part I Line 3 The compensation of the filing organization's CEO and/or the Executive Director is determined at the parent organization level, using the process described in Schedule O related to Part VI Section B Line 15. The parent organization, Wheaton Franciscan Services, Inc. (FEIN 36-3262111) uses a compensation committee, independent compensation consultants, and compensation surveys and studies to determine appropriate levels of compensation that are reflective of fair market value. All compensation is approved by the independent board and/or compensation committee, acting free from conflicts of interest. Schedule J Part 1 Line 4b John Oliverio received a 2012 taxable payout of \$993,744 related to a supplemental nonqualified retirement plan known as the Wheaton Franciscan Services Benefit Restoration Plan. IRS Form 990 Part VII Section A and Schedule J Part II Phyllis Doulaveris is reported as having no calendar year 2012 compensation, because although she served as a board of directors member during the fiscal year ending June 30, 2013, she was not hired until after January 1, 2013. James Lehman MD is reported as having no calendar year 2012 compensation, because although he served as a board of directors member during the fiscal year ending June 30, 2013, he was not hired until after January 1, 2013. IRS Form 990 Part VII Section A Col F and Schedule J Part II Column D Nontaxable benefits of Nancy Weber include \$112,297 in accrued severance payments to be paid as wages in a future year.				

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 42-1264647

Name: Covenant Medical Center Inc

Return to Form

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Paul Franke MD	(I) (II)		99,000	1,859	13,417	16,682	444,454	
Michael Slavin DO	(I) (II)		1,500	17,605	21,191	22,738	632,312	
Neil McMahon MD	(I) (II)) 408,584)	1,125	4,805	21,211	13,693	449,418	
Brian Sims DO	(ı) (ıı)) 485,271)	1,125	2,172	21,128	24,479	534,175	
James Peterson MD	(ı) (ıı)) 262,942	1,425	3,757	21,219	25,103	314,446	
Peter Hohnstein MD	(I) (II)) 435,378)	3,000	5,835	21,191	26,827	492,231	
Ahsan Maqsood MD	(ı) (ıı)	997,669	2,250	11,173	17,884	26,223	1,055,199	
Gary Knudson MD	(ı) (ıı)) 1,490,676)	2,175	1,731	21,224	20,827	1,536,633	
Richard Naylor MD	(ı) (ıı)) 2,080,694)	2,250	12,069	21,090	23,556	2,139,659	
Richard Valente MD	(ı) (ıı)	910,098	18,295	7,721	13,417	32,881	982,412	
Victor Mujica MD	(ı) (ıı)		2,250	13,444	21,158	23,418	990,606	
John Oliverio	(ı) (ıı)	980,246	868,800	1,018,503	153,150	63,839	3,084,538	
Michele Panicucci	(I) (II))) 255,330	122,800	10,731	49,756	19,561	458,178	
Rose Fowler	(I) (II)) 177,828	72,500	368	26,158	13,422	290,276	
Nancy Weber	(1) (II)		74,300	7,118	243,394	126,136	664,449	
Jack Dusenbery	(I) (II))) 391,587	219,800	10,204	48,175	33,859	703,625	
Jeffrey Halverson	(I) (II)) 212,034	85,700	15,863	37,086	20,464	371,147	
Christopher Hyers	(I) (II)	181,108	74,500	10,241	19,709	26,740	312,298	

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As Filed Data -

DLN: 93493134030754

DLN: 93493134030754

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.

2012

Open to Public Inspection

Name of the organ Covenant Medical Cei								En	ploye	r identii	fication	number	•
									-1264				
							1 501(c)(4) or 25a or 25b, or					٥h	
	of disqualifie				between di		(c) Descri					d) Corre	ected?
1 (4)					d organizati		(3, 2 33 31.					res	No
											+		
2 Enter the amo	ount of tax ı	ncurre	d by organiza	ation mana	agers or dis	qualified per	sons during the	yearı	ınders	ection			
4958									•	F \$			
3 Enter the amo	ount of tax,	ır any,	on line 2, ab	ove, reimi	oursed by th	ie organizati	on		•	F \$			
			rom Inter										
			ation answere n amount on l				, line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, oi	r ıf the	
(a) Name of			(c) Purpose			(e)Origin		(g)) In	(h)	(i)Wri	tten
interested	with organi		of loan	or from		principa	l due	defa	ult?	Appro	ved	agreen	
person				organizat	ion?	amount				by boa			
				То	From			Yes	No	Yes	No	Yes	No
												_	•
												_	
								-				_	
								<u> </u>				_	
												_	
 Γotal				<u></u> ► s					<u> </u>	<u> </u>	<u> </u>	7	
Part IIII Gran	ts or Ass	istan	ce Benefit	ting Int	erested I	Persons.		•		1		_1	
Comp					res" on Fo	rm 990, Pa	art IV, line 27						
(a) Name of inte person			atıonshıp bet ed person ar		c) A mount o	of assistance	e (d) Type o	fassis	tance	(e)	Purpose	e of assi	stance
person	"		rganızatıon	id the									
										•			
							_						
							_						

Part IV Business Transactions In Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	: zation's
				Yes	No
` ' '	Spouse of Jeff Halverson	14,823	Employment		No
` ' '	Mıchele Panıcuccı daughtr	26,282	Employment		No
` ′	Douglas Stanford MD son	610,584	Employment		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 (Form 990 or 990-EZ) 2012

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

DLN: 93493134030754 OMB No 1545-0047

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.

Inspection

ame of the organization ovenant Medical Center Inc		Employer identification number 42-1264647
ldentifier	Return Reference	Explanation
Schedule O Disclosures	Various - See the following references	
Schedule O Disclosures (cont'd)	Various - See the following references	IRS Form 990 Part VI Section B Line 15 The compensation of the CEO of Wheaton Franciscan S ervices Inc (WFSI) and other officers and key employees of the filing
		organization is reviewed and approved on an annual basis by the Executive Committee of the
		WFSI Board of Dire ctors, an independent board, acting in a manner consistent with its conflicts of interest
		policy The board's decision is informed by an opinion on market comparable compensation d
		ata provided to the board by an independent compensation expert. The organization maintain
		s contemporaneous documentation of the substantiation of the deliberation an decision by the board Additionally, this 990 has reported an employed physician who has
		served as eit her an Officer, Director, or has been listed as a Key Employee Employed
		physicians have a slightly different compensation structure, depending on which organization the are emplo
		yed by, as follows Compensation for the organization's President and other officers and k
		ey management employees, is reviewed and approved, as part of the Wheato Franciscan Services, Inc. Executive Compensation Plan, on an annual basis by the Executive
		Committee of th e Wheaton Franciscan Services, Inc. Board of Directors (the "Executive
		Committee of the WF SI Board"), an independent board, acting in a manner consistent with its
		conflicts of inte rest policy The Executive Committee of the WFSI Board's decision is informed by an opinio
		n on market comparable compensation data provided to the board committee ban independent
		compensation expert The Executive Committee of the WFSI Board maintains contemporaneous documentation of the substantiation of the deliberation and decisions it makes
		For those officers and key employees that are paid for their services other than pursua
		to the WFS I Executive Compensation Plan, the compensation terms are approved by the
		President of Cov enant Medical Center, Inc. and Wheaton Franciscan Services - low a, Inc. In such case, deci
		sions are made in accordance with the organization's conflict of interest requirements. Al
		so, in such case, the compensation paid pursuant to a contract is determined with reference e to market comparable information. Organizational policy requires that
		contemporaneous do cumentation of the same be maintained With respect to the organization's
		officers and key employees that are practicing physicians, the organization's physician compensation plan
		and other compensation arrangements are reviewed and approved on an annual basis by the Fi
		nance and Operations Committee of the Wheaton Franciscan Healthcare - lowa, Inc Board of
		Directors (the "FOC of the low a Board"), an independent board, and acting in manner cons istent with its conflicts of interest policy. The decision of the FOC of the low a
		Board is informed by a report on market comparable compensation data. The FOC of the low a Board ma
		intains contemporaneous documentation of the substantiation of the deliberation and decisi
		ons it makes IRS Form 990 Part VI Section C Line 19 Affiliates of Wheaton Franciscan Heal
		thcare and Franciscan Ministries provide upon request certain documents including our fina notal statements, conflict of interest policy, and governing documents that
		support our ta x exempt status, including, but not limited to, articles of incorporation and
		bylaw's Requests for information are considered on a case-by-case basis, and this procesus outlined
		in our Public Disclosure Policy As part of the requirements for tax exempt bor financing
		, the consolidated financial statements of Wheaton Franciscan Services, Inc (#36-3262111) , the parent corporation of Wheaton Franciscan Healthcare and Franciscan
		Ministries affili ates are required to be provided each quarter to the Municipal Securities Rule
		Making Boar d (MSRB) The vehicle used to accomplish this is through an external website (http://emma
		msrb org/) referred to as "EMMA" (Electronic Municipal Market Access Syster The financia
		I statements are uploaded each quarter to the website, and along with other information provided at the bond's inception, are available for viewing by the general public
		IRS Form 990 Part VII Column B Wheaton Franciscan Healthcare and Franciscan
		Ministries are a contro lled group of related healthcare and housing organizations. As such, many employees who ar
		e at the Director level or above, or who are Officers and/or Directors of organizations wh
		ere Wheaton has common boards and other overlaps, spend significant time devoted to tasks not only for the filing organization, but also for related organizations. While
		there is n o official time study tracking that is done, it is estimated that for each employe
		tasks devoted to related organizations could approximate up to 80% or more of total
		hours IRS Form 990 Part VIII Lines 2a and 2b MEDICARE MEDICAID OTHER REV 259,025,093 74,760,577 263,
		421,534 CONT ALLOW (158,835,580) (50,551,636) (134,462,039) CHARITY (10,863,553) UBI (1,36
		3,763) TOTAL 100,189,513 24,208,941 116,732,179 IRS Form 990 Part XI Line Certain relate d organizations utilize receivable/payable accounts throughout the year. Thes
		intercompan y balances amounting to \$7,742,049 were settled through the equity account
		the end of t he fiscal year to bring the receivable/payable balances to zero A \$522,000 donation from
		Covenant Foundation, Inc , a related organization, was also handled through the equity acc
		ount \$6,392 of net assets released from restriction are also included in this reconciliat ion. Disclosure Statement Related to Forms 5471 Information return of US
		persons with resp ect to certain Foreign corporations filed on behalf of the taxpayer Under the
		constructive ownership rules of Internal Revenue Code Sections 958(a) and (b), the
		taxpayer is require d to file Forms 5471, Information Return of US persons with respect to certain foreign cor
		porations, as a category 5 filer with respect to certain controlled foreign corporations (
		cfcs) These filing requirements are or will be satisfied through the filing of Forms 5471 for these cfcs by other US taxpayers identified below who have the same filing the same filing of these cfcs by other US taxpayers identified below who have the same filing the same filing of the same filing through the same filing through the same filing through the same filing through the satisfied through the filing of the satisfied through the satisf
		requiremen t Taxpayer name Wheaton Franciscan Services, Inc. Address 26 w 171

rvice Center where US Tax return was or will be filed e-filed

on IL 60187 FEIN number of US Tax return with which form 5471 was filed 36-

Roosevelt Road, Wheat

3262111 IRS Se

SCHEDULE R Related Org

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization Covenant Medical Center Inc

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493134030754

2012

Open to Public Inspection

Employer identification number

				42-12646	4 /			
Part I Identification of Disregarded Entities (Complete	if the organization	answered "Yes" to	o Form 990, Pa	art 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	Dı	(f) rrect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tions (Complete if tax year.)	the organization a	nswered "Yes"	 " to Form 990, P	art IV,	line 34 because if	: had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	ntrolle ity?
See Additional Data Table							Yes	No
							_	
							+	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	n 990) 2	012

Part III Identification of Related Organ because it had one or more related	izations Taxable organizations trea	e as a Partr ated as a pa	n ershi p rtnersh	p (Com _l lip durin	plete	e if the org e tax year	janızatıon a ·.)	nswered "	Yes" t	to Fori	m 990, Pa	rt IV,	line	34	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	t ling	(e) Predominar income(relate unrelated, excluded fro tax under sections 512 514)	ed, total income	(g) Share of e end-of-year assets	alloca	prtionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	agıng :ner?	(k) Percen owner	ntage
(1) SRLM LTD PSHP(1)		HOUSING	IL	SRLM INC	:				Yes	No	0		No		
PO BOX 667 WHEATON, IL 60187 36-3811835															
Part IV Identification of Related Organ line 34 because it had one or more									nswei	red "Y	es" to Forr	n 990), Pa	rt IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c Leg dom (state or coun) jal icile foreign			(d) ct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tot income	al Sh	(g) nare of e of-yea assets	end- Perc r owr	(h) entage nership		(i) Section (b)(13 control entity	512 .3) lled
(1) WHEATON FRANCISCAN ENTERPRISES INC	HOLDING CO				WF H INC	IOLDINGS	C CORP							Yes	No No
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204		V	/I												
(2) WHEATON FRANCISCAN HOLDINGS INC	HOLDING CO				WFH-	-SE WI	C CORP								No
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357		V	/I												
(3) WHEATON FRANCISCAN MED GRP-SUSSEX INC	MED GROUP				WF H INC	IOLDINGS	C CORP								No
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100		V	/I												ı
(4) WHEATON FRANCISCAN PROVIDER NETWORK INC	PROVDR CONTRACT				WFH-	-SE WI	C CORP								No
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140		V	/I												I
(5) WHEATON FRANCISCAN INSURANCE COMPANY	FINANCIAL	Uk	(WFSI										No
98-0691609															
														\longrightarrow	

Part V	Transactions With Related Organizations (Complete if the organization ar	iswered "Yes" to Forn	n 990, Part IV, lın	e 34, 35b, or 36.)			
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations li	sted in Parts II-IV?				
a Rec	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b Gıft	grant, or capital contribution to related organization(s)				1b	Yes	
c Gıft,	grant, or capital contribution from related organization(s)				1c	Yes	
d Loa	ns or loan guarantees to or for related organization(s)				1d	Yes	
e Loa	ns or loan guarantees by related organization(s)				1e	Yes	
f Divi	dends from related organization(s)				1f		No
g Sale	of assets to related organization(s)				1 g		No
h Pur	hase of assets from related organization(s)				1h		No
i Excl	ange of assets with related organization(s)				1i	Yes	
j Leas	e of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k Lea:	se of facilities, equipment, or other assets from related organization(s)				1k	Yes	
	ormance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
	ormance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sha	ring of paid employees with related organization(s)				10	Yes	
p Reir	nbursement paid to related organization(s) for expenses				1 p	Yes	
q Reir	nbursement paid by related organization(s) for expenses				1 q	Yes	
r Oth	er transfer of cash or property to related organization(s)				1r	Yes	
s Oth	er transfer of cash or property from related organization(s)				1s	Yes	
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	overed relationships	and transaction thresholds			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount	nvolved	i
1) Covena	it Foundation Inc	С	2,071,069	Book Value			_
2) Covena	t Foundation Inc	В	50,000	Book Value			
				<u> </u>			

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 re	garding exclu	sion for ce		nent	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)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: Software Version:

EIN: 42-1264647

Name: Covenant Medical Center Inc

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
Disclosures	the following references	Part II (2) Synergon Health System Inc is listed with no direct controlling entity because of the two organizations with an interest, Rush Presbyterian and OSF Services Inc, neither can appoint a majority of the board, therefore neither organization "controls" (3) UHS, Inc is listed without a direct controlling entity because of the two organizations with an interest, KHMC Community Board and OSF Services Inc, neither can appoint a majority of the board, and since KHMC is not an entity (it is a community board), neither body "controls" (4) Schoitz Health Resources, Inc is related only to the following organizations. Schoitz Medical Center, Covenant Medical Center, Wheaton Franciscan Healthcare-Iowa, Mercy Hospital of Franciscan Sisters, and NE Iowa Real Estate Investments. (5) Schoitz Medical Center, Inc is related only to the following organizations. Schoitz Health Resources, Covenant Medical Center, Wheaton Franciscan Healthcare-Iowa, Mercy Hospital of Franciscan Sisters, and NE Iowa Real Estate Investments. Part III (1) Starved Rock - LaSalle Manor, Ltd Partnership was terminated on 02/11/2013, and as such, this is the last fiscal year the organization will be listed as related.



Consolidated Financial Statements and Supplementary Information

June 30, 2013 and 2012

(With Independent Auditors' Report Thereon)

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KPMG LLP Aon Center Suite 5500 200 East Randolph Drive Chicago, IL 60601-6436

Independent Auditors' Report

The Board of Directors
Wheaton Franciscan Services, Inc.:

Report on the Financial Statements

We have audited the accompanying consolidated balance sheets of Wheaton Franciscan Services, Inc. (WFSI), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements. We did not audit the financial statements of Franciscan Ministries, Inc. (FMI), a wholly owned subsidiary, which statements reflect total assets constituting 4.7% for both 2013 and 2012 and total revenues constituting 1.5% and 1.6% in 2013 and 2012, respectively, of the related consolidated totals. Those statements were audited by other auditors whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for FMI, is based solely on the reports of the other auditors.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Wheaton Franciscan Services, Inc. as of June 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in schedules 1 through 6 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Chicago, Illinois October 22, 2013

Consolidated Balance Sheets

June 30, 2013 and 2012

(In thousands)

Assets	_	2013	2012
Current assets Cash and cash equivalents Short-term investments Assets whose use is limited – required for current liabilities	\$	25,660 11,448 57,286	59,870 41,353 56,951
Patient accounts receivable, net of uncollectible accounts of approximately \$56,767 in 2013 and \$55,626 in 2012 Securities lending collateral Inventories of supplies Prepaid expenses and other	_	220,309 — 25,229 46,285	201,437 4,514 25,309 42,225
Total current assets	_	386,217	431,659
Noncurrent assets whose use is limited Property, plant, and equipment, net		733,766 1,103,788	722,853 1,086,294
Other assets Restricted assets Deferred expenses, net Investments in unconsolidated affiliates Other long-term assets	_	19,288 5,367 24,472 28,988	16,739 5,523 22,198 25,067
Total other assets	_	78,115	69,527
Total assets	\$ _	2,301,886	2,310,333
Liabilities and Net Assets			
Current liabilities Current installments of long-term debt – bonds Long-term debt subject to short-term remarketing agreements Current installments of long-term debt – mortgages Accounts payable and accrued expenses Payable under securities lending agreement Estimated third-party payor settlements	\$	11,760 39,978 8,234 255,221 — 18,817	9,255 40,038 1,912 265,571 4,514 22,383
Total current liabilities		334,010	343,673
Long-term debt, excluding current installments and net unamortized bond issue premiums – bonds Long-term debt, excluding current installments – mortgages Accrued pension liability Other	_	699,131 30,738 136,712 101,913	712,233 36,298 298,198 98,008
Total liabilities	_	1,302,504	1,488,410
Net assets Unrestricted Temporarily restricted Permanently restricted	_	980,094 16,190 3,098	805,184 13,842 2,897
Total net assets	_	999,382	821,923
Total liabilities and net assets	\$ _	2,301,886	2,310,333

See accompanying notes to consolidated financial statements

Consolidated Statements of Operations

Years ended June 30, 2013 and 2012

(In thousands)

	_	2013	2012
Net patient service revenues before bad debt Provision for bad debts	\$ 	1,642,700 75,197	1,622,196 80,564
Net patient service revenues		1,567,503	1,541,632
Other revenues: Other Net assets released from restrictions		194,413 1,499	180,144 1,766
Total revenues		1,763,415	1,723,542
Expenses: Salaries and fringe benefits Purchased services, supplies, and other Interest Depreciation and amortization	_	1,015,594 566,539 33,119 108,675	986,429 550,361 34,346 108,841
Total expenses	_	1,723,927	1,679,977
Income from operations	_	39,488	43,565
Nonoperating gains (losses): Investment return Loss on early extinguishment of debt Loan forgiveness Swap valuation adjustments Loss on sale of business assets Other, net		26,242 — 2,037 — 855	17,517 (123) 797 (1,294) (770) (22,369)
Nonoperating gains (losses), net		29,134	(6,242)
Revenues and gains in excess of expenses and losses before discontinued operations		68,622	37,323
Gain from discontinued operations (including loss on sale of \$2,318 in 2012)	_		4,403
Revenues and gains in excess of expenses and losses		68,622	41,726
Other changes in unrestricted net assets: Net assets released from restrictions used for purchase of property, plant, and equipment Change in unrecognized net defined-benefit plan costs Equity transactions of unconsolidated affiliates and other, net Change in unrestricted net assets		2,135 103,708 445 174,910	2,707 (151,426) (3,903) (110,896)
	_		

See accompanying notes to consolidated financial statements.

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2013 and 2012

(In thousands)

	 2013	2012
Unrestricted net assets:		
Revenues and gains in excess of expenses and losses Net assets released from restrictions used for purchase of	\$ 68,622	41,726
property, plant, and equipment	2,135	2,707
Change in unrecognized net defined-benefit plan costs	103,708	(151,426)
Equity transactions of unconsolidated affiliates and other, net	 445	(3,903)
Change in unrestricted net assets	174,910	(110,896)
Temporarily restricted net assets:		
Contributions for specific purposes	5,557	4,417
Net assets released from restrictions used for purchase of	(0.10±)	40 TO T
property, plant, and equipment	(2,135)	(2,707)
Net assets released from restrictions for operations	(1,499)	(1,766)
Investment income	425	486
Equity transactions of unconsolidated affiliates and other, net	 	(2,232)
Change in temporarily restricted net assets	 2,348	(1,802)
Permanently restricted net assets:		
Contributions for endowment funds	_	100
Investment income	 201	34
Change in permanently restricted net assets	 201	134
Change in net assets	177,459	(112,564)
Net assets at beginning of year	 821,923	934,487
Net assets at end of year	\$ 999,382	821,923

See accompanying notes to consolidated financial statements.

Consolidated Statements of Cash Flows

Years ended June 30, 2013 and 2012

(In thousands)

	_	2013	2012
Cash flows from operating activities			
Change in net assets	\$	177,459	(112,564)
Adjustments to reconcile change in net assets to net cash provided by operating activities Gain from discontinued operations			(4,403)
Depreciation and amortization		108,675	108,841
Provision for bad debts		75,197	80,564
Amortization of bond issuance costs and premiums or discounts included in interest expense		(1.134)	(1,073)
Net realized and change in unrealized gains and losses on investments		(2,332)	3,162
Loss on early extinguishment of debt			123
Loan forgiveness		_	(797)
Loss on sale of business assets			770
Net assets released from restrictions and used for operations		1.499	1,766
Restricted contributions and investment income		(6.183)	(5.037)
Income of unconsolidated affiliates		(18,456)	(16,508)
Investment in unconsolidated affiliates, net of cash distributions Change in unrecognized net defined-benefit plan costs, net of additional pension contribution in		16,182	15,028
2013 of \$57,777 and 2012 of \$17,488		(161,486)	133,938
Equity transactions of unconsolidated affiliates and other		(445)	6,135
Nonoperating gains – swap valuation adjustments		(2.037)	1,294
Changes in assets and liabilities		(=100.7)	
Patient accounts receivable		(94,069)	(96,865)
Estimated third-party payor settlements, net		(3,566)	4,245
Inventories of supplies		80	(1.055)
Prepaid expenses and other		(4,172)	5,012
Deferred tax assets, net		_	13,408
Accounts payable and accrued expenses		(10,350)	9,441
Other liabilities	-	5,942	(6,924)
Net cash provided by continuing operating activities	_	80,804	138,501
Net cash used in operating activities of discontinued operations		_	(448)
Cash flows from investing activities			
Purchase of property, plant, and equipment		(125,371)	(111,161)
Gross purchases of investments		(702,124)	(1.288.919)
Gross sales or maturities of investments		723,113	1.141,495
Proceeds from sale of business and other assets		(4.710)	167,565 145
Net change in notes receivable and other Net change in restricted assets		(4,719) (2,549)	1,668
iver change in restricted assers	-	<u> </u>	
Net cash used in continuing investing activities	-	(111,650)	(89,207)
Cash flows from financing activities			
Repayments of long-term debt – bonds		(9,255)	(35,790)
Repayments of long-term debt – mortgages		(11,798)	(2.416)
Proceeds from issuance of long-term debt-mortgages Transfers from (to) unconsolidated affiliates and other		12,560 445	(2,600)
Net assets released from restrictions and used for operations		(1,499)	(1,766)
Proceeds from restricted contributions and investment income		6,183	5,037
Net cash used in continuing financing activities	-	(3,364)	(37,535)
Net change in cash and cash equivalents	-	(34,210)	11,311
Cash and cash equivalents at beginning of year		59,870	48,559
	s -	25,660	59,870
Cash and cash equivalents at end of year	³ =	23,000	39.870
Supplemental disclosure of cash flow information Cash paid for interest, net of amounts capitalized	\$	34,443	35,637

See accompanying notes to consolidated financial statements

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(In thousands)

(1) Organization

Wheaton Franciscan Services, Inc. (WFSI) is organized as an Illinois not-for-profit organization and operates under the tenets of the Roman Catholic Church and in accordance with the philosophy and values of the Franciscan Sisters. WFSI's subsidiaries provide: (1) general healthcare services to residents within their geographic locations including inpatient, outpatient, emergency room, physician, long-term care, and other related services and (2) affordable housing for low-income families and the elderly. Expenses included in the accompanying consolidated financial statements relate primarily to the provision of healthcare services, housing services, and general and administrative costs.

(2) Basis of Consolidation

WFSI considers all wholly owned or controlled entities in which it has an economic interest as subsidiaries for consolidated financial statement purposes. The accompanying consolidated financial statements include WFSI and its subsidiaries. All significant intercompany accounts and transactions have been eliminated in consolidation.

WFSI and its subsidiaries are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as follows:

- Wheaton Franciscan Holdings, Inc., Wheaton Franciscan Provider Network, Inc., Wheaton Franciscan Enterprises, Inc., and Wheaton Franciscan Medical Group – Sussex are for-profit organizations.
- Northeast Iowa Real Estate Investments, Ltd. is a not-for-profit corporation exempt from federal income taxes on related income under Section 501(c)(2) of the Code.

WFSI and certain of its subsidiaries (herein referred to as The Obligated Group) entered into a Master Trust Indenture (MTI), dated as of June 1, 1985 and amended and restated as of April 22, 2004, in order to obtain financing or refinancing for the acquisition or betterment of various hospital and long-term care facilities. The Obligated Group members comprise the following at June 30, 2013:

Wheaton Franciscan Services, Inc.

Southeast Wisconsin Region:

Wheaton Franciscan Healthcare – Southeast Wisconsin, Inc.

Wheaton Franciscan, Inc. (previously named St. Joseph Regional Medical Center, Inc., The Heart Hospital of Wisconsin, Inc., and Wheaton Franciscan Healthcare – Elmbrook Memorial, Inc.)

Wheaton Franciscan Healthcare – St. Francis, Inc.

Wheaton Franciscan Healthcare – Franklin, Inc.

Wheaton Franciscan Healthcare – All Saints, Inc.

Wheaton Franciscan Medical Group, Inc.

Marianjoy Rehabilitation Hospital & Clinics, Inc.

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(In thousands)

Iowa Region:

Wheaton Franciscan Healthcare-Iowa Inc.

Covenant Medical Center, Inc.

St. Catherine's Hospital, Inc. (St. Catherine's)

The non-Obligated Group members are as follows:

O.S.F. Services, Inc.

Southeast Wisconsin Region:

Wheaton Franciscan Healthcare-Terrace at St. Francis, Inc.

Wheaton Franciscan Home Health and Hospice, Inc.

Wheaton Franciscan Healthcare-Pharmacy Enterprises and Franciscan Woods, Inc.

Wheaton Franciscan Holdings, Inc.

Marianjoy Region:

Marianjoy, Inc.

Rehabilitation Medicine Clinic, Inc.

Iowa Region:

Sartori Memorial Hospital, Inc.

Mercy Hospital of Franciscan Sisters, Inc.

Franciscan Ministries, Inc.

(3) Summary of Significant Accounting Policies

- The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- The consolidated statements of operations include revenues and gains in excess of expenses and losses. Transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as revenue and expenses. Transactions incidental to the provision of healthcare services are reported as nonoperating gains and losses.
- Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- Cash and cash equivalents include demand deposits and investments in highly liquid debt instruments with a maturity of three months or less at the time of purchase, excluding amounts

8

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(In thousands)

presented as assets whose use is limited and restricted assets. Short-term investments are comprised of highly liquid debt instruments with maturity greater than three months and less than 12 months at the time of purchase.

- Inventories of supplies are stated at the lower of cost (first-in, first-out) or market.
- Investments are measured at fair value in the accompanying consolidated balance sheets. Fair value is determined primarily on the basis of quoted market prices or observable market inputs. All investments are classified as trading securities. Investment income or loss (including realized gains and losses on investments, unrealized gains and losses on trading securities, interest, and dividends) is included in revenues and gains in excess of expenses and losses unless the income or loss is restricted by donors, in which case the investment return is recorded directly to temporarily or permanently restricted net assets. Unrealized gains and losses on investments designated as other-than-trading securities are excluded from income from operations.
- Assets whose use is limited include assets set aside by the boards of directors for specific purposes, OSF Services, Inc., and deferred compensation plans, over which the boards retain control and may at their discretion subsequently use for other purposes; assets held under escrow agreements; assets held by trustees under bond indenture agreements; assets posted as collateral for swap agreements; assets held through interests in foundations; assets held by a captive insurance company; and assets held by Franciscan Ministries, Inc. (FMI). Assets whose use is limited, which are required for obligations classified as current liabilities, are reported as current assets in the accompanying consolidated balance sheets.
- Property, plant, and equipment acquisitions are recorded at cost. Property, plant, and equipment
 donated for operations are recorded as additions to temporarily restricted net assets at fair value at
 the date of receipt and as net assets released from restriction when the assets are placed in service.
 Depreciation is provided over the estimated useful life of each class of depreciable asset and is
 computed using the straight-line method. Net interest cost incurred on borrowed funds during the
 period of construction of capital assets is capitalized as a component cost of acquiring those assets.
- Deferred finance charges are included in deferred expenses and are amortized over the life of the respective debt or underlying liquidity facility, whichever is shorter, using either the straight-line or the weighted average bonds outstanding method. Bond discounts and premiums are amortized over the life of the respective debt using the straight-line or the weighted average bonds outstanding method. Amortization of deferred finance charges and bond discounts and premiums are reflected as a component of interest expense in the accompanying consolidated statements of operations.
- Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income within nonoperating gains (losses) in the period that includes the enactment date. WFSI recognizes the effect of income tax positions only if those

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(In thousands)

positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs.

At June 30, 2013 and 2012, WFSI had net operating loss (NOL) carryforwards for financial reporting and federal and state income tax purposes aggregating approximately \$228 and \$501, respectively, for federal and \$491 and \$716, respectively, for state. Using a federal tax rate of 34.0% and state tax rate of 7.9%, these NOL carryforwards give rise to deferred tax assets before valuation allowance of \$116 and \$227 at June 30, 2013 and 2012, respectively. The valuation allowance for deferred tax assets was \$116 and \$227 at June 30, 2013 and 2012, respectively. The NOL carryforwards have expiration dates through 2029. Management evaluates the need to maintain a valuation allowance for deferred tax assets based on the assessment of whether it is more likely than not that deferred tax benefits will be realized through the generation of future taxable income. Appropriate consideration is given to all available evidence, both positive and negative, in assessing the need for a valuation allowance. Amounts released from the valuation allowance are included in other, net in nonoperating gains (losses) in the consolidated statements of operations. The quantitative and qualitative analysis of current and expected earnings, tax-planning strategies, and general business risks resulted in a more likely than not conclusion of being able to realize a significant portion of the deferred tax assets during 2012.

On January 1, 2012, WF-Holdings, Inc. completed a technical transfer of its 50% interest in Midwest Orthopedic Specialty Hospital, LLC. (MOSH) to WFH-Southeast Wisconsin, Inc. Federal and state income tax expense was \$21,438 in 2012 reported in other, net nonoperating gains (losses) in the consolidated statements of operations; however, \$13,408 was offset by the utilization of NOL carryforwards in 2012.

No other temporary differences have been considered based on materiality to the consolidated financial statements.

Goodwill is an asset representing the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Goodwill is to be reviewed for impairment at least annually or whenever events or circumstances indicate that the carrying value may not be recoverable. In September 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-08, Testing Goodwill for Impairment, which provides an entity the option to perform a qualitative assessment to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount prior to performing the two-step goodwill impairment test. If this is the case, the two-step goodwill impairment test is required. If it is more likely than not that the fair value of a reporting is greater than its carrying amount, the two-step goodwill impairment test is not required. WFSI adopted this guidance in 2013.

If the two-step goodwill impairment test is required, first, the fair value of the reporting unit is compared with its carrying value including goodwill. If the fair value of the reporting unit is less than its carrying value, an indication of goodwill impairment exists for the reporting unit and the entity must perform step two of the impairment test (measurement). Under step two, an impairment

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loss is recognized for any excess of the carrying amount of the reporting unit's goodwill over the implied fair value of that goodwill. The implied fair value of goodwill is determined by allocating the fair value of the reporting unit in a manner similar to a purchase price allocation and the residual fair value after this allocation is the implied fair value of the reporting unit goodwill. Fair value of the reporting unit is determined using a discounted cash flow analysis. If the fair value of the reporting unit exceeds its carrying value, step two does not need to be performed.

WFSI performed its annual goodwill impairment test as of June 30, 2013 and did not identify any impairment issues. The fair value of the reporting unit is in excess of its carrying value. Goodwill totaling \$5,136 at June 30, 2013 and 2012 is reported in the accompanying consolidated balance sheets within other long-term assets.

WFSI has net amortizable intangible assets of \$10,110 and \$5,818 at June 30, 2013 and 2012, respectively, included in other long-term assets on the consolidated balance sheets, which are being amortized from 2 to 10 years. WFSI recorded amortization expense of \$1,019 and \$1,113 for 2013 and 2012, respectively.

- Long-lived assets (including property, plant, and equipment, goodwill, and other intangibles) are periodically assessed for recoverability based on the occurrence of a significant adverse event or change in the environment in which WFSI operates, or if the expected future cash flows generated by the long-lived asset (undiscounted and without interest) are less than the carrying amount of the long-lived asset. An impairment loss is recognized in the period an impairment determination is made to the extent the impaired long-lived asset's carrying value exceeds its fair value.
- Amounts reported as loss on sale of business assets represent the loss by WFSI of its interest in various healthcare-related assets and joint ventures.
- Changes in unrestricted net assets, which are excluded from revenues and gains in excess of expenses and losses, consistent with industry practice, include unrealized gains and losses on investments on other-than-trading securities, permanent transfers of assets to and from unconsolidated subsidiaries and affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), changes in the funded status of the defined-benefit pension plan, and equity transactions of unconsolidated affiliates.
- Certain subsidiaries of WFSI provide care to patients who meet criteria under the community care program (charity care) without charge or at amounts less than their established rates. Because there is no effort to pursue collection of amounts determined to qualify as charity care, they are not reported as revenues.
- WFSI accounts for discontinued operations under Accounting Standard Codification guidance surrounding accounting for the impairment or disposal of long-lived assets. The guidance requires that a component entity that has been disposed of or is classified as held-for-sale and has operations and cash flows that can be clearly distinguished from the rest of the entity be reported as discontinued operations. In the period that a component entity has been disposed of or is classified as

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held-for-sale, the results of operations for current and prior periods are reclassified to discontinued operations in the accompanying consolidated statements of operations.

- Temporarily restricted net assets represent those net assets whose use by WFSI and its subsidiaries has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by WFSI and its subsidiaries in perpetuity. WFSI and its subsidiaries' temporarily restricted net assets are restricted for various programs related to the provision of health and pastoral care. WFSI and its subsidiaries' investment income from permanently restricted net assets is expendable to support healthcare or other donor-designated services.
- Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. Conditional promises to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as other revenue in the accompanying consolidated statements of operations.
- Gifts of long-lived assets such as land, buildings, and equipment are reported as unrestricted support and are excluded from the revenues and gains in excess of expenses and losses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted contributions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.
- Provisions for self-insured liability claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported as of the respective consolidated balance sheet dates.
- ASC No. 815, *Derivatives and Hedging*, requires that an entity recognize all derivatives as either assets or liabilities in the consolidated balance sheets and measure those instruments at fair value. The accounting for changes in the fair value of a derivative is dependent upon the intended use of the derivative and the resulting designation. WFSI is involved in various interest rate swap programs. These derivatives are not designated as hedge instruments, and therefore, changes in their fair value are recognized in the consolidated statements of operations as nonoperating gains or losses in the period of change. WFSI is exposed to credit loss in the event of nonperformance by the counterparty in any of its interest rate swap agreements.

WFSI also maintains interest rate swap agreements, which were originally intended to effectively change the interest rate exposure on Series 1998B Bonds and the St. Francis Series 1997 Bonds, prior to redemption of debt (note 11). Notional amounts on these interest rate swap agreements are being reduced over the original term of the debt agreements to correspond with the originally

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scheduled reductions in principal of the related bonds. A summary of the outstanding positions under these swaps at June 30, 2013 is as follows:

 Notional amount	Maturity date	Rate received	Rate paid
\$ 6,300	January 2015	SIFMA Index	4.83%
28,000	August 2024	Lesser of SIFMA Index	4.36
		or 72% of LIBOR	

The carrying value equals fair value. As of June 30, 2013 and 2012, the fair value of all outstanding swap agreements was a liability of \$4,987 and \$7,024, respectively, which is included as a component of other long-term liabilities. For the years ended June 30, 2013 and 2012, WFSI recognized valuation adjustments of \$2,037 and (\$1,294), respectively, for the change in fair value of all swap agreements. Net payments equal to differentials received or paid under all swap agreements are recognized monthly and amounted to \$1,555 and \$1,694 in 2013 and 2012, respectively, which have been included as interest expense in the accompanying consolidated statements of operations.

Pursuant to certain terms of its interest rate swap agreements, WFSI was required to post collateral with its counterparty for the full settlement amount of the derivative liabilities related to the floating-to-fixed swaps. As of June 30, 2013 and 2012, WFSI posted \$5,548 and \$7,658, respectively, of collateral related to these swaps, which are included within the current portion of assets whose use is limited.

- FMI has entered into various regulatory agreements with the U.S. Department of Housing and Urban Development (HUD) that provide both Housing Assistance Payments and Rental Assistance Payments. These subsidy payments are designed to provide for the difference between the cash needs of the housing project and the cash generated by the tenants' rental payments. Tenant leases are generally one year in duration and expire at various times during the year. The HUD subsidies are adjusted at the beginning of the lease to reflect any changes to the tenant's rent payment established during the annual recertification process.
- WFSI applies the provisions of ASC No. 820, Fair Value Measurements and Disclosures, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC No. 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC No. 820 establishes a framework for measuring fair value and expands disclosures about fair value measurements (note 8).
- WFSI applies the provisions of ASC No. 825-10, *Financial Instruments Overall*, which gives WFSI the irrevocable option to report most financial assets and financial liabilities at fair value on an instrument-by-instrument basis, with changes in fair value reported in earnings. WFSI has not elected any additional eligible financial assets or financial liabilities to be reported at fair value.

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- In August 2010, the FASB issued ASU No. 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*. ASU No. 2010-24 clarifies that a healthcare entity should not net insurance recoveries against a related malpractice claim liability or similar liability, which is consistent with the guidance in ASC 210-20, *Balance Sheet Offsetting*. The provisions of ASU No. 2010-24 were adopted for the year ended June 30, 2013.
- ASU 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. ASU 2011-07 required that entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay must present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their consolidated statements of operations. The ASU also required disclosures of patient service revenue as well as qualitative and quantitative information about changes in the allowance for doubtful accounts.
- The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (the Programs) provide incentive payments to eligible hospitals and professionals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years. The Programs define meaningful use as meeting certain core and menu criteria at certain levels dependent upon the program, the stage of meaningful use, and whether the participant is a hospital or provider professional. WFSI accounts for the Programs using International Accounting Standards (IAS) 20, Accounting for Government Grants and Disclosures of Government Assistance. WFSI applies the "ratable recognition" approach, which states that the grant income can be recognized ratably over the entire EHR reporting period once the "reasonable assurance" income recognition threshold of IAS 20 is met. For the years ended June 30, 2013 and 2012, WFSI recognized \$21,158 and \$7,536, respectively, as other revenue related to the Medicare and Medicaid EHR incentives, which have been received or are expected to be received based on certifications prepared by management under the appropriate guidelines for stage 1 meaningful use attestation.

(4) Net Patient Service Revenues

WFSI's hospitals and other patient care facilities have agreements with third-party payors that provide for payments at amounts different from established rates. A summary of the payment arrangements with major third-party payors is as follows:

• *Medicare* – Inpatient acute care services, certain outpatient, rehabilitation, and home health services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to their respective patient classification systems that are based on clinical, diagnostic, and other factors. The prospectively determined rates are not subject to retroactive adjustment. The classification of patients under the Medicare prospective payment systems and the appropriateness of patients' admissions are subject to validation reviews. Certain outpatient services and medical education costs related to Medicare beneficiaries are paid based upon either a cost-reimbursement method, established fee screens, or a combination thereof. WFSI is reimbursed for cost reimbursable items at tentative rates with final settlement determined after submission of

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annual reimbursement reports and audits thereof by Medicare fiscal intermediaries. WFSI has received final settlements through FY 2009.

 Medicaid – Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed in accordance with each state's Medicaid reimbursement program. Reimbursement under these programs is based primarily upon prospectively determined rates

The states of Illinois, Wisconsin, and Iowa have hospital assessment programs to assist in the financing of their Medicaid programs. Pursuant to these programs, hospitals within the states of Illinois, Wisconsin, and Iowa are required to remit payment to the respective state under a tax assessment formula. WFSI has included its related assessments of \$38,932 and \$38,535 as purchased services, supplies, and other expense in the accompanying 2013 and 2012 consolidated statements of operations, respectively. The additional Medicaid reimbursement associated with these programs is approximately \$109,383 and \$105,397 for 2013 and 2012, respectively, and is included in net patient service revenue.

The aforementioned assessment programs increase the amount of federal matching for the respective Medicaid programs, which is then passed on to hospitals as increased Medicaid reimbursement. Wisconsin's assessment program prohibits the use of assessment revenue to supplant current revenue used to support existing hospital payment levels. The State distributes the assessment revenue as increased rates for both Medicaid and Medicaid HMO patients.

• Other – WFSI's hospitals and other patient care facilities have also entered into reimbursement agreements with certain commercial insurance carriers, HMOs, and preferred provider organizations. The basis for reimbursement under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined per diem rates.

Net patient service revenue for the years ended June 30, 2013 and 2012 includes approximately \$14,329 and \$5,699, respectively, of net favorable retroactively determined reimbursement settlements from prior years with third-party payors. In addition, net patient service revenues for the year ended June 30, 2012 includes approximately \$9,117 due to a settlement from Medicare for fiscal years 2007-2011 related to the Rural Floor Budget Neutrality Adjustment Appeal, which was ruled on in June 2012.

Patients' accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patients' accounts receivable, WFSI analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, WFSI analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with patient responsibility (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the patients are screened against the WFSI charity care policy and uninsured discount policy. For any remaining patient responsibility balance, WFSI records a provision for bad debts in the period of service on

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the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

WFSI's allowance for uncollectible accounts for self-pay patients, which includes uninsured patients and residual copayments and deductibles for which managed care has already paid, decreased from 91.0% of self-pay accounts receivable at June 30, 2012, to 83.2% of self-pay accounts receivable at June 30, 2013. In addition, WFSI's self-pay write-offs decreased from \$82,753 for fiscal year 2012 to \$79,861 for fiscal year 2013 due to favorable trends. WFSI has not changed its charity care or uninsured discount policies during fiscal years 2013 or 2012. WFSI does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant write-offs from third-party payors.

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

	 2013	2012
Medicare	\$ 568,268	551,871
Medicaid	243,425	243,574
Managed care/contracted payor	692,160	691,681
Self-pay	105,465	95,647
Other	 33,382	39,423
Net patient service revenues	\$ 1,642,700	1,622,196

(5) Concentration of Credit Risk

Patient care subsidiaries of WFSI grant credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors for 2013 and 2012 is as follows:

		2012
Medicare	28.0%	31.5%
Medicaid	9.0	8.3
Managed care	42.8	40.5
Other	20.2	19.7
	100.0%	100.0%

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(6) Uncompensated and Charity Care

WFSI shares its talents and resources to benefit the many communities it serves. This includes providing education to health professional and community members, research, community health improvement offerings, and subsidized health services, in addition to charity care benefits.

For charity care benefits, patient care subsidiaries of WFSI maintain records to identify and monitor the level of charity care they provide. This represents free or discounted health services provided to those who cannot afford to pay and who meet criteria for financial assistance. Charity care is based on estimated cost and does not include bad debt. The level of charity care provided during the years ended June 30, 2013 and 2012 was \$43,946 and \$37,796, respectively.

(7) Investments

During 1998, WFSI created the Wheaton Franciscan Services, Inc. Investment Trust (the Trust) for the sole purpose of administering a pooled investment program for WFSI, its subsidiaries, and affiliates. WFSI serves as the trustee and is responsible for managing and investing the pooled assets of the Trust. Participants accrue interest based on the Trust's actual realized earnings. The fair value of the assets in the Trust was \$669,623 and \$712,526 at June 30, 2013 and 2012, respectively, and is recorded as a component of assets whose use is limited.

A summary of the composition of the investment portfolio (including assets whose use is limited and restricted assets) at June 30, 2013 and 2012 is as follows:

2013	2012
45,998	41,067
364,931	374,811
199,200	221,642
27,524	36,335
150,543	136,718
32,769	26,609
820,965	837,182
823	714
821,788	837,896
	45,998 364,931 199,200 27,524 150,543 32,769 820,965

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Investments are reported in the accompanying June 30, 2013 and 2012 consolidated balance sheets as follows:

	 2013	2012
Short-term investments	\$ 11,448	41,353
Assets whose use is limited (current and long-term):		
By boards for specific purposes	597,848	583,916
By boards for deferred compensation plans	33,234	28,173
By boards for Clara Pfaender Fund, Inc.	32,487	32,487
Held by FMI	12,858	11,215
Held by captive insurance company	35,379	40,779
Under escrow agreement	21,078	21,078
Held as collateral for swap agreements	5,548	7,658
Under indenture agreements by trustee	52,620	54,498
Restricted assets	 19,288	16,739
Total investments	\$ 821,788	837,896

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

	 2013	2012
Interest and dividend income Net realized gains on sale of investments Change in net unrealized gains and losses	\$ 24,665 8,006 (5,674)	25,416 7,598 (10,760)
Change in het universed gams and losses	\$ 26,997	22,254

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

	 2013	2012
Other operating revenue	\$ 129	4,217
Investment return	26,242	17,517
Temporarily restricted net assets – investment income	425	486
Permanently restricted net assets – investment income	 201	34
	\$ 26,997	22,254

During 2005, WFSI began participating in a securities lending program. Through this securities lending program, managed by its investment custodian, WFSI loans fixed income and equity securities included in its investment portfolio. In June 2013, WFSI exited the security lending program. At June 30, 2012, the fair value of the securities loaned was \$4,380. The custodian's loan agreements require the borrowers to

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maintain collateral equal to at least 102% of the market value of the securities loaned. This collateral is in the form of cash and cash equivalents and fixed income securities and is revalued on a daily basis. At June 30, 2012, WFSI has presented the collateral received as securities lending collateral within current assets and the obligation to return that collateral as a current liability as payable under securities lending agreement in the accompanying consolidated balance sheets.

(8) Fair Value Measurements

(a) Fair Value of Financial Instruments

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

- The carrying amount reported in the consolidated balance sheets for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, patient accounts receivable, accounts payable and accrued expenses, and estimated third-party payor settlements.
- Assets whose use is limited, short-term investments, securities lending collateral, and restricted assets: equity securities, mutual funds, and direct U.S. government obligations are measured using quoted market prices at the reporting date multiplied by the quantity held. Corporate bonds, notes, and U.S. agency securities are measured using other observable inputs. Corporate debt securities, U.S. governmental agency securities, and asset-backed securities are measured using other observable inputs. The carrying value equals fair value. ASU No. 2009-12, Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which creates a practical expedient allowing measurement of fair value based on the net asset value per share of the investment. Mutual funds are valued using net asset value per share as a practical expedient.
- Interest rate swap agreements: The fair value of interest rate swaps is determined using pricing models developed based on the LIBOR swap rate and other observable market data. The value was determined after considering the potential impact of collateralization and netting agreements, adjusted to reflect nonperformance risk of both the counterparty and WFSI. The carrying value equals fair value.
- The fair value of the fixed-rate long-term debt of WFSI and its subsidiaries was \$618,142 and \$629,727 at June 30, 2013 and 2012, respectively. The recorded amount of these obligations at June 30, 2013 and 2012 was \$594,050 and \$603,105, respectively. Fair value of fixed-rate long-term debt is estimated based on the quoted market prices for the same or similar issues or on the current rates offered to WFSI for debt of the same remaining maturities. For variable rate debt, carrying amounts approximate fair value. Fair value was estimated using quoted market prices based upon WFSI's current borrowing rating for rates for similar types of long-term debt securities.

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(In thousands)

(b) Fair Value Hierarchy

WFSI applies the provision of ASC No. 820, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between mutual participants at a measurement date. These provisions describe a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that WFSI has the ability to access at the measurement date.
- Level 2 are observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 inputs are unobservable inputs for the asset or liability. Level 3 assets and liabilities include financial instruments whose value is determined by using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

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(In thousands)

The following table presents assets and liabilities that are measured at fair value on a recurring basis at June 30, 2013:

		Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets					
Cash and cash equivalents	\$	25,660	25,660	_	_
Short-term investments					
Cash and cash equivalents		14	14	_	_
U S government					
obligations		3,507	_	3,507	_
Corporate debt securities		7,927	_	7,927	_
Assets whose use is limited					
and restricted assets,					
excluding \$823 of pledges					
receivable					
Cash and cash equivalents		45,984	45,984	_	_
Mutual funds		32,769	32,769	_	_
U S government					
obligations		361,424	256,662	104,762	_
Corporate debt securities		191,273	_	191,273	_
Asset-backed securities		27,524	4,443	23,081	_
Equity securities	_	150,543	150,543		
Total assets	\$ =	846,625	516,075	330,550	
Liabilities					
Interest rate swap agreement	\$	4,987	_	4,987	_

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The following table presents assets and liabilities that are measured at fair value on a recurring basis at June 30, 2012:

		Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets					
Cash and cash equivalents	\$	59,870	59,870	_	_
Short-term investments					
Cash and cash equivalents		614	614	_	_
U S government					
obligations		13,737	_	13,737	_
Corporate debt securities		27,002	_	27,002	_
Securities lending collateral					
Cash and cash equivalents		4,514	4,514		
Assets whose use is limited and					
restricted assets, excluding					
\$714 of pledges receivable					
Cash and cash equivalents		40,453	40,453	_	_
Mutual funds		26,609	26,609	_	_
U S government					
obligations		361,074	261,162	99,912	
Corporate debt securities		194,640	_	194,640	
Asset-backed securities		36,335	3,106	33,229	
Equity securities		136,718	136,718		
Total assets	\$ _	901,566	533,046	368,520	
Liabilities					
Interest rate swap agreement	\$	7,024	_	7,024	

Transfers between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. WFSI evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total assets. For the year ended June 30, 2013, there were no significant transfers in or out of Levels 1, 2, or 3.

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(9) Asset Divestitures

Effective January 1995, WFSI and Ministry Health Care (MHC) entered into an integration agreement. This agreement was amended and restated effective October 1, 1997 creating a fully integrated economic system called Affinity. Pursuant to this agreement, WFSI and MHC continued to own and sponsor their respective operating entities within Affinity and participate in the sharing of income (loss) of all Affinity organizations. WFSI has consolidated St. Elizabeth's Hospital, its sponsored organization, in the consolidated financial statements and has reflected its share of the unconsolidated Affinity organizations, except the MHC sponsored organizations, under the equity method of accounting. In June 2011, the board of directors of WFSI approved a plan to sell all of the assets and liabilities of St. Elizabeth's Hospital, which, pursuant to the integration agreement, includes a 50% interest in Affinity. In February 2012, the sale was completed and WFSI received cash proceeds of \$167,565 from the sale and the repayment of intercompany debt and recognized a loss on sale of \$2,318.

The operations of Affinity and St. Elizabeth's Hospital have been presented in the accompanying consolidated statements of operations within discontinued operations. Further, all net cash flows related to the operating, investing, and financing activities of Affinity and St. Elizabeth's Hospital are reported separately as discontinued operations in the accompanying consolidated statements of cash flows. The sale transaction closed on February 8, 2012.

A summary of the operating components of discontinued operations as of and for the years ended June 30, 2012 is as follows:

Discontinued operations:	
Total revenues and gams	\$ 98,055
Expenses:	
Salaries and fringe benefits	44,773
Purchased services, supplies, and other	35,742
Provision for bad debts	2,506
Interest	2,448
Depreciation and amortization	5,865
Total expenses	91,334
Income from discontinued operations	6,721
Other changes in unrestricted net assets	(2.751)
Change in unrestricted net assets	\$ 3,970

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(10) Property, Plant, and Equipment

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

		2013	2012
Land and land improvements \$	8	113,969	112,162
Buildings		1,272,944	1,231,210
Building equipment		353,059	334,194
Departmental equipment	_	610,563	617,105
		2,350,535	2,294,671
Less accumulated depreciation and amortization		1,307,448	1,266,187
		1,043,087	1,028,484
Construction in progress	_	60,701	57,810
Total property, plant, and equipment, net	§	1,103,788	1,086,294

Construction in progress at June 30, 2013 consists of various expansion and renovation projects. As of June 30, 2013, construction commitments are primarily related to St. Francis Hospital and St. Catherine's expansion project (note 15(c)). During the years ended June 30, 2013 and 2012, WFSI capitalized net interest cost in the amount of \$1,553 and \$1,687, respectively.

(11) Long-Term Debt - Bonds

Long-term debt – bonds at June 30, 2013 and 2012 are as follows:

	 2013	2012
Wheaton Franciscan Services, Inc. (System Financing) – Wisconsin Health and Educational Facilities Authority, Revenue Bonds, Series 2003A (Series 2003A Bonds) with fixed interest rates ranging from 5.0% to 5.5% and varying debt service payments through August 2033	\$ 99,860	101,925
Wheaton Franciscan Services, Inc. (System Financing) – Wisconsin Health and Educational Facilities Authority, Variable Rate Demand Revenue Bonds, Series 2003B (Series 2003B Bonds) with variable interest rate (effective average interest rate of 0.14% and 0.12% for the years ended June 30, 2013 and 2012, respectively) and debt service payments through August 2033	75,000	75,000

Notes to Consolidated Financial Statements June 30, 2013 and 2012 (In thousands)

	 2013	2012
Wheaton Franciscan Services, Inc. (System Refinancing) – Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2006A (Series 2006A Bonds) with fixed interest rates ranging from 5.00% to 5.25% and varying debt service payments through August 2034	\$ 289,300	294,095
Wheaton Franciscan Services, Inc. (System Refinancing) – Wisconsin Health and Educational Facilities Authority Revenue Refunding Bonds, Series 2006B (Series 2006B Bonds) with fixed interest rates ranging from 4.000% to 5.125% and varying debt service payments through August 2030	204,890	207,085
Wheaton Franciscan Services, Inc. (System Financing) – Wisconsin Health and Educational Facilities Authority, Variable Rate Demand Revenue Bonds, Series 2007 (Series 2007 Bonds) with variable interest rates (effective average interest rate of 0.14% and 0.12% for the years ended June 30, 2013 and 2012, respectively) and varying debt service payments through August 2036	64,180	64,380
	 733,230	742,485
Unamortized net bond issue premiums	 17,639	19,041
Total long-term debt	750,869	761,526
Less: Current installments of long-term debt Long-term debt subject to short-term remarketing agreements	 11,760 39,978	9,255 40,038
Long-term debt, excluding current installments and net unamortized bond issue premiums	\$ 699,131	712,233

All of the outstanding long-term bond indebtedness has been issued pursuant to the MTI, and is comprised of unsecured obligations of The Obligated Group. Each member of The Obligated Group has jointly and severally guaranteed the payment of any and all amounts due on the outstanding indebtedness issued under the MTI.

Notes to Consolidated Financial Statements

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(In thousands)

The following is a summary of the bond insurer and liquidity facility for the outstanding long-term debt:

Outstanding debt series	Liquidity facility
Series 2003B Bonds*	Letter of Credit – U.S. Bank National Association,
Series 2007 Bonds*	expiring in December 2016 Letter of Credit – PNC Bank,
Series 2007 Bonds	expiring in December 2016

* Bear interest at a variable rate, which is currently determined weekly

In the event that the letters of credit are not renewed, mandatory redemption provisions become applicable, which require the then outstanding indebtedness to be paid in full or within an 18-month period.

On November 1, 2011, WFSI redeemed at par \$5,300, \$10,300, and \$8,200 of the then outstanding principal balance on the Series 1998A Bank Bonds, Series 1998B Bank Bonds, and Series 1997 Bank Bonds, respectively. The unamortized deferred financing costs and bond discount related to the Series 1993 Revenue Bonds were written off at the time of retirement and are reported as loss on early extinguishment of debt in the amount of \$123 in the accompanying 2012 consolidated statement of operations.

The Series 2003B and Series 2007 bonds are secured by letters of credit with U.S. Bank National Association and PNC Bank (collectively, the Commercial Banks), respectively. These bonds have put options that allow the holders to redeem the bonds prior to maturity. The Obligated Group has agreements with remarketing agents to remarket any bonds redeemed as a result of the exercise of the put options. If the bonds cannot be remarketed, the Commercial Banks will purchase the bonds under the letters of credit. Any liquidity advances as a result of failed remarketing are repayable to US Bank National Association and PNC Bank within 367 and 60 days, respectively, unless converted to term loans by meeting certain criteria as defined in the letter-of-credit agreements (the Agreements). Any term loans must be repaid in full by the earlier of the letter-of-credit expiration date or the date of certain other events as defined in the Agreements. The repayment terms per the Agreements for the Series 2003B and Series 2007 bonds require repayment within 24 and 18 months, respectively.

Subsequent to year end, on July 16, 2013, the Obligated Group issued \$87,300 of Wisconsin Health and Educational Facilities Authority Wheaton Franciscan Services, Inc. System Revenue Bonds, Series 2013A due in varying installments through August 15, 2023 and bearing fixed interest of 2.0%. The proceeds were used for the redemption of the Wisconsin Health and Educational Facilities Authority Wheaton Franciscan Services, Inc. System Revenue Bonds, Series 2003A.

Subsequent to year end, on August 15, 2013, WFSI redeemed all of the outstanding Series 2003A Revenue Bonds \$97,695. As part of this redemption, WFSI incurred a loss of \$622.

Notes to Consolidated Financial Statements

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(In thousands)

The principal repayment schedules shown below does not include the redemption of the 2003A debt or the issuance of the 2013A debt.

The first chart represents future principal repayments on long-term debt assuming the Series 2003B and Series 2007 variable rate demand bonds failed to be remarketed and were subsequently purchased by the letter-of-credit banks on June 30, 2013 with principal repayments accelerated in accordance with the terms of the letter-of-credit agreements. The second chart represents principal repayments based on the current status under the terms of the Standby Bond Purchase Agreements for the Bank Bonds, and all other long-term debt – bonds based on scheduled maturities or repayments as specified in the related long-term debt agreements.

Chart I

Year ending June 30:		
2014	\$	51,738
2015		73,642
2016		50,080
2017		16,335
2018		15,995
Thereafter	_	525,440
	\$	733,230
	_	
Chart II		
Year ending June 30:		
2014	\$	11,760
2015		12,340
2016		16,380
2017		16,850
2018		17,705
Thereafter	_	658,195
	\$	733,230

Notes to Consolidated Financial Statements

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(In thousands)

(12) Long-Term Debt – Mortgages

Long-term debt – mortgages held by FMI at June 30, 2013 and 2012 are as follows:

		Final					
Housing project	Interest rate	maturity date	Security		2013	2012	
Assisi homes							
Batavia Apartments, Inc	6 75°6	November 1, 2041	HUD	\$	_	9,873	
Batavia Apartments, Inc	7 00	August 1, 2012	HUD		_	59	
Batavia Apartments, Inc	2 65	November 1, 2047	GMAC		12,432	_	
Colony Park, Inc	7 4 9	July 1, 2018	IHDA		1,259	1,480	
Constitution House, Inc	7 81	July 1, 2016	IHDA		743	1,003	
Jefferson Court, Inc	6 2 1	March 1, 2038	HUD		6,994	7,111	
Saxony, Inc	5 54	June 1, 2035	Citigroup		6,564	6,721	
Clare Gardens, Inc	5 25	July 1, 2038	HUD		2,699	2,750	
Francis Heights, Inc Capmark A	6 50	February 28, 2014	HUD		174	420	
Francis Heights, Inc Flex	1 00	No fixed maturity date	HUD		1,902	1,902	
Francis Heights, Inc Capmark B	6 50	February 28, 2038	HUD		93	95	
Francis Heights, Inc 2nd Mtge	4 00	January 31, 2038	HUD		506	861	
Marian Housing Center, Inc	5 50	June 1, 2040	HUD		1,404	1,426	
Marian Park, Inc	7 00	January 1, 2014	FHA		1,943	2,213	
Starved Rock - LaSalle Manor							
Limited Partnership (SR)	3 00	July 1, 2020	GMAC		423	400	
SR	6 50	April 1, 2037	GMAC		464	471	
Villa St Clare, Inc	4 00	April 1, 2027	WHEDA		1,196	1,249	
Other mortgages	$6\ 13^{\mathbf{o}} \acute{\mathbf{o}} - 7\ 68^{\mathbf{o}} \acute{\mathbf{o}}$	-			176	176	
Total long-term							
debt – mortgages					38,972	38,210	
Less current installments of							
mortgages				_	8,234	1,912	
Long-term debt – mortgages,							
excluding current							
ınstallments				\$ <u></u>	30,738	36,298	

Notes to Consolidated Financial Statements

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(In thousands)

As of June 30, 2013, scheduled annual maturities of long-term debt – mortgages for the next five years and thereafter are as follows:

Year ending June 30:	
2014	\$ 8,234
2015	1,037
2016	990
2017	840
2018	808
Thereafter	 27,063
	\$ 38,972

(13) Pension Plans

WFSI and certain of its subsidiaries participate in a qualified noncontributory defined-benefit pension plan (the Plan), covering all employees who are at least 21 years of age and work 1,000 or more hours per year. The normal retirement benefit of the Plan is a monthly retirement income, a lump-sum payment, or a combination thereof which is computed based on a cash balance accumulated from contributions and interest earnings thereon equal to the one-year Treasury bill rate or a rate approved by the WFSI Finance and Operations Committee. The benefit is payable commencing any time after the vested employee's termination date but not later than age 65 unless still working. The Plan is funded based on the estimated pension cost as determined by the Plan's consulting actuary.

The cost related to employee service is recognized using the Projected Unit Credit Cost Method. Gains and losses, calculated as the difference between estimates and actual amounts of plan assets and the projected benefit obligation, are amortized over the expected future service period. The prior service credits are also amortized over the expected future service period.

Prior to January 1, 1995, the Plan had a traditional annuity benefit formula. Participants who were covered under the prior plan are grandfathered and entitled to a retirement benefit equal to the greater of their benefit as defined by the Plan or their benefit as defined by the prior plan.

Notes to Consolidated Financial Statements

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(In thousands)

The following table sets forth information on the funded status, amounts recognized in the consolidated financial statements, and weighted average assumptions related to WFSI's Plan for the years ended June 30, 2013 and 2012:

	_	2013	2012
Change in benefit obligation:			
Benefit obligation at beginning of year	5	877,828	730,259
Service cost		34,263	29,395
Interest cost		38,887	42,327
Benefits paid		(39,237)	(35,526)
Actuarial loss		(28,552)	111,373
Curtailment		(339)	_
Plan amendment	_	(28,625)	
Benefit obligation of end of year	_	854,225	877,828
Change in plan assets:			
Fair value of plan assets at beginning of year		579,630	565,999
Actual return on plan assets		77,120	(2,343)
Employer contributions		100,000	51,500
Benefits paid	_	(39,237)	(35,526)
Fair value of plan assets at end of year		717,513	579,630
Funded status	§ _	(136,712)	(298,198)
Amounts recognized in the accompanying consolidated balance sheets:			
Accrued pension liability	\$	(136,712)	(298,198)
Accumulated charge to unrestricted net assets	_	194,964	298,672
Net amounts recognized in the accompanying			
consolidated balance sheets	\$_	58,252	474

The accumulated charge to unrestricted net assets represents charges or credits arising from the defined-benefit pension plan, but not yet recognized as components of net periodic benefit cost. The accumulated charge to unrestricted net assets at June 30, 2013 and 2012 of \$194,964 and \$298,672, respectively, comprised \$263,525 and \$352,275 of unrecognized net actuarial losses offset by a reduction for unrecognized prior service credits of \$68,561 and \$53,603 at June 30, 2013 and 2012, respectively.

The accumulated benefit obligation for the Plan was \$813,839 and \$831,328 at June 30, 2013 and 2012, respectively.

Several organizations participate in the Plan but are not included in the accompanying consolidated financial statements. Therefore, the amounts recognized by the participants are shown in the above table, but are not included in the consolidated financial statements. The net periodic pension cost for the years

Notes to Consolidated Financial Statements

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(In thousands)

ended June 30, 2013 and 2012 related to unconsolidated subsidiaries and affiliates amounted to \$2,448 and 2,304, respectively.

Net periodic benefit cost for the Plan for the years ended June 30, 2013 and 2012 included the following components:

	_	2013	2012
Components of net periodic benefit cost:			
Service cost	\$	34,263	29,395
Interest cost		38,887	42,328
Expected return on plan assets		(47,001)	(43,856)
Curtailment impact		(3,927)	
Net amortization amounts	_	20,001	6,145
Net periodic benefit cost	\$ _	42,223	34,012
Weighted average assumptions:			
Discount rate used to determine obligation		3.75%/7.75%	5.26%/8.00%
Discount rate used to determine net periodic benefit cost		3.75%/7.75%	5.26%/8.00%
Rate of compensation increase		Age-based	Age-based
Expected return on plan assets		7.00%	7.75%
Cash balance interest rate assumption		3.1%	3.1%

The weighted average discount rate used in determining the actuarial present value of the projected benefit obligation at June 30, 2013 and 2012 is 8.00%, for grandfathered participants estimated to take their retirement benefit in the form of a lump sum and 4.37% and 3.75% at June 30, 2013 and 2012, respectively, for all other participants.

Effective for terminations on or after July 1, 2013, the actuarial equivalence interest rate used for converting account balances to annuity form was updated from 8% to 4% effective July 1, 2013 and 2% effective July 1, 2014. The plan amendment resulted in a decrease to the projected benefit obligation of \$28,625.

Effective July 1st, 2013, Rush Oak Park Hospital (ROPH) will no longer participate in the pension plan. This curtailment to the plan reduced the projected benefit obligation by \$1,015. In addition, the plan was amended to credit ROPH participants with a full year of benefit accrual for calendar year 2013 based on pay and hours through July 1, 2013. This special termination benefit increased the projected benefit obligation by \$676.

The Plan's overall expected long-term rate of return on assets is 7.00% and 7.75% for 2013 and 2012, respectively. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

Notes to Consolidated Financial Statements

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(In thousands)

WFSI is expected to contribute \$50,000 to the Plan in 2014 of which approximately \$29,135 is the expense of the Plan.

The benefits expected to be paid in each year from 2014 through 2017 are approximately \$42,952, \$51,013, \$52,345, and \$54,900, respectively. The aggregate benefits expected to be paid in the five years from 2018 through 2022 are approximately \$354,065. The expected benefits are based on the same assumptions used to measure WFSI's benefit obligation at June 30 and include estimated future employee service.

The Plan has a statement of Investment Policy, which is reviewed and approved by the WFSI board of directors. The policy establishes goals and objectives of the fund, asset allocations, allowable and prohibited investments, socially responsible guidelines, and asset classifications as well as specific investment manager guidelines. The policy states that the rebalancing of these assets to the target allocations will be reviewed on a semiannual basis. Investments are managed by independent advisors. Management monitors the performance of these managers on a monthly basis.

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

		2013			2012			
Asset	Target allocation	Acceptable range	Actual allocation	Target allocation	Acceptable range	Actual allocation		
Equity – large cap growth	5° o	$0^{\mathbf{o}}\mathbf{o} - 10^{\mathbf{o}}\mathbf{o}$	5° o	5° o	$0^{\mathbf{o}}\mathbf{o} - 10^{\mathbf{o}}\mathbf{o}$	8° o		
Equity – large cap value	20	$15^{\circ} \circ - 25^{\circ} \circ$	20	20	15°o - 25°o	19		
Equity – mid cap	10	$5^{o}_{o} - 15^{o}_{o}$	10	10	$5^{o}_{o} - 15^{o}_{o}$	10		
Equity – small cap	10	$5^{o}_{o} - 15^{o}_{o}$	10	10	$5^{o}_{o} - 15^{o}_{o}$	10		
Equity international	15	$10^{\rm o}{\rm o} - 20^{\rm o}{\rm o}$	13	15	$10^{\rm o}{\rm o} - 20^{\rm o}{\rm o}$	14		
Fixed income and cash	40	$30^{\rm o}{\rm o}-50^{\rm o}{\rm o}$	42	40	$30^{\rm o}{\rm o}-50^{\rm o}{\rm o}$	39		

Fair Value of Financial Instruments

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

• Common stocks, quoted mutual funds, and direct U.S. government obligations are measured using quoted market prices at the reporting date multiplied by the quantity held. Corporate bonds, notes, and U.S. agency securities are measured using other observable inputs. The carrying value equals fair value.

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(In thousands)

Fair Value Hierarchy

The following tables present the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of June 30, 2013 and 2012:

	_	Total, June 30, 2013	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Investments	4				
Cash and cash equivalents	\$	49,194	49,194		_
U S government obligations		152,987	94,967	58,020	_
Corporate debt securities Asset-backed securities		106,922	_	106,922	
Equity securities		10,863 397,547	397,547	10,863	_
Equity securities	_	391,341	391,341		
Total	\$_	717,513	541,708	175,805	
Investments	_	Total, June 30, 2012	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Cash and cash equivalents	\$	27,513	27,513	_	_
U S government obligations	~	96,925	45,154	51,771	_
Corporate debt securities		101,712	· —	101,712	_
Asset-backed securities		13,702		13,702	_
Equity securities	_	341,516	341,516		
Total *	\$	581,368	414,183	167,185	

Transfers between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. WFSI evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer

Notes to Consolidated Financial Statements

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(In thousands)

relative to total assets. For the year ended June 30, 2013, there were no significant transfers in or out of Levels 1, 2, or 3.

* Total excludes \$1,738 of unsettled payables to custodian of pension plan assets as of June 30, 2012.

During 1996, WFSI created a nonqualified Benefit Restoration Plan (the BRP) for senior executives employed in the organization whose benefits under the qualified plan are limited due to limitations imposed by income tax regulations. In 2001, the Plan was amended to cover certain benefits previously provided under the BRP. In 2008, the BRP was amended to vest the accrued benefits as of December 29, 2008. The payout started in January 2009 with future accrued benefits being paid out annually. Accounts payable to BRP participants of \$750 and \$200 at June 30, 2013 and 2012, respectively, are included in other long-term liabilities.

(14) Insurance

Professional and General Liability

Wheaton Franciscan Insurance Company (the Captive), a wholly owned subsidiary of WFSI, was formed to provide comprehensive professional and general liability insurance to the organization. Professional liability coverage for WFSI qualified subsidiaries located in Wisconsin is procured through Preferred Professional Insurance Company (PPIC), which reinsures all of the risk with the Captive. All other WFSI subsidiaries are insured directly by the Captive for professional and general liability risks.

For primary professional liability coverage for Wisconsin-based providers, WFSI pays premiums to PPIC based upon actuarial computations that estimate the expected ultimate losses by policy year. PPIC then pays the premium, net of PPIC's administrative expenses, to the Captive pursuant to a reinsurance agreement. All primary professional liability insurance coverage provided through PPIC is on an occurrence basis.

Losses in excess of the primary professional liability limits for the Wisconsin-based providers are fully covered through the hospitals' and employed physicians' mandatory participation in the Patients' Compensation Fund of the State of Wisconsin. For other regions, the Captive obtains varying levels of commercial umbrella and excess reinsurance coverage by policy year on a claims-made basis.

WFSI recognizes provisions for the ultimate cost of reported losses and for losses incurred but not reported based upon projections by WFSI management and independent actuaries. At June 30, 2013 and 2012, loss reserve accruals of \$24,688 and \$25,703, respectively, are included in the accompanying consolidated financial statements in other long-term liabilities. It is management's opinion that the recorded claim reserves are adequate to cover ultimate losses incurred to date. Provisions for professional and general liability self-insurance expense amounted to \$3,463 and \$1,708 for the years ended June 30, 2013 and 2012, respectively, and are included in purchased services, supplies, and other expenses in the accompanying consolidated statements of operations. As related to the professional and general liability, the adoption of ASU 2010-24 for the year ended June 30, 2012 had no impact on the consolidated financial statements.

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(In thousands)

Workers' Compensation and Employee Benefits

WFSI is self-insured for workers' compensation claims up to the first \$250. WFSI purchases workers' compensation umbrella and excess policies to provide various levels of additional coverage by policy year. Workers' compensation self-insurance expense amounted to \$5,995 and \$6,238 for the years ended June 30, 2013 and 2012, respectively, and is included in salaries and fringe benefits expense in the accompanying consolidated statements of operations. The gross liability for estimated self-insured workers' compensation claims of \$10,426 and \$11,241 at June 30, 2013 and 2012, respectively, is included within accounts payable and accrued expenses in the accompanying consolidated balance sheets.

WFSI adopted the provisions of ASU 2010-24 for the year ended June 30, 2012. The estimated workers' compensation insurance recoveries was \$1,318 and \$1,045, and is included as a component of prepaid expenses and other, respectively, as of June 30, 2013 and 2012, respectively.

All claims, premiums, and administrative expenses related to benefits are processed, recorded, and paid directly through WFSI, with the exception of commercially insured HMO's in Illinois and Colorado, life insurance for all associates and long-term disability coverage for executives and physicians. Long-term disability coverage, which became commercially insured effective January 1, 2010.

WFSI internally estimates the claims incurred but unreported as of the consolidated balance sheet dates for healthcare and other employee benefits. Accrued healthcare and other benefits claims of approximately \$17,746 and \$19,239 at June 30, 2013 and 2012, respectively, consist of the estimated ultimate cost of reported claims and claims incurred but not reported as of the consolidated balance sheet dates and are included within accounts payable and accrued expenses. Provisions for self-insured employee healthcare and other employee benefit claims amounted to approximately \$97,330 and \$96,982 for the years ended June 30, 2013 and 2012, respectively, and are included with salaries and fringe benefits expense in the accompanying consolidated statements of operations. There was no impact to the consolidated financial statements for the adoption of ASU 2010-24 with respect to self-insured employee healthcare.

(15) Integration Agreements and Investments in Unconsolidated Affiliates

WFSI and certain subsidiaries also have investments in organizations that are not majority owned or controlled by WFSI organizations. WFSI and its subsidiaries account for their investments in these organizations using the equity method of accounting. The equity method of accounting is discontinued when the equity investment is reduced to zero unless WFSI or its subsidiaries has guaranteed the obligations of the organization or is committed to provide additional capital support.

(a) Felician Services, Inc.

In 2008, WFSI and Southeast Wisconsin Region entered into a Restated Integration Agreement with Felician Services, Inc. (FSI) to better fulfill both WFSI's and FSI's commitment to the mission of the health ministry of the Roman Catholic Church. The Restated Integration Agreement was retroactively effective July 1, 2006 and gives Southeast Wisconsin Region authority to manage and direct the FSI-sponsored entities at (Wheaton Franciscan Healthcare – St. Francis, Inc. and Wheaton Franciscan Healthcare – Terrace at St. Francis, Inc.,). The FSI-sponsored entities are consolidated by

Notes to Consolidated Financial Statements

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(In thousands)

WFSI within the accompanying consolidated financial statements given the degree of control and economic interest that WFSI has over the FSI-sponsored entities.

The Restated Integration Agreement provides FSI a put option that can be exercised by giving WFSI written notice. The execution of the put option requires WFSI to pay FSI an acquisition price of \$28,000 for the FSI-sponsored entities, which is accrued and included in other long-term liabilities in the accompanying consolidated balance sheets. The put option has not been exercised as of June 30, 2013.

(b) United Hospital System, Inc.

Effective July 6, 1998, St. Catherine's entered into an integration agreement with United Hospital System, Inc. to operate as a single system through the formation of UHS, Inc. (United). The intent of the integration was to facilitate the development and operation of a healthcare system for the Kenosha, Wisconsin regional community and reduce the cost of and duplication of services. The integration agreement provides for the sharing of income or losses on a percentage basis of the consolidated results of operations.

WFSI accounts for its 25% equity investment in United on the equity method of accounting. WFSI has included its proportional share of United net income of \$9,174 and \$8,654 in 2013 and 2012, respectively, as other revenue in the accompanying consolidated statements of operations. WFSI received no cash distributions from United in 2013 or 2012. As of and for the years ended June 30, 2013 and 2012, respectively, United Hospital System, Inc. had total assets of \$343,701 and \$323,781, total net assets of \$259,399 and \$204,818, and revenue of \$287,150 and \$284,048.

Construction in progress at June 30, 2013 relates primarily to costs incurred for St. Catherine's expansion project. At June 30, 2013, St. Catherine's has incurred and capitalized approximately \$98,000 of the costs related to the project. The project is being partially funded by United. As of June 30, 2013 and 2012, a due to United in the amount of \$49,527 and \$63,000, respectively, for repayment of construction advances is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets.

(c) Midwest Orthopedic Specialty Hospital, LLC (MOSH)

MOSH, a joint venture entity, was formed in late 2008 to own and operate an orthopedic specialty hospital located on the second floor of the Wheaton Franciscan Healthcare – Franklin (WFH-Franklin). MOSH was granted its hospital license by the State of Wisconsin and opened for operations effective July 31, 2009. The members of MOSH are WFH-Southeast Wisconsin, Inc. and TS Ortho, LLC, an independent physician-owned entity. Each member has a 50% ownership interest in MOSH.

As of June 30, 2013 and 2012, respectively, MOSH has total assets of \$46,913 and \$45,523, member equity of \$43,673 and \$42,951, and total revenue of \$75,121 and \$69,885. WFH accounts for its 50% interest in MOSH under the equity method of accounting. For the years ended June 30, 2013 and 2012, WFSI has included its proportional share of MOSH's net income of \$18,863 and \$16,406, respectively, as other operating revenue in the accompanying consolidated statements of operations.

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Notes to Consolidated Financial Statements

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(In thousands)

Distributions are payable by MOSH at the discretion of the joint venture's board of managers. WFH received cash distributions of \$18,500 and \$15,000 from the joint venture during 2013 and 2012, respectively.

(16) Commitments and Contingencies

(a) Operating Leases

WFSI and its subsidiaries have entered into various contracts for operating leases of office space, buildings, and equipment. During 2013 and 2012, WFSI and its subsidiaries recognized \$10,747 and \$10,723, respectively, of lease expense under these agreements.

As of June 30, 2013, scheduled annual contractual payments under operating leases for the next five years and thereafter are as follows:

Year ending June 30:	
2014	\$ 7,002
2015	5,483
2016	4,354
2017	3,513
2018	3,065
Thereafter	 10,605
	\$ 34,022

(b) Housing Contingencies

FMI entered into multiple Capital Advance Program Mortgage Notes (the Notes) in the amount of \$17,100. The Notes bear no interest and repayment is not required as long as the housing projects remain available to low-income, elderly, or disabled persons in accordance with the National Affordable Housing Act of 1990 and are operated in accordance with the Regulatory Agreements and HUD Regulations. The Notes are secured by the mortgage upon the land, building, and equipment, and other amounts held by FMI. If a default occurs under the terms of the Notes, mortgages, the Regulatory Agreements, or the regulations, the entire principal and interest accrued at the stated rate would become immediately due and payable without notice. These Notes have been recorded as a direct addition to unrestricted net assets in the year received. FMI has not entered into any new notes in 2013 or 2012.

FMI also entered into agreements with various federal and state agencies whereby FMI received grants. In connection with these grants, FMI must not, among other things, dispose of any property under its control that was acquired and/or improved with grant funds for a period between 15 and 40 years. In the event of noncompliance, FMI would reimburse the agency the current fair market value of the property, less any portion of the value attributable to expenditures of nongrant funds for acquisition of, or improvement to, the property. These grants have been recorded as a direct addition to unrestricted net assets in the year received. Management believes FMI is in compliance with the

Notes to Consolidated Financial Statements

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(In thousands)

grant agreements as of June 30, 2013 and 2012 and no amounts have been accrued in the accompanying consolidated balance sheets.

FMI refinanced Assisi Homes – Batavia Apartments, Inc., a wholly owned entity, on October 31, 2012. Management is working with HUD to amend its Use Agreement with final resolution expected during 2014.

(c) Litigation

WFSI and its subsidiaries are involved in litigation arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, the ultimate resolution of professional liability and other litigation matters will not have a material effect on the consolidated financial position or results from operations of WFSI and its subsidiaries.

(d) State Sales and Property Tax Exemption

Local taxing authorities throughout the country are increasingly challenging the sales and real estate tax exemptions of not-for-profit healthcare providers.

WFSI prevailed in the Wisconsin Supreme Court in its litigation related to the property tax exemption of one of its Wisconsin facilities. Since opening the Wheaton Franciscan, Inc -Wauwatosa Campus outpatient center in 2003, the City of Wauwatosa (the City) has taken the stand that because there are physician offices in the building, the entire building is taxable and the City has assessed property taxes accordingly. WFSI has paid and expensed property taxes as assessed, which are included in purchased services, supplies, and other expenses. WFSI has maintained that the majority of the facility is dedicated to hospital-based services as an extension of Wheaton Franciscan, Inc., and therefore, it should be required to pay taxes only on the physician office space in the facility. WFSI appealed the City decision to tax the entire facility seeking a refund of the taxes it has paid to date on the property plus interest. That appeals process led to the case going before a Wisconsin Circuit Court in August 2007. On March 30, 2009, the court issued a decision in the matter in WFSI's favor granting the facility's tax exemption and ordered the City to refund the taxes paid to date. The City appealed the case. In August 2010, the Wisconsin Court of Appeals reversed the trial court decision and determined that the outpatient center in the City of Wauwatosa constitutes a "doctor's office" and, therefore, is ineligible for property tax exemption under Wisconsin law. In September 2010, WFSI filed a Petition for Review to the Wisconsin Supreme Court. On July 19, 2011, the Wisconsin Supreme Court reversed the Court of Appeals' decision and ruled in favor upholding the tax-exempt status of Wheaton Franciscan, Inc. The Court concluded that two-thirds of the outpatient facility was exempt from property tax. The Court reasoned that the facility was exempt because it was used for the primary purpose of a hospital.

Notwithstanding the recent favorable decision in Wisconsin, where the majority of Wheaton Franciscan Healthcare's business is conducted, the State of Illinois is taking an alternative approach to property and sales tax for healthcare providers conducting business in its state. To date, the State of Illinois has revoked and/or is currently reviewing the ongoing property and sales tax exemption of several Illinois Hospitals (unrelated to Wheaton Franciscan Healthcare). The State's focus has been exclusively on the level of free or discounted care being provided by the hospital. Other charitable

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(In thousands)

factors, such as the level of government payors and/or other community services provided by the hospitals, are generally not being considered by the State as factors relevant to exemption. As of September 2013, the state of Illinois requires hospitals to report the value of services or activities provided by the hospital compared to the value of the estimated property tax bill.

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

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

In 2013 and 2012, WFSI received and expects to receive future notices from the Medicare program requiring that they provide Medicare with documentation for claims to carry out the Recovery Audit Contract (RAC) program. WFSI is responding to these requests. Review of claims through the RAC program may result in a liability to the Medicare program and could have an adverse impact on the WFSI's net patient service revenues.

(f) The Patient Protection and Affordable Care Act

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

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

(g) Investment Risks and Uncertainties

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

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

(In thousands)

(17) Subsequent Events

WFSI evaluated events and transactions through October 22, 2013, which is the date the consolidated financial statements were issued, noting no subsequent events other than those as previously described in the preceding notes, requiring recording or disclosure in the consolidated financial statements or related notes to the consolidated financial statements.

Consolidating Balance Sheet Information

June 30, 2013

(In thousands)

Assets	_	WFSI Healthcare	WFSI Housing	Eliminations	WFSI consolidated
Current assets Cash and cash equivalents Short-term investments	\$	16,082 11,448	9,578 —	_ _	25,660 11,448
Assets whose use is limited – required for current liabilities Patient accounts receivable, net of uncollectible		57,286	_	_	57,286
accounts of approximately \$56,767 Inventories of supplies Prepaid expenses and other	_	220,309 25,229 46,019		(251)	220,309 25,229 46,285
Total current assets	_	376,373	10,095	(251)	386,217
Noncurrent assets whose use is limited Property, plant, and equipment, net		720,908 1,022,870	12,858 80,918		733,766 1,103,788
Other assets Restricted assets Deferred expenses, net Investments in unconsolidated affiliates Notes and accounts receivable, affiliated organizations Other long-term assets	_	19,288 3,412 24,472 2,872 25,736	1,955 	(2.872)	19,288 5,367 24,472 — 28,988
Total other assets	_	75,780	5,207	(2,872)	78,115
Total assets	\$_	2,195,931	109,078	(3,123)	2,301,886
Liabilities and Net Assets	_				
Current liabilities Current installments of long-term debt – bonds Long-term debt subject to short-term remarketing agreements Current installments of long-term debt – mortgages Current installments of notes payable to affiliates Accounts payable and accrued expenses Estimated third-party payor settlements	\$	11,760 39,978 — 250,926 18,817	8,234 4,114 4,546	(4,114) (251)	11,760 39,978 8,234 — 255,221 18,817
Total current liabilities		321,481	16,894	(4,365)	334,010
Long-term debt, excluding current installments and net unamortized bond issue premiums – bonds Long-term debt, excluding current installments – mortgages Notes payable to affiliates, excluding current installments		699,131	30,738 2.872	(2,872)	699,131 30,738
Accrued pension liability		136,712	2,672	(2,672)	136,712
Other	_	100,931	982		101,913
Total liabilities	_	1,258,255	51,486	(7,237)	1,302,504
Net assets Unrestricted Temporarily restricted Permanently restricted	_	918,388 16,190 3,098	57,592 	4,114	980,094 16,190 3,098
Total net assets	_	937,676	57,592	4,114	999,382
Total liabilities and net assets	\$ _	2,195,931	109,078	(3,123)	2,301,886

Consolidating Statement of Operations Information

Year ended June 30, 2013 (In thousands)

	_	W FSI Healthcare	W FSI Housing	Eliminations	W FSI consolidated
Net patient service revenues before bad debt Provision for bad debts	\$	1,642,700 75,197			1,642,700 75,197
Net patient service revenues before bad debt		1,567,503	_	_	1,567,503
Other revenues Other Net assets released from restrictions Total revenues	_	168.496 1.499 1.737,498	27.188 ———————————————————————————————————	(1.271)	194.413 1.499 1.763.415
Expenses	-	1,737,170	27,100	(1,2/1)	117031115
Salaries and fringe benefits Purchased services, supplies, and other Interest Depreciation and amortization	_	1.008.097 555.567 31.304 103.782	7,746 11,904 1,905 4,893	(249) (932) (90)	1.015.594 566.539 33.119 108.675
Total expenses	_	1.698,750	26,448	(1.271)	1,723,927
Income from operations		38,748	740		39.488
Nonoperating gains Investment return Swap valuation adjustments Other, net	_	25,506 2,037 594	736 — 261	_ 	26.242 2.037 855
Nonoperating gains, net	_	28,137	997		29.134
Revenues and gains in excess of expenses and losses		66,885	1.737	_	68.622
Other changes in unrestricted net assets Net assets released from restrictions used for purchase of property, plant, and equipment Change in unrecognized net defined-benefit plan costs Equity transactions of unconsolidated affiliates and other, net	_	2.135 103.708 445	 	 	2.135 103.708 445
Change in unrestricted net assets	\$ _	173,173	1,737		174,910

Consolidating Balance Sheet Information
June 30, 2013
(In thousands)

Assets		Wheaton Franciscan Services, Inc.	Wheaton Franciscan Healthcare Southeast WI/ Medical Group	Marianjoy Rehabilitation Hospital & Clinics, Inc.
Current assets	•			
Cash and cash equivalents	\$	13,359	147,325	17,268
Short-term investments		11,448	_	_
Assets whose use is limited – required for current liabilities Patient accounts receivable, net of uncollectible accounts of		57,286	_	_
approximately \$56,767		_	176,604	9,296
Inventories of supplies		182	21,051	224
Prepaid expenses and other	_	22,287	17,221	3,617
Total current assets	-	104,562	362,201	30,405
Noncurrent assets whose use is limited		547,877	5,566	704
Property, plant, and equipment, net		70,543	654,456	61,104
Other assets				
Restricted assets		29	11,976	3,994
Deferred expenses, net Investments in unconsolidated affiliates		3,412 916	23,556	_
Notes and accounts receivable, affiliated organizations		451.475	25,550	_
Other long-term assets	_		29,805	
Total other assets		455,832	65,337	3,994
Total assets	\$	1,178,814	1,087,560	96,207
Liabilities and Net Assets (Deficit)				
Current liabilities				
Current installments of long-term debt – bonds	\$	11,760	_	_
Long-term debt subject to short-term remarketing agreements		39,978	_	_
Current installments of long-term debt – mortgages Current installments of notes payable to affiliates		_	_	_
Accounts payable and accrued expenses		341,156	93.005	6,060
Estimated third-party payor settlements			12,290	946
Total current liabilities		392,894	105,295	7,006
Long-term debt, excluding current installments and net unamortized bond				
issue premiums – bonds		699,131	_	_
Long-term debt, excluding current installments – mortgages		_		
Notes payable to affiliates, excluding current installments Accrued pension liability		136,712	404,025	33,216
Other	_	96,081	5,018	384
Total liabilities		1,324,818	514,338	40,606
Net assets (deficit)				
Unrestricted		(146,033)	561,246	51,607
Temporarily restricted		29	10,243	3,994
Permanently restricted	-		1,733	
Total net assets (deficit)		(146,004)	573,222	55,601
Total liabilities and net assets (deficit)	\$.	1,178,814	1,087,560	96,207

WFH-Iowa, Inc.	St. Catherine's Hospital, Inc.	OSF Services, Inc.	Franciscan Ministries, Inc.	Subtotal	Adjustments/ eliminations	Total
94,692 — —	6,022 	466 — —	9,578 — —	288,710 11,448 57,286	(263,050) — —	25,660 11,448 57,286
34,409 3,772 2,759		643	517	220,309 25,229 47,059		220,309 25,229 46,285
135,632	6,037	1,109	10,095	650,041	(263,824)	386,217
8,553 107,322	129,026	158,208 419	12,858 80,918	733,766 1,103,788		733,766 1,103,788
3,261 — — — — — — 265	_ _ _ _ _	28 3	1,955 — — 3,252	19,288 5,367 24,472 451,475 33,325	(451,475) (4,337)	19,288 5,367 24,472 — 28,988
3,526		31	5,207	533,927	(455,812)	78,115
255,033	135,063	159,767	109,078	3,021,522	(719,636)	2,301,886
23,899 5,581	49,527		8,234 4,114 4,546	11,760 39,978 8,234 4,114 519,045 18,817	(4,114) (263,824)	11,760 39,978 8,234 — 255,221 18,817
29,480	49,527	852	16,894	601,948	(267,938)	334,010
11,362 	 	_ _ _ _ _	30,738 2,872 — 982	699,131 30,738 451,475 136,712 106,250	(451,475) ————————————————————————————————————	699,131 30,738 — 136,712 101,913
44,627	49,527	852	51,486	2,026,254	(723,750)	1,302,504
207,145 1,896 1,365	85,536 	158,887 28	57,592	975,980 16,190 3,098	4,114 	980,094 16,190 3,098
210,406	85,536	158,915	57,592	995,268	4,114	999,382
255,033	135,063	159,767	109,078	3,021,522	(719,636)	2,301,886

Consolidating Statement of Operations Information

Year ended June 30, 2013

(In thousands)

	_	Wheaton Franciscan Services, Inc.	Wheaton Franciscan Healthcare Southeast WI/ Medical Group	Marianjoy Rehabilitation Hospital & Clinics, Inc.
Net patient service revenues before bad debt Provision for bad debts	\$		1,280,702 63,384	71,471 602
Net patient service revenues		_	1,217,318	70,869
Other Other Net assets released from restrictions	_	321,714	106,069 819	10,310 382
Total revenues	_	321,714	1,324,206	81,561
Expenses Salaries and fringe benefits Purchased services, supplies, and other Interest Depreciation and amortization	_	206,246 70,298 32,304 21,413	698,716 517,432 19,187 60,287	56,661 19,877 1,680 3,328
Total expenses	_	330,261	1,295,622	81,546
Income from operations	_	(8,547)	28,584	15
Nonoperating gains (losses) Investment return Swap valuation adjustments Other, net	_	8,168 2,037 (23)	6,962 — 167	745
Nonoperating gains, net	_	10,182	7,129	645
Revenues and gains in excess of expenses and losses		1,635	35,713	660
Other changes in unrestricted net assets Net assets released from restrictions used for purchase of property, plant, and equipment Change in unrecognized net defined-benefit plan costs Equity transactions of unconsolidated affiliates and other, net	_	103,708	256 	60
Change in unrestricted net assets	\$ _	105,343	35,969	720

WFH-Iowa, Inc.	St. Catherine's Hospital, Inc.	OSF Services, Inc.	Franciscan Ministries, Inc.	Subtotal	Adjustments/ eliminations	Total
290,527 11,211				1,642,700 75,197		1,642,700 75,197
279,316	_	_	_	1,567,503	_	1,567,503
25,721 298	13,868	3,347	27,188	508,217 1,499	(313,804)	194,413 1,499
305,335	13,868	3,347	27,188	2,077,219	(313,804)	1,763,415
165,707 111,471 534 11,080	357 	4,524 2,507 ————————————————————————————————————	7,746 11,904 1,905 4,893	1,139,600 733,846 55,610 108,675	(124,006) (167,307) (22,491)	1,015,594 566,539 33,119 108,675
288,792	7,978	7,084	26,448	2,037,731	(313,804)	1,723,927
16,543	5,890	(3,737)	740	39,488		39,488
4,204 — (988)	 7	5,427 — 1,531	736 261	26,242 2,037 855	_ _ _	26,242 2,037 855
3,216	7	6,958	997	29,134		29,134
19,759	5,897	3,221	1,737	68,622		68,622
1,819 		 766		2,135 103,708 445		2,135 103,708 445
21,257	5,897	3,987	1,737	174,910		174,910

Consolidating Balance Sheet Information – The Obligated Group $\label{eq:June 30, 2013} \text{ (In thousands)}$

Assets		Wheaton Franciscan Services, Inc.	Southeast Wisconsin Region	Marianjoy Rehabilitation Hospital & Clinics, Inc.
Current assets				
Cash and cash equivalents	\$	12,159	147,145	17,268
Short-term investments		11,448	_	_
Assets whose use is limited – required for current liabilities		57,286	_	_
Patient accounts receivable, net of uncollectible accounts of			.=	0.120
approximately \$54,074 Inventories of supplies		182	171,105	8,129 224
Prepaid expenses and other		19,200	18,008 751,574	3,502
•				
Total current assets		100,275	1,087,832	29,123
Noncurrent assets whose use is limited		512,498	5,376	_
Property, plant, and equipment, net		70,543	647,044	60,961
Other assets				
Restricted assets		29	5,397	_
Deferred expenses, net		3,412	_	_
Investments in unconsolidated affiliates		15,346	57,971	_
Notes and accounts receivable, affiliated organizations		451,476	45	_
Other long-term assets			27,278	
Total other assets		470,263	90,691	
Total assets	\$	1,153,579	1,830,943	90,084
Liabilities and Net Assets (Deficit)				
Current liabilities				
Current installments of long-term debt – bonds	\$	11.760	_	_
Long-term debt subject to short-term remarketing agreements	Ψ	39.978	_	_
Accounts payable and accrued expenses		341,087	844,021	4,808
Estimated third-party payor settlements			12,044	946
Total current liabilities	•	392,825	856,065	5,754
Long-term debt, excluding current installments and net unamortized				
bond issue premiums – bonds		699,131	_	_
Notes payable to affiliates, excluding current installments		_	401.541	33,216
Accrued pension liability		136,712		_
Other	_	70,915	5,018	384
Total liabilities		1,299,583	1,262,624	39,354
Net assets (deficit)				
Unrestricted		(146,033)	562,922	50,730
Temporarily restricted		29	4,679	
Permanently restricted			718	
Total net assets (deficit)	•	(146,004)	568,319	50,730
Total liabilities and net assets (deficit)	\$	1,153,579	1,830,943	90,084
·				

94,691 6,022 277,285 (263,159) 14,126 — — 11,448 — 11,448 — — 57,286 — 57,286 28,469 — 207,703 — 207,703 3,372 — 21,786 — 21,786 2,780 15 777,071 (733,507) 43,564 129,312 6,037 1,352,579 (996,666) 355,913 — — 517,874 6,397 524,271 93,905 129,026 1,001,479 — 1,001,479 — — 5,698 11,259 16,957 — — 3,412 — 3,412 — — 73,317 (18,650) 5,4667 10,511 — 462,032 (456,630) 5,402 265 — 27,543 (43,37) 23,206 11,048 — 572,002 (468,358) 103,644 234,265 135,0	Iowa Region	St. Catherine's Hospital, Inc.	Subtotal	Adjustments/ eliminations	Total
— 57,286 — 57,286 28,469 — 207,703 — 207,703 3,372 — 21,786 — 21,786 2,780 15 777,071 (733,507) 43,564 129,312 6,037 1,352,579 (996,666) 355,913 — — 517,874 6,397 524,271 93,905 129,026 1,001,479 — 1,001,479 — — 3,412 — 3,412 — — 3,412 — 3,412 — — 73,317 (18,650) 54,667 10,511 — 462,032 (456,630) 5,402 265 — 27,543 (4,337) 23,206 11,048 — 572,002 (468,358) 103,644 234,265 135,063 3,443,934 (1,458,627) 1,985,307 — — — 11,760 — 11,760 — —	94,691	6,022		(263,159)	
3,372 — 21,786 — 21,786 2,780 15 777,071 (733,507) 43,564 129,312 6,037 1,352,579 (996,666) 355,913 — — 517,874 6,397 524,271 93,905 129,026 1,001,479 — 1,001,479 272 — 5,698 11,259 16,957 — — 3,412 — 3,412 — — 73,317 (18,650) 54,667 10,511 — 462,032 (456,630) 5,402 265 — 27,543 (4,337) 23,206 11,048 — 572,002 (468,358) 103,644 234,265 135,063 3,443,934 (1,458,627) 1,985,307 — — — 39,978 — 39,978 21,803 49,527 1,261,246 (996,666) 264,580 3,842 — 16,832 — 16,832	— —	_	· ·	— —	
2,780 15 777,071 (733,507) 43,564 129,312 6,037 1,352,579 (996,666) 355,913 — — 517,874 6,397 524,271 93,905 129,026 1,001,479 — 1,001,479 272 — 5,698 11,259 16,957 — — 3,412 — 3,412 — — 73,317 (18,650) 54,667 10,511 — 462,032 (456,630) 5,402 265 — 27,543 (4,337) 23,206 11,048 — 572,002 (468,358) 103,644 234,265 135,063 3,443,934 (1,458,627) 1,985,307 — — — 11,760 — 11,760 — — 39,978 — 39,978 21,803 49,527 1,261,246 (996,666) 264,580 3,842 — 16,832 — 16,832 <		_	·	_	· ·
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		15		(733,507)	
93,905 129,026 1,001,479 — 1,001,479 272 — 5,698 11,259 16,957 — — 3,412 — 3,412 — — 73,317 (18,650) 54,667 10,511 — 462,032 (456,630) 5,402 265 — 27,543 (4,337) 23,206 11,048 — 572,002 (468,358) 103,644 234,265 135,063 3,443,934 (1,458,627) 1,985,307 — — — 39,978 — 39,978 21,803 49,527 1,261,246 (996,666) 264,580 3,842 — 16,832 — 16,832 25,645 49,527 1,329,816 (996,666) 333,150 — — 699,131 — 699,131 21,873 — 456,630 (456,630) — — — 136,712 — 136,712	129,312	6,037	1,352,579	(996,666)	355,913
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	93,905	129,026		6,397	·
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	272 —		3,412	_	3,412
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		_ _ _	462,032	(456,630)	5,402
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	11,048		572,002	(468,358)	103,644
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	234,265	135,063	3,443,934		1,985,307
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		49,527	39,978 1,261,246	 (996,666) 	39,978 264,580
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	25,645	49,527	1,329,816	(996,666)	333,150
49,980 49,527 2,701,068 (1,457,633) 1,243,435 184,013 85,536 737,168 (12,253) 724,915 272 — 4,980 10,244 15,224 — — 718 1,015 1,733 184,285 85,536 742,866 (994) 741,872	_	_ _ _	456,630	(456,630)	_
184,013 85,536 737,168 (12,253) 724,915 272 — 4,980 10,244 15,224 — — 718 1,015 1,733 184,285 85,536 742,866 (994) 741,872	2,462		78,779	(4,337)	74,442
272 — 4,980 10,244 15,224 — — 718 1,015 1,733 184,285 85,536 742,866 (994) 741,872	49,980	49,527	2,701,068	(1,457,633)	1,243,435
		85,536 	4,980	10,244	15,224
234,265 135,063 3,443,934 (1,458,627) 1,985,307	184,285	85,536	742,866	(994)	741,872
	234,265	135,063	3,443,934	(1,458,627)	1,985,307

Consolidating Statement of Operations Information – The Obligated Group Year ended June 30, 2013 (In thousands)

	_	Wheaton Franciscan Services, Inc.	Southeast Wisconsin Region	Marianjoy Rehabilitation Hospital & Clinics, Inc.
Net patient service revenues before bad debt Provision for bad debts	\$		1,233,092 62,821	62,045 334
Net patient service revenues		_	1,170,271	61,711
Other revenues Other Net assets released from restrictions Total revenues	-	317,979 — 317,979	293,540 736 1,464,547	10,132 382 72,225
Expenses Salaries and fringe benefits Purchased services, supplies, and other Interest Depreciation and amortization		206,246 66,563 32,304 21,413	656,199 700,507 19,032 59,529	46,013 19,110 1,680 3,305
Total expenses	_	326,526	1,435,267	70,108
Income from operations	_	(8,547)	29,280	2,117
Nonoperating gains (losses) Investment return Swap valuation adjustments Other, net	_	8,168 2,037 (23)	6,962 — 350	572 (100)
Nonoperating gains, net	_	10,182	7,312	472
Revenues and gains in excess of expenses and losses		1,635	36,592	2,589
Other changes in unrestricted net assets Net assets released from restrictions used for purchase of property, plant, and equipment Change in unrecognized net defined-benefit plan costs Equity transactions of unconsolidated affiliates and other, net	_	103,708	253 (775)	(3,083)
Change in unrestricted net assets	\$ =	105,343	36,070	(434)

Iowa Region	St. Catherine's Hospital, Inc.	Subtotal	Adjustments/ eliminations	Total
241,824 9,550		1,536,961 72,705		1,536,961 72,705
232,274	_	1,464,256	_	1,464,256
38,172 283	13,868	673,691 1,401	(525,039)	148,652 1,401
270,729	13,868	2,139,348	(525,039)	1,614,309
146,117 106,121 511 8,897	357 	1,054,575 892,658 53,527 100,765	(123,757) (379,617) (22,246)	930,818 513,041 31,281 100,765
261,646	7,978	2,101,525	(525,620)	1,575,905
9,083	5,890	37,823	581	38,404
3,313 (689)		19,015 2,037 (455)		19,015 2,037 (455)
2,624	7	20,597		20,597
11,707	5,897	58,420	581	59,001
1,542 — 7,268		1,855 103,708 3,410	_ _ _	1,855 103,708 3,410
20,517	5,897	167,393	581	167,974

Software ID: **Software Version:**

EIN: 42-1264647

Name: Covenant Medical Center Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	dire	than	not one on is ran trust	box s bot d a tee)	th		(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 trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
Michael Slavin DO Director	40 0	x						588,383		43,929	
Neil McMahon MD Director	40 0	х						414,514		34,904	
Brian Sims DO Director	40 0	х						488,568		45,607	
John Oliverio Treasurer / Secretary - Direct	0 0 40 0	x		х					2,867,549	216,989	
Jack Dusenbery President - Director	0 0 40 0	х		х					621,591	82,034	
Becky Mudd Chair - Director	1 0	х		х							
Sandie Graf Director	1 0	х									
Jerry Harris Director	1 0	х									
Michael Mallaro Director	1 0	×									
Robert W Petersen Director	1 0	×									
Gregory Schmitz Director	1 0	х									
Frank Seng Director	1 0	х									
Douglas Stanford MD Director	1 0	х									
Ron Van Veldhuizen Director	1 0	х									
Eric Locke Vice Chair - Director	1 0	х		х							
Nancy Schaefer Asst Secretary	40 0			x				51,830		10,305	
Michele Panicucci Asst Treasurer	0 0 40 0			х					388,861	69,317	
Paul Franke MD VP Medical Affairs	40 0				х			414,355		30,099	
James Lehman MD VP Medical Affairs	40 0				х						
Rose Fowler VP of Operations and Site Admi	0 0 40 0				х				250,696	39,580	
Nancy Weber Sr VP and Chief Nursing Office	0 0 40 0				х				294,919	369,530	
Jeffrey Halverson VP Physician Networking	0 0 40 0				х				313,597	57,550	
Christopher Hyers VP Business Development	0 0 40 0				х				265,849	46,449	
Phyllis Doulaveris Sr VP and Chief Nursing Office	0 0 40 0				х						
Ahsan Maqsood MD Employed Physician	40 0					х		1,011,092		44,107	

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

40 0

40 0

James Peterson MD

Peter Hohnstein MD

Director

Director

(A) Name and Title	(B) A verage 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
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Gary Knudson MD Employed Physician	40 0					х		1,494,582		42,051
Rıchard Naylor MD Employed Physician	40 0					х		2,095,013		44,646
Rıchard Valente MD Employed Physician	40 0					х		936,114		46,298
Victor Mujica MD Employed Physician	40 0					х		946,030		44,576

Х

268,124

444,213

46,322

48,018