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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2	2013 ca	endar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30)-2014				
B Che	eck if ap	plicable	C Name of organization Saint Thomas Rutherford Hospital		D Emplo	yer ide	ntification number	
☐ Add	Iress ch	ange	Doing Business As		62-0	47584	2	
☐ Nar	ne char	nge	Doing business as					
☐ Init	ıal retur	'n	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	E Teleph	one num	her	
☐ Ter	mınated	d .	1700 Medical Center Parkway					
┌ Am	ended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		(612	396-4	100	
┌ App	lication	pending	Murfreesboro, TN 37129		G Gross	receipts s	\$ 250,186,752	
			F Name and address of principal officer	H(a) I	s this a group	return	for	
			Gordon B Ferguson 1700 Medical Center Parkway	s	ubordinates?		┌ Yes 🗸 No	
			Murfreesboro, TN 37129	H(b) A	re all subord	inates	┌ Yes ┌ No	
					ncluded?	mates	1 1631 110	
I Ta	x-exem	pt status	▼ 501(c)(3)	I	f "No," attach	n a list	(see instructions)	
J W	ebsite	:⊨ ww	w sths com/rutherford	H(c)	Group exemp	tıon nuı	mber ► 0928	
K Forr	n of org	janizatior	Corporation Trust Association Other ►	L Year	of formation 19	927 M	State of legal domicile TN	
Pa	rt I	Sum	nmary					
Governance	- -	Spiritua	lescribe the organization's mission or most significant activities lly centered care, which sustains and improves the health of individuals his box If the organization discontinued its operations or disposed o				o a ta	
ž.		Jieck L	ms box 🖣 — If the organization discontinued its operations of disposed o	i more un	an 25% or its	з песа з	sets	
	3 1	Number	of voting members of the governing body (Part VI, line 1a)			3	16	
Activities &	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)			4	15	
Ĭ	5 T	Total nu	imber of individuals employed in calendar year 2013 (Part V, line 2a) .			5	1,416	
হূ			mber of volunteers (estimate if necessary)			6	101	
	l		related business revenue from Part VIII, column (C), line 12			7a	0	
	ВΝ	vet unre	elated business taxable income from Form 990-T, line 34	1		7b 	0 Current Van	
	8	Contr	ibutions and grants (Part VIII, line 1h)		Prior Year 2,676,	700	Current Year 3,053,675	
ā	9		am service revenue (Part VIII, line 2g)					
Revenue	10	_	tment income (Part VIII, column (A), lines 3, 4, and 7d)		233,706, 4,391,		236,158,271	
걆	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,413,		9,843,728	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	:	252400		240.044.454	
	12		s and similar amounts paid (Part IX, column (A), lines 1–3)		252,188,		249,044,151	
	13 14		its paid to or for members (Part IX, column (A), line 4)		123,	000	1,451,381	
	15		es, other compensation, employee benefits (Part IX, column (A), lines					
\$		5-10			71,085,	668	67,595,382	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0	
ਡੋ	b		undraising expenses (Part IX, column (D), line 25) ▶ 0					
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		143,441,		144,590,189	
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		214,650,		213,636,952	
<u>*************************************</u>	19	Rever	nue less expenses Subtract line 18 from line 12		37,538, nning of Curre		35,407,199 End of Year	
Net Assets or Fend Balances	20	Total	assets (Part X, line 16)		Year 332,349,	732	279,828,980	
A B	21		liabilities (Part X, line 26)		94,666,		89,114,344	
25	22		ssets or fund balances Subtract line 21 from line 20		237,683,		190,714,636	
Pai	t II		nature Block				· · ·	
my kr	nowled	lge and	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete $$ Declaration of preparer (other th nowledge					
					2015-05-13			
Sign		<u>'</u>	ature of officer		Date			
Here	2		g Polkow CFO-Saint Thomas Health e or print name and title					
		1		ate	Check I if	PTIN		
Paid	4		Alicia Janisch		self-employed	P0074		
_	ı naro		Firm's name		Firm's EIN 🕨 8	6-10657	72	

Use Only

Firm's address ► 250 East Fifth Street Suite 1900

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

Phone no (513) 784-7100

✓ Yes ☐ No

1990 (2013)					Page 2
				III	·
Briefly describe	the organization's mission				
erable Our Cathol	ıc health mınıstry ıs dedic	ated to spiritua	Illy centered, holistic	care, which sustains and improve	es the health of
the prior Form 99	90 or 990-EZ?		ervices during the year	r which were not listed on	☐ Yes 🔽 No
If "Yes," describ	e these new services on S	chedule O			
services?			t changes in how it co	nducts, any program	┌ Yes ┌ No
If "Yes," describ	e these changes on Sched	ule O			
expenses Section	on 501(c)(3) and 501(c)(4) organizations	are required to repor		
(Code) (Expenses \$	166,879,490	ıncludıng grants of \$	1,451,381) (Revenue \$	246,254,686)
portion of its service patients under the	es to the elderly and poor Durin Medicare program and approxim	ng the fiscal year on The sately 9% of the s	ending June 30, 2014, appr ervices (charity & Medicaid	oximately 37% of the value of services	rendered was to elderly
(Code) (Expenses \$		including grants of \$) (Revenue \$)
(Code) (Expenses \$		including grants of \$) (Revenue \$)
Other program (Expenses \$			f \$) (Revenue \$)
Total program s	service expenses 🗠	166,879,490			
	Check if S Briefly describe ed in the loving migrable Our Cathol iduals and community Did the organization of the prior Form 95 If "Yes," describe Did the organization of the correspondent of its service of the total expension of its service patients under the county or STRH Guille (Code (Code	Check if Schedule O contains a resp. Briefly describe the organization's mission ed in the loving ministry of Jesus as healer, erable Our Catholic health ministry is dediciduals and communities. We are advocates for the prior Form 990 or 990-EZ?	Check if Schedule O Contains a response or note to Briefly describe the organization's mission ed in the loving ministry of Jesus as healer, we commit our problem of the loving ministry of Jesus as healer, we commit our siduals and communities. We are advocates for a compassion of the prior Form 990 or 990-EZ? Did the organization undertake any significant program set the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishing expenses. Section 501(c)(3) and 501(c)(4) organizations the total expenses, and revenue, if any, for each program (Code (Code (Expenses \$ 166,879,490 Saint Thomas Rutherford Hospital ("STRH") is a 286-bed private, not portion of its services to the elderly and poor During the fiscal year patients under the Medicare program and approximately 9% of the scounty or STRH Guidelines. See schedule H for complete Community (Code (Code (Code (Expenses \$ 166,879,490 (Expenses \$ 166,879,490 (Expenses \$ 166,879,490 (Expenses \$ 166,879,490 (Code (Cod	Check if Schedule O contains a response or note to any line in this Part Brefly describe the organization's mission ed in the loving ministry of Jesus as healer, we commit ourselves to serving all perable O ur Catholic health ministry is dedicated to spiritually centered, holistic induals and communities. We are advocates for a compassionate and just society Did the organization undertake any significant program services during the year the prior Form 990 or 990-E2?	Check if Schedule O contains a response or note to any line in this Part III

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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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
С	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			1
		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		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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	

- 11	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	j Ne
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		103	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	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			
)	by this return	2b	Yes	
			1	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
ı	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
ı	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?	 		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?	Od		IN
	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 7d 0			
	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	<u> </u>		
	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?			
	Sponsoring organizations maintaining donor advised funds.	8		
	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.			
	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		

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

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

- 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.
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Larry Spratlin Chief Financial Officer 1700 Medical Center Parkway
 Murfreesboro, TN 37129 (615) 396-4100

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	Name and Title Average hours per week (list any hours			one bot	not box h ar or/tr	chec (, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) Lee Moss	1 00	,		<u>,,</u>							
Chairman	9 00	Х		Х				0	0	(
(2) George White	1 00										
Vice Chairman (beg 7/13)	0 00	Х		Х				0	0	(
(3) Bill Jones	1 00										
Secretary/Treasurer	0 00	Х		Х				0	0	(
(4) Summer Bouldin Jr	50										
Board Member	0 00	Х						0	0	(
(5) David Chatman MD	50										
. ,		x						0	0	(
Board Member (6) Debbie Cope	0 00										
		х						0	0	(
Board Member (7) David Jones	50										
` '	50	x						0	0	(
Board Member at Large (beg 7/13)	50										
(8) Sister Mary Frances Loftin	1 00	×						0	0	(
Board Member	0 00										
(9) Patty Marschel	50	x						0	0	(
Board Member	50	_ ^						Ů	0		
(10) Rev James McCarroll	50	,,							0	,	
Board Member	0 00	X						0	0	(
(11) Mary Moss MD	50	Ţ.,									
Board Member at Large	0 00	X						0	0	(
(12) Wayne Murphy MD	50										
Board Member	0 00	X						0	0	(
(13) Charles Tom Provow	50										
Board Member		х						0	0	(
(14) Mike Schatzlein MD	0 00										
		х						0	1,888,568	39,912	
Board Member at Large (15) Deborah Thompson	40 00										
,		х						0	0	(
Board Member (beg 7/13) (16) Davis Young	0 00										
(10) Davis fourig	1 00	x						0	0	(
Board Member	0 00										
(17) Gordon Ferguson	40 00	×		x				466,302	0	29,708	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: th ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estin amount compe from	of other nsation i the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and re	zation elated zations
(18) Li	arry Spratlın	40 00			х				136,021		o	10,142
	Financial Officer	0 00				╄		_			<u> </u>	
. ,	lizabeth Lemons	40 00			×				262,504		o	23,452
	Operating Officer elly Miles	0 00 40 00										
, ,	Nursing Officer	0 00				X			196,812		o	20,253
	ecia Badem MD	50 00									_	
Physici	an	0 00					×		312,128		0	25,613
(22) G	ena Kluwe MD	50 00					х		312,057		0	24,115
Physici	an	0 00							312,037		<u> </u>	24,113
(23) S	heila Pertiller MD	50 00					×		329,287		o	19,657
Physici	an avıd Sellers MD	0 00				-		_			<u> </u>	
		50 00					х		327,484		o	30,526
Physici (25) R	annegowda Sudheendra MD	0 00 50 00				\vdash					1	
Physici	an	0 00					X		278,064		0	25,657
	amela Hess	0 00						\ ,		270.04	_	22.577
Forme	r CFO	40 00						Х	0	270,01	5	23,577
						+		\vdash			<u> </u>	
						-					<u> </u>	
1b	Sub-Total			•								
с	Total from continuation sheets to	Part VII, Section A		•	•		.		2.620.650	2 150 502		272.612
						l	- > de - e		2,620,659	2,158,583		272,612
2	Total number of individuals (includ \$100,000 of reportable compensations)				ea a	DOV	e) wno	rec	eived more than			
											1	T
3	Did the organization list any forme	# officer director or	tructo	, ka		anla		rhie	shoot components	od amplayed	Yes	No
3	on line 1a? If "Yes," complete Schea							• •	inest compensate		Yes	
4	For any individual listed on line 1a,	, is the sum of report	table c	ompe	ensa	ation	ando	othe	r compensation fr		103	
	organization and related organization											
_	individual		• •	•	•	•	•	•			l Yes	
5	Did any person listed on line 1a rec services rendered to the organizati										5	No
	5	,					•			<u>_</u>	<u> </u>	1110
Se	ction B. Independent Contra	actors										
1	Complete this table for your five his compensation from the organization		-									r
	·	(A)		ше	cale	iiud	year	e110		(B)	, 	<u>-</u> :)
	Name	and business address							Descripti	on of services		ńsation
											+	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Contributions, Giffs, Grants and Other Similar Amounts	1aabbccddeeff
Program Service Revenue	2a b c c d e f g 3 4 5 6a b c c
kevenue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other	b 9a b 10a
	11a b c d

/IIII	Statement o	of Revenue ule O contains a respoi	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
1a	Federated cam	paigns 1a					512-514
b	Membership du						
C		ents 1 c					
d	Related organiz	zations 1d	3,053,675				
e	Government grant	s (contributions) 1e					
f	All other contribute	ons, gifts, grants, and 1f		ĺ			
g		ons included in lines					
	1a-1f \$			2.052.675			
h	Total. Add lines	sla-lt	· · · ·	3,053,675			
			Business Code				
2a	Net Patient Service Reference Lab	es	621400	234,221,641	234,221,641		
b c	Investment - JV's		621500 621400	1,378,908	1,378,908		
d	Investment - JV 3		621400	557,722	557,722		
e							
f	All other progra	am service revenue					
		s 2a-2f		236,158,271			
		ar amounts)		2,574			2,574
4		stment of tax-exempt bond	proceeds -				
5	Royalties .	() Do-1					
6a	Gross rents	(ı) Real 342,365	(II) Personal				
ь	Less rental	379,881					
C	expenses Rental income	-37,516					
d	or (loss) Net rental inco	me or (loss)		-37,516			-37,516
_		(i) Securities	(II) O ther				
7a	Gross amount from sales of assets other		477,482				
ь	than inventory Less cost or		404 570				
	other basis and sales expenses		491,579				
C .	Gain or (loss)		-14,097	14.007			14.007
d 8a		ss)		-14,097			-14,097
	events (not inc \$						
	See Part IV, lir	s reported on line 1c) ne 18					
		а					
Ь		penses b					
c 9a		(loss) from fundraising from gaming activities	events 🛌				
		ne 19					
b		penses b					
102		(loss) from gaming acti	vities ⊢				
10a	Gross sales of returns and allo		55,970				
ь	Less cost of g	oods sold b	271,141				
С		(loss) from sales of inv		-215,171			-215,171
11-	Miscellaneou	s Revenue	Business Code 621500	7,766,583	7,766,583		
11a b	Provider Tax		624200	1,043,459	1,043,459		
C	Cafeteria Reve		624200	165,540	165,540		
d	-	ue		1,120,833	1,120,833		
e	Total. Add lines		🕨		·		
12	Total revenue.	See Instructions .	🕨	10,096,415			
1			-	249,044,151	246,254,686		-264,210

Part	IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $$ All	other organızatı	ons must comp	ete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			지
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,451,381	1,451,381		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	55,250,952	49,725,857	5,525,095	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-1,224,186	-1,101,767	-122,419	
9	Other employee benefits	9,662,693	8,696,424	966,269	
10	Payroll taxes	3,905,923	3,515,331	390,592	
11	Fees for services (non-employees)				
а	Management	35,434,448		35,434,448	
ь	Legal	3,049		3,049	
c	Accounting	1,303		1,303	
d	Lobbying	6,095		6,095	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
	Schedule O)	27,428,166	26,447,245	980,921	
12	Advertising and promotion	97,903	88,113	9,790	
13	Office expenses	2,474,544	2,227,090	247,454	
14	Information technology	122,470	110,223	12,247	
15	Royalties				
16	Occupancy	3,733,172	3,359,855	373,317	
17	Travel	48,354	43,519	4,835	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,497	94,947	10,550	
20	Interest	1,984,827	1,786,344	198,483	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,274,822	19,147,340	2,127,482	
23	Insurance	1,077,241	969,517	107,724	
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)				
а	Medical Supplies	32,656,690	32,656,690	0	0
b	TNCare Coverage Assess	13,284,479	13,284,479	0	0
c	Maintenance & Repair	918,673	826,806	91,867	0
d	Minor Equipment	630,310	567,279	63,031	0
e	All other expenses	3,308,146	2,982,817	325,329	
25	Total functional expenses. Add lines 1 through 24e	213,636,952	166,879,490	46,757,462	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	† X			
		encek ii denedule di contains di response si note to diri, iine iii tine i		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		356,456		49,608
	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net	ŀ	26,621,653	4	27,744,018
	5	Loans and other receivables from current and former officers, directors employees, and highest compensated employees. Complete Part II of Schedule L			5	
Assets	6	Loans and other receivables from other disqualified persons (as define $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributed and sponsoring organizations of section $501(c)(9)$ voluntary employees organizations (see instructions) Complete Part II of Schedule L	ting employers		6	
8	7	Notes and loans receivable, net		98,686		20,532
4	8	Inventories for sale or use	1	3,369,929		3,397,638
	9		ŀ	8,520,535		10,807,013
	10a	Prepaid expenses and deferred charges	305,718,682	0,320,333	9	10,007,013
	ь	Less accumulated depreciation 10b	82,900,069	238,343,359	10c	222.818.613
	11	Investments—publicly traded securities	, ,	200,0 10,000	11	222,010,010
	12	Investments—other securities See Part IV, line 11	• •		12	
	13	Investments—program-related See Part IV, line 11	ŀ	760,139		735,200
	14	Intangible assets	ŀ	4,709,841		3,484,569
	15	Other assets See Part IV, line 11	ŀ	49,569,134		10,771,789
	16	Total assets. Add lines 1 through 15 (must equal line 34)		332,349,732		279,828,980
	17	Accounts payable and accrued expenses		9,812,258		12,012,733
	18	Grants payable	•	0,012,200	18	12,012,700
	19	Deferred revenue	• •		19	3,213,531
	20	Tax-exempt bond liabilities			20	3,213,331
	21	Escrow or custodial account liability Complete Part IV of Schedule D	•		21	
es	22	, · · ·	ŀ			
Liabilitie	22	Loans and other payables to current and former officers, directors, truskey employees, highest compensated employees, and disqualified	·			
<u>.e</u>		persons Complete Part II of Schedule L	ŀ		22	
	23	Secured mortgages and notes payable to unrelated third parties .	ŀ		23	
	24	Unsecured notes and loans payable to unrelated third parties	ŀ		24	
	25	Other liabilities (including federal income tax, payables to related third and other liabilities not included on lines 17-24) Complete Part X of S D	chedule	84,853,826	25	73,888,080
	26	Total liabilities. Add lines 17 through 25		94,666,084	26	89,114,344
— » Ф		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and clines 27 through 29, and lines 33 and 34.				<u> </u>
anc	27	Unrestricted net assets		237,683,648	27	190,714,636
<u> </u>	28	Temporarily restricted net assets			28	0
	29	Permanently restricted net assets			29	0
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► Complete lines 30 through 34.	and			
. o.	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
\$ S	32	Retained earnings, endowment, accumulated income, or other funds	-		32	
Net /	33	Total net assets or fund balances		237,683,648		190,714,636
ž	34	Total liabilities and net assets/fund balances		332,349,732	34	279,828,980
		. Staapinties and nec assets/fully balances	•	332,343,732	J-7	Form 990 (2013)

					age ==
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		249,0	044,151
2	Total expenses (must equal Part IX, column (A), line 25)	2		213,6	36,952
3	Revenue less expenses Subtract line 2 from line 1	3			107,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		237,6	83,648
5	Net unrealized gains (losses) on investments	5			
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		-82,3	376,211
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			714,636
Par	t XII Financial Statements and Reporting			•	•
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 sepa basis, consolidated basis, or both	ırate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493133015255

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of	the	organiz	ation	
Saint Thom	ias R	utherford	l Hospit	al

Employer identification number

									62-04758		
	rt I			blic Charity Sta						nstructions	
Γhe	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)		
1	Г	A churc	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)				
3		A hosp	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital des	cribed in se	ction 170(b)((1)(A)(iii). E	nter the
	_	hospita	ıl's name, cı	ty, and state							
5	ı	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	_	section 170(b)(1)(A)(iv). (Complete Part II)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Г			at normally receives			support from	a governm	ental unit or f	rom the gen	eral public
8	Г			on 170(b)(1)(A)(vi). described in sectior			nplete Part II)			
9			-	at normally receives			-	-	butions, mem	bership fees	, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no mo	re than 331,	/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)		
10	Γ	An orga	anızatıon org	ganized and operated	d exclusively	to test for p	public safety	See sect io	n 509(a)(4).		
11	Γ	An orga	anızatıon org	ganized and operated	dexclusively	for the ben	efit of, to perf	orm the fun	ictions of, or t	o carry out	the purposes of
				ly supported organız						ee section 5	09(a)(3). Check
				bes the type of supp						6	II
	_			b Type II c							
е	ı	•		ox, I certify that the on managers and otl	_		,		, ,	•	•
			1509(a)(2)	on managers and oc	ner than one	or more pub	mery support	ca organiza	icions desemb	ed III section	1 30 3 (4)(1) 01
f				received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ng organizatio <u>n,</u>
			his box						6.1		Г
g			August 1/, 2 ng persons?	2006, has the organi	zation accep	tea any giπ	or contributi	on from any	or the		
			.	rectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii))	Yes No
		and (III) below, the	governing body of th	e supported	organizatioi	n?			11g	(i)
		(ii) A fa	amily memb	er of a person descri	bed in (i) abo	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the follown	ng information about	the supporte	ed organizat	ıon(s)				<u> </u>
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of
	suppor			organization	organizati		the organiz		organizat		monetary
0	rganiza	ation		(described on lines 1- 9 above	col (i) list		ın col (i) o suppor		col (i) org		support
lines 1- 9 above your governing support? in the U.S.? or IRC section document?					3 .						
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	1
							1		+	1	
T-4-						 	<u> </u>		+	1	

Sch	edule A (Form 990 or 990-EZ) 2013						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 failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u></u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(1) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)							
	Facts And Circumstances Test						
Retu	Return Reference Explanation						
		Schodulo A / Form 000 o	000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493133015255

OMB No 1545-0047

Open to Public

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

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

	me of the organization it Thomas Rutherford Hospital			Employer iden	tification number
	<u>'</u>			62-0475842	
ar	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	itical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt unde	er section 501((c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization i	under section 495	5 🕨	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		ganization is exempt unde			1(c)(3).
1		ended by the filing organization for			\$
2	Enter the amount of the filing of exempt function activities	rganızatıon's funds contributed to	other organization	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fr d directly delivered	om the filing organization's f I to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
			1		

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	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 lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 201	3				Page 3
Pa		ganization is exempt under section 501(c)(3) and has lection under section 501(h)).	NOT			
For e	ach "Yes" response to lines 1a throug	h 11 below, provide in Part IV a detailed description of the lobbying	(i	a) 	<u>(</u> (<u></u>	<u>)</u>
activ	-		Yes	No	Amo	ount
1		nization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,				
а	Volunteers?			Νo	_	
b	Paid staff or management (include	compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?			Νo		
d	Mailings to members, legislators,	or the public?		No		
е	Publications, or published or broa	dcast statements?		Νo		
f	Grants to other organizations for l	obbying purposes?		No		
g	Direct contact with legislators, th	eır staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?		Yes			6,095
j	Total Add lines 1c through 1i					6,095
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any	tax incurred under section 4912			1	
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912				
d	If the filing organization incurred a	a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the or	ganization is exempt under section 501(c)(4), section	501(c)(5), ¢	or sect	ion
	501(c)(6).		•	, , ,,		
					Ye	s No
1	Were substantially all (90% or mo	ore) dues received nondeductible by members?		L	1	
2	Did the organization make only in-	house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carr	y over lobbying and political expenditures from the prior year?			3	
Pa	501(c)(6) and if ei					
1	Dues, assessments and similar a		1			
2	Section 162(e) nondeductible lob expenses for which the section 52	bying and political expenditures (do not include amounts of political 27(f) tax was paid).				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	does the organization agree to car	nt on line 2c exceeds the amount on line 3, what portion of the excess ryover to the reasonable estimate of nondeductible lobbying and				
_	political expenditure next year?	- l.b l d.b / \	4			
5		olitical expenditures (see instructions)	5			
Pr	Supplemental Info ovide the descriptions required for P rt II-B, line 1 Also, complete this part	art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	up list),	Part II	:-A, line	2, and
	Return Reference	Explanation				
Part		Lobbying expenses represent the portion of dues paid to national and stare specifically allocable to lobbying Saint Thomas Rutherford Hospital intervene in (including the publishing or distributing of statements) any	does n	ot parti	ıcıpate in	or

Part II-B, Line 1	Lobbying expenses represent the portion of dues paid to national and state hospital associations that are specifically allocable to lobbying. Saint Thomas Rutherford Hospital does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.
	Schedule C (Form 990 or 990-F7) 2013

201104410 0 (101111 330 01 330 12) 2013		1 age 4			
Part IV Supplemental Information	on <i>(continued)</i>				
Return Reference	Explanation				

Schedule D (Form 990) 2013

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DLN: 93493133015255

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Nam	ne of the organization Thomas Rutherford Hospital			loyer identifica	tion number	
Par	t I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,			0475842 or Accounts	. Complete	e if the
	organization answered Tes to Form 950,	(a) Donor advised funds		(b) Funds and	other accoun	nts
	Total number at end of year	(a, z ener a avieca ranae		(2) (2) (2)		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor advi	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneficonferring impermissible private benefit?	onor advisors in writing that grant fund			┌ Yes	□ No
	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990 Part I\	<u> </u>	
	Purpose(s) of conservation easements held by the orga 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	anization (check all that apply) or education) Preservation of a Preservation of a	n histori certifie	ically important d historic struc	: land area ture	
	easement on the last day of the tax year					
				Held at the	End of the \	ear_
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	, ,	2c			
	Number of conservation easements included in (c) acquired historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferred the tax year ▶	ed, released, extinguished, or termina	ted by th	ne organization	during	
	Number of states where property subject to conservation	on easement is located 🛌				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, hai	ndling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ements o	during the year		
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easemen	ts during	g the year		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financia				
rt	Organizations Maintaining Collections Complete if the organization answered "Ye		, or Otl	her Similar .	Assets.	
	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education	, or rese	arch in furthera		С
	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education				С
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			► \$		
•	Accets included in Form 990 Part V			b ¢		

Part	TIT Organizations Maintaining Co	llections of Art,	<u>, His</u>	tori	<u>cal Tr</u>	<u>eası</u>	<u>ires, or O</u>	<u>the</u>	<u>r Similar</u>	Asse	<u>ts (co</u>	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	neck	any of t	the fol	lowing that a	re a	significant	use of	ıts	
а	Public exhibition		d	Γ	Loan	orexo	hange progr	ams				
b	Scholarly research		e	Γ	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	w the	y furthe	er the	organızatıon	's ex	cempt purpo	se in		
5	During the year, did the organization solicit of	or receive donations	ofar	t, his	torical	treas	ures or other	sım	ıılar			
_	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						n answered	1 "Y	es" to For	m 990	', ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	ford	ontribu	itions	or other ass	ets i	not	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	able		_					
							F			Amou	nt	
С	Beginning balance						<u> </u>	1c				
d	Additions during the year						<u> </u>	1d				
е	Distributions during the year						L	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?								Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been	provided in P	art	XIII			Γ
Pa	Tt V Endowment Funds. Complete											
		(a)Current year	(b)) Prior	year	b (c) ⊺	wo years back	(d)	Three years b	ack (e)Four ye	ars back
1a	Beginning of year balance											
Ь	Contributions							_				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colum	ın (a))	held as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment -											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
За	Are there endowment funds not in the posses	•	ation :	that	are hel	d and :	administered	l for	the			
Ju	organization by	ssion of the organize	1011	ciiac	are ner	a ana .			tile		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								ļ	3a(ii)	$ldsymbol{ld}}}}}}$	
	If "Yes" to 3a(II), are the related organization	•						٠	[3b		
4	Describe in Part XIII the intended uses of the	=					1.157				T) /	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		he o	rgar	ıızatıoı	n ans	wered 'Yes'	' to	Form 990	, Part	IV, lir	ne
	Description of property	10.			Cost or s (invest		(b)Cost or other		(c) Accumula depreciation		(d) Boo	k value
1-	and			\vdash			F 0F0	724		+		5 050 724
				\vdash			5,959,		27 24	7 200		5,959,734
	Buildings		•				217,862,	202	37,317	7,300	180),544,962
	Leasehold improvements		•	\vdash			4.47	201		- 201		02.000
	Equipment		•	\vdash	J F.	30 531		201		7 569		92,000
	Other		· (col:	lmr /		39,521 10(c)	78,209,		45,527			5,221,917
iota	I. A dd lines 1 a through 1 e (Column (a) must e	quai Form 990, Part X	, colu	ımn (b), IIne	10(C).	<i>)</i>	•	<u> ►</u>		22	2,818,613

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990, Part IV, line	11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation	
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value	
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line	e 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation	
	(2) 20011 14140	Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
		O, Part IV, line 11d See Form 990, Part X, line 1	5
(a) Descrip	otion	(b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. Complete if the organ	nization answered 'Yes' t	o Form 990, Part IV, line 11e or 11f. See	
Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
	(=, 500% value		
Federal income taxes Current Solf Incurance Liability	2 240 427		
Current Self Insurance Liability Est 3rd Party Payor Settlement	2,249,427 3,955,673		
Due To Affiliates	2,247,750		
Other Liabilities	1,825,064		
Intercompany Debt to Ascension Health Alliance	60,810,645		
Pension Plan Liability	2,100,687		
AH Savings Plan Liability	698,834		
,	220,001		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	73,888,080		

Part	ΧI		e venue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line :			ts With	Revenue	per F	Return Complete If
1	Tota		support per audited financial statements					1	
2	A mo	unts included on line 1 but	not on Form 990, Part VIII, line 12						
а	Netι	ınrealızed gaıns on ınvestr	ments	:	2a				
b	Dona	ted services and use of fa	cilities		2b				
C	Reco	veries of prior year grants			2c				
d	Othe	r (Describe in Part XIII)			2d				
e	Add	ines 2a through 2d .		_				2e	1
3	Subt	ract line 2e from line 1 .			•			3	
4	A mo	unts included on Form 990), Part VIII, line 12, but not on line 1						
а	Inve	stment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4	4a				
b	Othe	r (Describe in Part XIII)			4b				
C	Add	ines 4a and 4b		_				4c	
5	Tota	revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12) .			5	
Part	XII		penses per Audited Financial Statement (Personal Statement)			nts Wit	h Expense	es pei	r Return. Complete
1	Total	expenses and losses per	audited financial statements					1	
2	A mo	ınts ıncluded on lıne 1 but	not on Form 990, Part IX, line 25						
а	Dona	ted services and use of fa	cilities		2a				
b	Prior	year adjustments			2b				
C	Othe	rlosses			2c				
d	Othe	r (Describe in Part XIII)			2d				
e	Addl	ines 2a through 2d		-				2e	;
3	Subti	act line 2e from line 1 .						3	
4	A mo	ınts ıncluded on Form 990	, Part IX, line 25, but not on line 1:						
а	Inves	stment expenses not inclu	ded on Form 990, Part VIII, line 7b		4a				
b	Othe	r (Describe in Part XIII)			4b				
C	A dd I	ines 4a and 4b						4c	:
5	Total	expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, lir	ne 1	8)			5	
Part	XIII	Supplemental Info	ormation					·	
Part			Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and						ide any additional
	Re	turn Reference	Explanation						
Part X	, Line 2		From the consolidated audited financial st entities ("The System") which includes the accounts for uncertainty in income tax pos measurement attribute for financial staten expected to be taken in a tax return The S benefits or liabilities exist as of June 30, 2	e ac sitio nent Syst	tivity ns by reco em h	y of Saint y applyin ognition a	Thomas Ru g a recognit and measure	therfor ion thre ment o	rd Hospital The System eshold and of a tax position taken or

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493133015255

OMB No 1545-0047

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.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Hospitals

Name of the organization Saint Thomas Rutherford Hospital **Employer identification number**

62-0475842

Pa	rt I Financial Ass	istance an	d Certain (Other Community	Benefits at Cost					
								Yes	No	
1a	Did the organization have	a financial as	ssistance pol	icy during the tax year?	' If "No," skıp to questı	on 6a	1a	Yes		
b	If "Yes," was it a written	policy?					1b	Yes		
2	If the organization had minimancial assistance police					oplication of the				
	Applied uniformly to a Generally tailored to i	•			mly to most hospital fac	cilities				
3	Answer the following base organization's patients de			nce eligibility criteria th	at applied to the larges	t number of the				
а	Did the organization use If "Yes," indicate which o					providing <i>free</i> care?	3a	Yes		
	┌ 100% ┌ 150% ┍	200%	ther							
b	Did the organization use which of the following was				=	•	3b	Yes		
□ 200%										
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.										
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?										
Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?										
ь	b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?									
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?									NI -	
62									No	
	If "Yes," did the organiza		•				6a		No	
	Complete the following ta			•			6b			
	worksheets with the Sche		Worksheets F	orovided in the Schedule	. IT mistractions bollow	e subline these				
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	st					
	ancial Assistance and Means-Tested evernment 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	(Optional)								
b	(from Worksheet 1) Medicaid (from Worksheet 3, column a)			20,904,997 40,478,213	29,413,718	20,904,			90 % 80 %	
С	column a)			10,170,213	25,113,710	11,001,	133	31	00 70	
d	Worksheet 3, column b) Total Financial Assistance and Means-Tested						+			
	Government Programs .			61,383,210	29,413,718	31,969,	492	14 9	70 %	
е	Other Benefits Community health Improvement services and community benefit operations (from Worksheet 4)									
f									10 %	
g	Subsidized health services (from Worksheet 6)									
h ı	Research (from Worksheet 7) Cash and in-kind						-			
'	contributions for community benefit (from Worksheet 8)			1,488,504		1,488,			00 %	
j k	Total. Other Benefits Total. Add lines 7d and 7j .			1,541,191 62,924,401	21,847 29,435,565	1,519, 33,488,	-		10 % 80 %	
	i o comi mua mico /a ana / i			UZ,JZT,HUI	ZJ,7JJ,JUJ	JJ,+00,		100	JU /U	

Pa	rt II Community Building activities during the of the communities i	tax year, an									
	or the communices i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off revenue	_	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing	, , ,									
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training										
	for community members Coalition building			12.10	00			12	100		010 %
7	Community health improvement			13,18	08			13,	,188	0	010 %
	Workforce development			<u></u>	10				470		
9	Other			47	/2				472		0 %
10	Total			13,66	50			13,	,660	0	010 %
	Bad Debt, Medicar	e, & Collec	tion Practic	es						1	
	ion A. Bad Debt Expense Did the organization report bad	d dobt ovnons	a in accordance	with Hoathcaro Fi	nancial M	20200	mont A	ccociation		Yes	No
1	Statement No 15?			· · · · ·		anage			1		Νo
2	Enter the amount of the organi		•	•	e						
2	methodology used by the orga					2		17,694,458			
3	Enter the estimated amount of patients eligible under the organization.										
	the methodology used by the cany, for including this portion of				onale, ıf	_		2 4 2 2 0 5 4			
4	Provide in Part VI the text of t				· ·	3	ribac b	2,133,951			
4	or the page number on which t						iibes b	ad debt expense			
Sect	ion B. Medicare										
5	Enter total revenue received fi	rom Medicare	(ıncludıng DSH	and IME)		5		53,818,207			
6	Enter Medicare allowable cost		. ,			6		56,671,146			
7	Subtract line 6 from line 5 Th	•	,			7		-2,852,939			
8	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	osting method	ology or source								
	Cost accounting system	r c∘	st to charge ra	tio Г	Other						
Sect	ion C. Collection Practices										
9a	Did the organization have a wr								9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part V	ection practice	s to be followed	d for patients who a	re known	to qua	alify for	financial	9b	Yes	
Pa	rt IV Management Comp	anies and I	Joint Ventur	es (owned 10% or more b	officers, dire	ectors, tr	ustees, ke	y employees, and physici	ans—s∈	e instruct	ions)
	(a) Name of entity	(t	 Description of pr activity of entity 		(c) Organii profit % o ownersh	r stock		I) Officers, directors, trustees, or key employees' profit % r stock ownership %	pro	e) Physic ofit % or ownershi	stock
1 1 Cent	Middle Tennessee Ambulatory Surgery er LP	Surgery Center			Ž	28 630 ⁽	%			71 3	370 %
2											
3											
4									+		
									+		
_							-		+		
6 —							_		_		
7											
8											
9											
10											
									+		
11											
12											
4 ~		1							1		

Part V Facility Information										
Section A. Hospital Facilities	Licensed	General	Children's	Teachi	Ortical	Resea	ER-24 houre	ER-other		
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?	ed hospital	ત્રો medical & ક્યા gical	n's hospital	Teaching hospital	l access hospital	Research facility	houre	ner		
and state license number		2							Other (Describe)	Facility reporting group
See Additional Data Table										

Schedule H (Form 990) 2013

Yes No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of	1
nospital facility (from Schedule H, Part V, Section A)	

con	imunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)	1		
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			
С	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	▼ How data was obtained			
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 $$ 20 $$ $$ $$ 20 $$ $$ $$ $$ $$ 20 $$ $$ $$ $$ $$ $$ $$ $$ 20 $$ $$ $$ $$ $$ $$ $$ $$ $$ $$			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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	3	Yes	
4	consulted	۲	165	\vdash
•	facilities in Part VI	4		Νo
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website (list url) Included in Section C, Line 5d			
b	, , ,			
C	Available upon request from the hospital facility			
d	O ther (describe in Part VI)			
	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
а	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	Execution of the implementation strategy			
C	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
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				
i	O ther (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	0-		N _a
h	required by section 501(r)(3)?...................................	8a 8b		No
	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	100		
-	hospital facilities? \$			
			<u> </u>	<u> </u>

Part V Facility Information (continued)								
	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 <i>free</i> care?	10	Yes					
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 00000000000%							
11	If "No," explain in Part VI the criteria the hospital facility used Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes					
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used	-11	165					
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							
Ь	Asset level							
c	Medical indigency							
d	Insurance status							
е	Uninsured discount							
f	Medicaid/Medicare							
q	State regulation							
h	Residency							
i	Other (describe in Part VI)							
	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							
c	The policy was posted in the hospital facility's emergency rooms or waiting rooms							
d	The policy was posted in the hospital facility's admissions offices							
е	lacksquare 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)							
Bil	ling and Collections							
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes					
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP							
а	Reporting to credit agency							
b	Lawsuits							
c	Liens on residences							
d	Body attachments							
е	Other similar actions (describe in Section C)							
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 individual'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							
c	Liens on residences							
d	Body attachments							
_	C Other similar actions (describe in Section C)	ı	ı I	l				

If "Yes." explain in Part VI

If "Yes." explain in Part VI

Part V Facility Information (continued) 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply) a V Notified individuals of the financial assistance policy on admission Notified individuals of the financial assistance policy prior to discharge c 🔽 Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ∇ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy Other (describe in Section C) Policy Relating to Emergency Medical Care Yes No 19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of **19** Yes their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a The hospital facility did not provide care for any emergency medical conditions The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) **d** Other (describe in Part VI) Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals) 20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged **b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged 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 individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any

21

22

Νo

Νo

Schedule	Η	Form	990	2013
Schedule		(1 01111	,,,,,,	, 2013

Page 7 **2**

Part V	Facility	Information	(continued)

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1_J, 3, 4, 5d, 6_I, 7, 10, 11, 12_I, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

	33113111
Form and Line Reference	Explanation
See Additional Data Table	

Schedule H (Form 990) 2013

chedule H	(Form 990)	2013

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Part V Facility Information (continue

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

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

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

Schedule H (Form 990) 2013

Schedule H (Form 990) 2013 Page 9 **2**

Part VI Supplemental Information

Provide the following information

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V. Section B

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

Form and Line Reference	Explanation
Part I, Line 7	The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

Form and Line Reference	Explanation
Part II, Community Building Activities	Social determinates are the conditions of communities within which people live that effect their health and well-being and include housing, crime, poverty, education, discrimination, and others. Addressing the social determinates of health through community building is an important component in improving the contributing factors that determine the health of the community. ST Rutherford supports a variety of efforts and continues to work in collaboration with other community agencies to address the health and well-being of our community, especially the poor and vulnerable, including representation on community/non-profit boards and committees which work to improve the health and address its social determinates.

Form and Line Reference	Explanation
Part III, Line 4	The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System. Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies.

Form and Line Reference	Explanation
raitiii, Lille o	Ascension Health and related health ministries follow the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form and Line Reference	Explanation
raitiii, Lille 30	The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance If a patient qualifies for charity or financial assistance certain collection practices do not apply

Part VI, Line 2	The Community Health Needs Assessment (CHNA) is conducted every three years, with the most
,	recent conducted in fiscal year 2013 ST Rutherford Hospital, Rutherford County Health Department
	(RCHD) and Saint Thomas Health conducted the needs assessment (CHNA) collaboratively in
	FY2013 The objectives of the CHNA and subsequent hospital specific implementation strategies
	were 1 Provide an unbiased comprehensive assessment of Rutherford County's health needs and
	assets, 2 Use the CHNA to prioritize the Saint Thomas Health community health and benefit program
	strategy, 3 Provide an objective assessment of the community, upon which the RCHD and ST
	Rutherford may continue partnering to support and improve health within the county, 4 Fulfill Internal
	Revenue Service regulations related to 501(c)(3) non-profit hospital status for federal income taxes,
	5 The objective behind RCHD's participation in the Community Health Needs Assessment (CHNA) is
	to identify, organize, and review community specific data to engage the community in governmental
	decision making, inspire data-driven future initiatives, and examine any apparent differences between
	healthy populations, under-served, and at risk populations at the community level For complete
	description of CHNA methodology, identification of priority needs, and findings, please review the
	Hospital's CHNA online at https://www.sths.com/Pages/Community/Community-Health-Needs-
	Assessment aspx In addition to any reported CHNA, the organization, Saint Thomas Health,
	assesses the health needs of the communities it serves through representation on local health
	councils and non-profits addressing the needs of the underserved

Explanation

Form and Line Reference

	Education of all mitality for a country of Count Thomas Duth of and Hoomital (CTDH) have a
Part VI, Line 3	Education of eligibility for assistance at Saint Thomas Rutherford Hospital (STRH) begins at
	registration with signage displayed at all registration points notifying patients that we have a
	Financial Assistance Program, as well as contact information for the patient to use should they need
	assistance Brochures containing this information are also available for patients at all registration
	points STRH registration associates discuss the estimated balance that will be due with both insured
	and self-pay patients. Should the associate identify that the patient may need assistance with that
	balance he/she will provide the patient with a Financial Assistance Application and help them
	complete it, if needed All self-pay and underinsured patients are screened by STRH for alternative
	coverage including Medicaid, SSI/SSD, COBRA, student coverage, and crime victims' compensation
	If no alternative is identified then an associate will work with the patient to complete a Financial
	Assistance Application Also, contact information is listed on STRH billing statements for the patient
	to use in the event they need assistance with their balances. Collections associates have been
	trained to offer patients a Financial Assistance Application if needed by the patient STRH works with
	third party collection vendors who are required to follow the hospital's Financial Assistance Policy
	Third party vendors are also used to perform "charity scoring", a process that screens incomplete
	Financial Assistance applications to qualify patients for presumptive charity

Explanation

Form and Line Reference

Form and Line Reference	Explanation
Part VI, Line 4	Located in Murfreesboro, Tennessee, Saint Thomas Rutherford Hospital (ST Rutherford), primarily serves residents of Rutherford County and secondary surrounding counties of Bedford, Cannon, Coffee, and Warren in Middle Tennessee. More than 70% of ST Rutherford's Tennessee inpatients are from Rutherford County. In calendar year 2013, ST Rutherford served over 17,000 inpatients, with over 2,500 newborns Rutherford County is one of 95 counties within the state of Tennessee and is located in the Middle Tennessee region. Tennessee is located in the Southeastern region of the United States. Rutherford County is a suburban area and encompasses 619 square miles, having a population density of 424 0 persons per square mile. United States Census Quick Facts for 2013 indicates a population of 281,029 estimates. Community Demographic highlights include. 50.7% Female, 80.4% White, 13.5% African American, 7.0% Hispanic or Latino, 6.7% Persons under 5 years, 9.3% Persons 65 years and over, 89.1% High school graduate or higher (% persons age 25+, 2008-2012), 26.8 minutes, mean travel time to work (2008-2012), \$24,939 per capita money income in the past 12 months (2008-2012), \$55,105 median household income (2008-2012), and 13.0% persons below poverty level (2008-2012). American Fact Finder, American Community Survey (2010-2012, 3 year estimate) notes, 13.4 of residents and 5.5% of children (ages 0-17), 18.1% ages 18-64, 0.7% 65 years and older, and 22.5% ages 19-25 in Rutherford County were uninsured According to the Tennessee Department of Health's Joint Annual Report of Hospitals, 2012, ST Rutherford is one of two hospitals in Rutherford County. There is an area designated as medically underserved within Rutherford County. For complete description of the community demographics and selection for CHNA purposes, please review the Hospital's CHNA online at https://www.sths.com/Pages/Community/Community-Health-Needs-Assessment aspx

Form and Line Reference	Explanation
Part VI, Line 5	The Saint Thomas Health's governing body is comprised of persons representing diverse aspects and interests of the community. The majority members of the Saint Thomas Health governing body reside in the organization's primary service who are neither employees nor independent contractors of the organization, nor family members thereof Medical Staff. The hospital has an open medical staff with privileges available to all qualified physicians in the area Patient care ST Rutherford operates an emergency room open to all persons, regardless of ability to pay. The hospital participates in Medicald, Medicare, TennCare, CHAMPUS, Tricare, and other government sponsored healthcare programs. ST Rutherford provides finan cial assistance and sliding scale discounts to those not covered by health insuranceSaint Thomas Rutherford Foundation. Patients also have access to funds which assists patients who are financially unable to provide for needed medical-related expenditures. There is also a fund available to employees of Saint Thomas Health who are experiencing hardship. This fund, the Sister Juliana Beurlein Employee Financial. Assistance Fund offered system-wide over \$90,000 in assistance in FY2014. Mobile Health Unit Collaborative community effort led by ST Rutherford serves as a direct service provider and connector to care for physical and behavioral health needs of residents of Rutherford County. In fiscal year 2014, the Unit provided 131 behavioral health intakes and \$24 pediatric physical health encounters. Dis pensary of Hope Pharmacy at ST Rutherford Hospital is a medication assistance program for the uninsured that fall below 200% of the Federal Poverty Level. In fiscal year 2014, with the for uninsured that fall below 200% of the Federal Poverty Level. In fiscal year 2014, with consideration of an alternative and the hospital in fiscal year 2014, with momental provides fund a consideration and Access to Care Mealth Professions. Education ST. Rutherford Serves as a clinical site for students attending many of the

Form and Line Reference	Explanation
	ual violence The funds are restricted to provide treatment and mental health support to I ow- income clients (Community Health Need Mental Health and Access to Care)

	=
art VI, Line 6	quality of life of the communities we serve As a system, STH supports a variety of efforts specifically
	to contractual third-party vendor relationships Saint Thomas Health supports a variety of efforts and continues to work in collaboration with other community agencies to address the health and well-being of our community, especially the poor and vulnerable, including restricted cash donations to outside organizations, in-kind donation of employee time/services to outside organizations and representation on community/non-profit boards and committees which work to improve the health and quality of life of the communities we serve As a system, STH supports a variety of efforts specifically aimed at providing services for persons who are poor and improving the health of the community. For example, in fiscal year 2014 Continuing Medical Education. STH offers a variety of online accredited continuing medical education courses. Additionally, in-person seminars on various health topics are offered. The courses are open to all physicians and health professionals. During FY14, 23
	educational courses/seminars were offered with total attendance of 806 (Community Health Need Health Education and Access to Care)

Explanation

Form and Line Reference

for University of Tenessee, Meharry Medical College and Vandebit University medical residents are all the Services as training sites. In fiscal year 2014, 93 medical residents residents received graduate work calculations as Saint Thomas Health site. (Community Health Need Health Education and Access to Care) Medical Missions at Home STH organized three mission-at-home events, one in Devideo no County, one in Hickman County, and one in Rutherford County, held within a low income community. Volunteer provide residents and the services of	Form and Line Reference	Explanation
	Graduate Medical Education STH and its Affiliates serves as training sites	for University of Tennessee, Meharry Medical College and Vanderbilt University medical residents. In fiscal year 2014, 93 medical residents received graduate medical education training at a Saint Thomas Health site. (Community Health Need Health Education and Access to Care) Medical Missions at Home. STH organized three mission-at-home events, one in Davidso in County, one in Hickman County, and one in Rutherford County, held within a low income community. Volunteers from all of STH entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, and a health ministry presence to persons who otherwise have limited access to health care. These events served over 700 community members in total (Community Health Need Access to Care)Safety Net Primary Care Clinics. STH operates 4 primary care clinics that provided 48,267 patient encounters in fiscal year 2014. The clinics are committed to providing high-quality primary care to the uninsured and underinsured and serve the Da vidson and Rutherford County communities. Acute medical care is provided usually on the same day and patients with chronic illnesses are seen routinely. The clinics offer a broad range of women's health care. For patients struggling with mental health issues, a Psychiat nc Nurse Practitioner and licensed social worker provide one-on-one counseling and group therapy sessions. The clinics withize the services of the Dispensary of Hope to provide con wenient access to free and reduced-cost medications. Social workers also help patients re quest free medications through the Patient Assistance Program Referral Services. The clinic swork to ensure access to specialty services by linking patients to other resources with in the community. The South and West Clinics offer additional services. Clinica Neva Vida - a comprehensive prenatal care program for uninsured, low income Hispanic women in Great en Nashville, and The Healthy Lifestyles Program – a program f

Form and Line Reference	Explanation
Graduate Medical Education STH and its Affiliates serves as training sites	ry of Hope Pharmacy Since 2006, Dispensary of Hope Pharmacy provides medication assistance for uninsured and underinsured individuals who are experiencing financial hardship. In fiscal year 2014, 30,112 prescriptions were filled, with approximately 800 patients seen each month at the Saint Thomas West Hospital location. The pharmacy located in Rutherford Co. unty dispensed 27,032 prescriptions. A third pharmacy was opened on the Saint Thomas Midto wn Hospital campus in October 2014. (Community Health Need. Access to Care)Camp Bluebird. STH is a founding partner and primary supporter of Camp Bluebird and draws volunteers from Saint Thomas Health, the community and other community hospitals. Camp Bluebird was the first camp in the Middle Tennessee area designed for adult cancer patients. For three days and two nights volunteers provide adult campers with education, support and encouragement in living life after a cancer diagnosis. Camp is held each Spring and Fall with an average of 100 to 110 cancer patients participating in fiscal year 2014. (Community Health Need. Health Education)

Additional Data

Software ID: Software Version:

EIN: 62-0475842

Name: Saint Thomas Rutherford Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1₁, 3, 4, 5d, 6₁, 7, 10, 11, 12₁, 14₉, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. Form and Explanation Line Reference Part V, Section B, Line 3 Input was received from individuals and groups who represented broad interests of the community Saint Thomas and/or have special knowledge or expertise in public health through a random community phone survey, interviews with Rutherford community representatives and leaders, and a review of findings at a community health working summit. Stratasan was Hospital contracted as a consultant to provide coordination and analysis of a random community survey and facilitated a working community health summit to identify and prioritize health needs. The Rutherford County Health Department conducted the CHNA jointly with ST Rutherford and Saint Thomas Health. The health department provided input and resources for this CHNA For complete description of CHNA methodology and listing of individuals and organizations that provided input, please review the Hospital's CHNA online at https://www.sths.com/Pages/Community/Community-Health-Needs-Assessment aspx

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.						
Form and Line Reference Explanation						
Saint Thomas Rutherford Hospital	Part V, Section B, Line 4 The 2013 CHNA was conducted together with the Rutherford County Health Department and Saint Thomas Health system representatives					

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.						
Form and Line Reference Explanation						
Saint Thomas Rutherford Hospital	Part V, Section B, Line 5d https://www.sths.com/SiteAssets/Pages/Community-Health-Needs-Assessment/2013_Rutherford_CHNA.pdf					

1j, 3, 4, 5d,	Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions cility in a facility reporting group, designated by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation
Saint Thomas Rutherford Hospital	Part V, Section B, Line 61 The implementation strategy may be found at https://www.sths.com/Pages/Community/Community-Health-Needs-Assessment aspx ST Rutherford provided the following programs and donations during the tax year to address the CHNA priority needs identified Need. Access to CarePrograms Medical Mission at Home, Sexual Assault Nurse Examiners, Dispensary of Hope Pharmacy - Rutherford, Mobile Health Unit Charity Care Post DischargeDonation. STH Safety Net Primary Care Clinics, Medical Missions Around the WorldNeed. Health Education & Practical ApplicationPrograms. Health Professions EducationDonation. Boys & Girls Club of Rutherford Co., Murfreesboro City Schools, Rutherford Co. SchoolsNeed. Mental & Dental HealthPrograms. Middle TN. Oral Health Coalition, Mobile Health Unit - Mental Health ScreeningsDonation. Hope Smiles, Interfaith Dental Clinic, Sexual Assault CenterNeed. Wellness/Obesity/FoodPrograms. NoneDonation. Nurses for Newborns, The Journey HomeNeed. Exercise & SafetyPrograms. NoneDonation. NoneSaint Thomas Health provided the following programs and donations during the tax year to address the CHNA priority needs identified Need. Access to CarePrograms. Dispensary of Hope - Distribution Center, Dispensary of Hope Charitable Pharmacy - West, Medical Missions at Home, Safety Net Primary Care Clinics, Mobile. MammographyDonation. NoneNeed. Health Education & Practical ApplicationPrograms. Health Professions Education - CME. Conferences, Health Professions Education - GME, Medical LibraryDonation. United WayNeed. Mental & Dental. HealthPrograms. NoneDonation. Tennessee Suicide Prevention Network, Hope SmilesNeed. Wellness/Obesity/FoodPrograms. NoneDonation. The Governor's Foundation for Health and WellnessNeed. Exercise & SafetyPrograms. NoneDonation.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.					
Form and Line Reference	Explanation				
Saint Thomas Rutherford Hospital	Part V, Section B, Line 7 Social Environment - Currently, the City of Murfreesboro government is addressing issues of transportation with the implementation and continuation of Rover, a public transportation service - United Way of Rutherford and Cannon Counties and the Rutherford County Chamber of Commerce has contracted the services of Middle Tennessee State University to conduct a Community Assessment which will review economic and social environment MTMC has supported this effort with a prior financial contribution and continued participation in committee meetings				

ľ	Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.				
	Form and Line Reference Explanation				
ſ	Saint Thomas Rutherford Hospital	Part V, Section B, Line 12: We use presumptive scoring to identify charity accounts			

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.					
Form and Line Explanation Reference					
Saint Thomas Rutherford Hospital	Part V, Section B, Line 14g Signs are posted in waiting rooms and at the admissions offices to notify patients that the hospital has a financial assistance policy. In addition, every billing statement, the Hospital's website, and admission packets include information regarding the financial assistance policy. The policy is provided at the request of the patient.				

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.						
Form and Line Reference Explanation						
Part V, Section B, Line 8	For the hospital's complete Implementation Strategy, please review online at https://www.sths.com/SiteAssets/Pages/Community-Health-Needs-Assessment/2013_Davidson_Implementation_Strategy.pdf					

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DLN: 93493133015255

OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

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

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

Open to Public **Inspection**

Internal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Saint Thomas Rutherford Hospital

Employer identification number

						62-04/5842	
Part I General Information	on on Grants and	d Assistance				•	
Does the organization maintain the selection criteria used to ava Describe in Part IV the organization	ward the grants or as	sistance?					▽Yes ┌N
Part II Grants and Other A Form 990, Part IV, lin				United States. Con art II can be duplicate			es" 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 gran or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and govern	ment organizations list	ed in the line 1 table.			▶	6
3 Enter total number of other orga	anızatıons lısted ın th	ne line 1 table				🕨 🗌	9

ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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 Infor	mation. Provide the inf	ormation required in Pa	rt I, line 2, Part III, col	umn (b), and any other a	dditional information.
Return Reference Exp	planation				

	$\langle v_{ij} \rangle$
Return Reference	Explanation
,	Organizations requesting grants are asked to submit a request in writing which identifies the community health need the grant will be addressing, along with goals and objectives. Requests are reviewed by the Saint Thomas Health Community Health & Benefit Committee prior to approval. Awarded grantees are asked to submit a report of program/event activities. It is requested the report include a demographic summary of the population benefited, achieved objectives, and impact on health. The reports are reviewed by the Community Health & Benefit Team in a broad manner upon receipt, but will be more thoroughly scrutinized if the grant recipient comes back to ask for a renewal or another grant.

Additional Data

Software ID:

Software Version:

EIN: 62-0475842

Name: Saint Thomas Rutherford Hospital

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club 820 Jones Blvd Murfreesboro,TN 37129	62-1583332		25,000				Youth healthcare

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
Hope Smiles 115 Penn Warren Dr Ste 300-301 Brentwood,TN 37027	26-0829468	501(c)(3)	13,000				Dental care for the poor			

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Interfaith Dental Clinic 1721 Patterson St Nashville,TN 37203	62-1567615	501(c)(3)	39,800				Pledge to help indigent patients, fundraiser			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Murfreesboro City Schools 2552 S Church St Ste 100 Murfreesboro,TN 37127	_		6,000				Support Foundation for Science		

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Nurses For Newborns FNDN 50 Vantage Way Ste 101 Nashville,TN 37228	43-1601329	501(c)(3)	10,000				Healthcare for newborns			

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Rutherford County Board Of Education 2240 Southpark Blvd Murfreesboro,TN 37060	62-6000820		21,096				Donation for needy			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
The Journey Home Inc PO Box 331025 Murfreesboro,TN 37133	20-5605975	501(c)(3)	20,000				Donation		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Varsity Medics 102 Wargo Court Murfreesboro,TN 37128	41-4337648		6,000				Donation		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Saint Thomas Network 4220 Harding Rd Nashville,TN 37205	62-1868848	501(c)(3)	1,288,985				To support charity clinic		

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DLN: 93493133015255

OMB No 1545-0047

Compensation Information

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Saint Thomas Rutherford Hospital

Schedule J

Department of the Treasury

Internal Revenue Service

Employer identification number

62-0475842

Рa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
_		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	□ 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		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
. ,	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation				
See Addıtıonal Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

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

rise complete this pare for any addition	Tur morniación
Return Reference	Explanation
	Ascension Health, a related organization of Saint Thomas Rutherford Hospital, uses the following to establish the compensation of the organization's CEO Compensation Committee Independent Compensation Consultant Compensation Survey or Study Approval by the Board or Compensation Committee
,	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The following individuals received payments from the supplemental nonqualified retirement plan in the amount noted. Gordon B Ferguson \$99,852 Michael Schatzlein \$179,379.

Schedule J (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 62-0475842

Name: Saint Thomas Rutherford Hospital

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

(A) Name		(B) Breakdown c	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
Mike Schatzlein MD Board Member at Large	(I) (II)	*	0 830,248	0 201,224	0 7,650	0 32,262	0 1,928,480	0
Gordon Ferguson President & CEO	(I) (II)	(, O	103,910	7,650 0	22,058 0	496,010 0	0
Elizabeth Lemons Chief Operating Officer	(I) (II)	:1	0	62,016	7,350 0	16,102 0	285,956	0
Kelly Miles Chief Nursing Officer	(I) (II)	.	0	1,350 0	6,000 0	14,253 0	217,065	0
Kecıa Badem MD Physician	(I) (II)		40,850	378 0	7,650 0	17,963 0	337,741	0
Gena Kluwe MD Physician	(I) (II)) 263,457) 0	48,143	457 0	6,699 0	17,416 0	336,172 0	0
Sheila Pertiller MD Physician	(I) (II)) 286,409) 0	42,500	378 0	7,623 0	12,034	348,944 0	0
David Sellers MD Physician	(I) (II)		48,444	378 0	7,650 0	22,876 0	358,010 0	0
Ramegowda Sudheendra MD Physician	(I) (II)		42,072	436 0	7,596 0	18,061 0	303,721 0	0
Pamela Hess Former CFO	(I) (II)		o o	0 1,260	0 7,317	0 16,260	0 293,592	0 0

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DLN: 93493133015255

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization Saint Thomas Rutherford Hospital	Employer identification number
	62-0475842

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Many of the persons listed on Part VII have a "business relationship" with each other by virtue of sitting on related Saint Thomas Health entity boards

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Saint Thomas Rutherford Hospital (f/k/a Middle Tennessee Medical Center, Inc) has a single corporate member, Saint Thomas Health

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Saint Thomas Rutherford Hospital has a single corporate member, Saint Thomas Health

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Saint Thomas Rutherford Hospital (f/k/a Middle Tennessee Medical Center, Inc) has a single corporate member, Saint Thomas Health, who has the ability to elect members to the governing body of Saint Thomas Rutherford Hospital

Return Reference	Explanation
•	Saint Thomas Rutherford Hospital has a single corporate member, Saint Thomas Health, who has the ability to elect members to the governing body of Saint Thomas Rutherford Hospital

Return Reference	Explanation
VI, Section A, line 7b	All decisions that have a material impact to Saint Thomas Rutherford Hospital (f/k/a Middle Tennessee Medical Center, Inc.) financial information or corporation as a whole are subject to approval by its sole corporate member, Saint Thomas Health Ascension Health, the sole corporate member of Saint Thomas Health, has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

Return Reference	Explanation
Form 990, Part VI, Section A, Iine 7b	All decisions that have a material impact to Saint Thomas Rutherford Hospital's financial information or corporation as a whole are subject to approval by its sole corporate member, Saint Thomas Health. Ascension Health, the sole corporate member of Saint Thomas Health, has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Management, including certain Officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members' questions

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	In determining the compensation of the organization's CEO, the process, performed by Ascension Health, a related organization, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Audit Committee reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals at other hospitals in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. The individual was not present when his compensation was decided. In determining the compensation of other officers and key employees of the organization, the process, performed by Saint Thomas Health, a related organization, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Audit Committee reviewed and approved the compensation. In the review of the compensation, the other officers and key employees of the organization were compared to other hospitals' in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

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

Return Reference	Explanation
Form 990, Part VII, Section B	Independent Contractor Reporting Compensation of independent contractors is paid by and reported on the Form 1096, Annual Summary and Transmittal of U.S. Information Returns, of Ascension Health EIN 31-1662309 Expenses are allocated to and reimbursed by the filing organization to Ascension Health. As such, the organization has not reported independent contractors paid on Form 990, Part VII, Section B

Return Reference	Explanation
Form 990, Part IX, line 11g	Physician Fees Program service expenses 3,516,830 Management and general expenses 390,759 Fundraising expenses 0 Total expenses 3,907,589 Purchased Services Program service expenses 17,618,954 Management and general expenses 0 Fundraising expenses 0 Total expenses 17,618,954 Other Program service expenses 5,311,461 Management and general expenses 590,162 Fundraising expenses 0 Total expenses 5,901,623

Return Reference	Explanation
Form 990, Part XI, line 9	Deferred pension costs 586,840 Transfer to/from affiliates -82,963,051

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DLN: 93493133015255

2013

OMB No 1545-0047

Open to Public Inspection

62-0475842

Related Organizations and Unrelated Partnerships

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

(Form 990)

SCHEDULE R

Saint Thomas Rutherford Hospital

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number**

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) MTMC Hospitalist Services LLC 400 North Highland Avenue Murfreesboro, TN 37219 62-1792824	Employs Hospitalists	TN	0	0	Saint Thomas Rutherford Hosp	tal	
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations Complete If the tax year.	the organization an	swered "Yes" (on Form 990, Pa	rt IV, line 34 because	t had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	Public charity st (if section 501(c		Section (13) co	ontroll tity?
See Additional Data Table						res	NO
							\vdash
							\vdash
For Paperwork Reduction Act Notice, see the Instructions for Form 99	<u> </u>		257		Schedule R (Fo	m 990) 2	2013

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

- Because it had one of more related organizations treated	-					1						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	mana part	ral or aging ner?	(k) Percentage ownership
				,			Yes	No		Yes	No	
	Owns and Operates Specialty Hospital	TN	N/A									
Surgery Center LP 500 N Highland Ave	Operates Outpatient Surgery Center	TN	Saint Thomas Rutherford Hospital	Related	655,875	1,090,621		No			No	
Murfreesboro, TN 37130 (3) STHS Sleep Center LLC	Onamtaa a Claan	TN	N/A							-		
102 Woodmont Boulevard Suite 800 Nashville, TN 37205 20-3664894	Operates a Sleep Center	IN	IN/A									
	Operates Outpatient Surgery Center	TN	N/A									
	Diagnostic Imaging Center	TN	N/A									
	Ambulatory Surgery Center	TN	N/A									
	Diagnostic Imaging Center	TN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i Section (b)(contro entr	n 512 13) olled
								Yes	No
(1) Sova Inc	Health Services	TN	N/A	С					No
102 Woodmont Boulevard Suite 700 Nashville, TN 37205 26-1319638									
(2) Baptist Health Care Ventures Inc	Holding Company	TN	N/A	С					No
2000 Church Street Nashville, TN 37236 62-0469214									
(3) MissionPoint Health Partners	Accountable Care Organization	TN	N/A	С					No
102 Woodmont Boulevard Suite 700 Nashville, TN 37205 45-2958482									
		_							

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	ring the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e		No
							,
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)							No
m Performance of services or membership or fundraising solicitations by related organization(s)							No
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1р		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	O ther transfer of cash or property to related organization(s)				1r	Yes	
s	Other transfer of cash or property from related organization(s)				1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved	
ee A	ditional Data Table						

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

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: Software Version:

EIN: 62-0475842

Name: Saint Thomas Rutherford Hospital

Form 990, Schedule R, Part II - Identification of Rel			1	1	1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(1 contro entit	on 512 13) rolled ity?
(1) Ascension Health Alliance	National Health	MO	section 501(c)	schedule A, Line	N/A	Yes	No No
4600 Edmundson Road st Louis, MO 63134 45-3358926	System		(3)	11a			
(1) Ascension Health	National Health	МО	Section 501(c)	Schedule A, Line	Ascension Health		No
PO Box 45998 St Louis, MO 63145 31-1662309	System		(3)	11a	Alliance	_	
(2) Saint Thomas Health	System Parent	TN	Section 501(c)	Schedule A, Line	Ascension Health		No
4220 Harding Road Nashville, TN 37205 58-1716804			(3)	11c			
(3) Saint Thomas West Hospital	Hospital	TN	Section 501(c) (3)	Schedule A, Line 3	Saint Thomas Health		No
4220 Harding Road Nashville, TN 37205 62-0347580							
(4) Saint Thomas Network	Health Investment	TN	Section 501(c)	Schedule A, Line 9	Saint Thomas Health		No
4220 Harding Road Nashville, TN 37205 62-1284994	Entity		(3)				
(5) Saint Thomas Health Foundations	Operates Foundation	TN	Section 501(c)	Schedule A , Line 7			No
PO Box 380 Nashville, TN 37202 58-1663055			(3)		Network		
(6) Covenant Care Inc	Inactive	TN	Section 501(c)	Schedule A, Line	Saint Thomas		No
102 Woodmont Blvd Suite 800 Nashville, TN 37205 62-1695737			(3)	11a	Network		
(7) Saint Thomas Rutherford Foundation (fka Middle Tennessee Medical Center Fo	Foundation	TN	Section 501(c)	Schedule A, Line 11a	Saint Thomas Rutherford Hospital		No
1700 Medical Center Parkway Murfreesboro, TN 37219 62-1167917							
(8) Saint Thomas Midtown Hospital	Acute Care Hospital	TN	Section 501(c)	Schedule A, Line 3	Saint Thomas Health		No
4220 Harding Road Nashville, TN 37205 62-1869474			(3)				
(9) Baptist Hospital Foundation of Nashville Inc	Inactive	TN	Section 501(c)	Schedule A, Line 11a	Saint Thomas Midtown Hospital		No
Nashville, TN 37236						!	
58-1861378 (10) Baptist Health Care Affiliates Inc	Community Health Promotion	TN	Section 501(c)	Schedule A, Line 11a	Saint Thomas Network		No
2000 Church Street Nashville, TN 37236						!	
58-1509251				1 1 1 2 2			<u> </u>
(11) Baptist Health Care Group	Healthcare Provider	TN	Section 501(c) (3)	Schedule A, Line 3	Saınt Thomas Network	!	No
2000 Church Street Nashville, TN 37236						1	
62-1529858	Hospital	TN	Section 501(c)	Schedule A, Line 3	Baptist Health Care	!	No
(12) Saint Thomas Hickman Hospital	Hospital		(3)	Scriedule A, Line 3	Affiliates Inc	1	IN O
135 East Swan Street Centerville, TN 37033 58-1737573							
(13) Saint Thomas Home Care	Home Health Care	TN	Section 501(c)	Schedule A, Line 9			No
135 East Swan Street Centerville, TN 37033 62-1836937			(3)		Hickman Hospital		
	•	'	•	1	'	-	· /

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

Form 990, Schedule R,	Part III - Ident	ificatio	n of Related	_, Organizatio	ns Taxable as a	a Partnership												
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations? Yes No		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	Gen o Mana	ner?	(k) Percentage ownership
Baptist Womens Health	Owns and	TN	N/A	,														
Center LLC 1900 Church Street Suite 300 Nashville, TN 37203 62-1772195	Operates Specialty Hospital																	
Middle Tennessee Ambulatory Surgery Center LP	Operates Outpatient Surgery Center	TN	Saint Thomas Rutherford Hospital	Related	655,875	1,090,621		No			No							
500 N Highland Ave Murfreesboro, TN 37130	Center		поѕрісаі															
STHS Sleep Center LLC	Operates a Sleep Center	TN	N/A															
102 Woodmont Boulevard Suite 800 Nashville, TN 37205 20-3664894	Center																	
	O perates O utpatient Surgery C enter	TN	N/A															
Middle Tennessee Imaging LLC	Diagnostic Imaging Center	TN	N/A															
400 N Highland Avenue Murfreesboro, TN 37219 01-0570490																		
	Ambulatory Surgery Center	TN	N/A															
PO Box 249 Goodlettsville, TN 37070 20-3664894	Jurgery Center																	
	Diagnostic Imaging Center	TN	N/A															
400 N Highland Avenue Murfreesboro, TN 37219																		

|--|

101111 990, Schedule K, Fait V - Hallsactions With Related Organizations	T	T	I
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
Saint Thomas Rutherford Foudation	С	3,053,675	A ctual amount paid
Saint Thomas Network	В	1,288,985	A ctual amount paid
Baptist Health Care Group	R	12,188,766	Stmt of Change in IC Values
Saint Thomas Hickman Hospital	R	167,753	Stmt of Change in IC Values
Saint Thomas Rutherford Foundation	S	3,137,419	Stmt of Change in IC Values
Saint Thomas Network	R	3,565,598	Stmt of Change in IC Values
Saint Thomas Midtown Hospital	R	1,785,044	Stmt of Change in IC Values
Saint Thomas Health	S	278,166,140	Stmt of Change in IC Values
Saint Thomas West Hospital	R	298,356,081	Stmt of Change in IC Values
Saint Thomas Heart LLC	R	229,802	Stmt of Change in IC Values
Ascension Health Alliance	R	71,931	Stmt of Change in IC Values
A scension Health	S	289,805	Stmt of Change in IC Values

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Ascension Health Alliance d/b/a Ascension Years Ended June 30, 2014 and 2013 With Reports of Independent Auditors

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

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Report of Independent Auditors

The Board of Directors
Ascension Health Alliance d/b/a Ascension

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health d/b/a Ascension at June 30, 2014 and 2013, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst + Young LLP

September 11, 2014

Consolidated Balance Sheets

(Dollars in Thousands)

	June 30,			
		2014		2013
Assets				_
Current assets				
Cash and cash equivalents	\$	618,418	\$	753,555
Short-term investments		109,081		113.825
Accounts receivable, less allowance for doubtful accounts				
(\$1.260.407 and \$1.297.609 at June 30, 2014 and 2013, respectively)		2,419,616		2,292,521
Inventories		332,739		297,233
Due from brokers (see Notes 4 and 5)		343,757		178,380
Estimated third-party payor settlements		236,559		119.379
Other (see Notes 4 and 5)		562,367		1,026,397
Total current assets		4,622,537		4,781,290
Long-term investments (see Notes 4 and 5)		15,327,255		14,156,447
Property and equipment, net		8,410,629		8.274.854
Other assets				
Investment in unconsolidated entities		649,888		628,772
Capitalized software costs, net		778,705		718,122
Other		1,509,849		1,487,886
Total other assets		2,938,442		2,834,780

Total assets **\$ 31,298,863 \$** 30.047.371

	June 30,			
		2014	2013	
Liabilities and net assets				
Current liabilities				
Current portion of long-term debt	\$	91,532	\$	89.869
Long-term debt subject to short-term remarketing arrangements*		1,345,530		1.187.125
Accounts payable and accrued liabilities		2,293,663		2.278.242
Estimated third-party payor settlements		450,054		455,432
Due to brokers (see Notes 4 and 5)		332,169		493,420
Current portion of self-insurance liabilities		226,856		210,115
Other (see Notes 4 and 5)		274,645		639,566
Total current liabilities		5,014,449		5,353,769
Noncurrent liabilities				
Long-term debt (senior and subordinated)		4,994,913		5,278,304
Self-insurance liabilities		541,859		553,706
Pension and other postretirement liabilities		428,679		554,368
Other (see Notes 4 and 5)		1,343,826		1.178.597
Total noncurrent liabilities		7,309,277		7.564.975
Total liabilities		12,323,726		12.918.744
Net assets				
Unrestricted				
Controlling interest		16,736,190		14,986,302
Noncontrolling interests		1,656,106		1,592,356
Unrestricted net assets		18,392,296		16.578.658
Temporarily restricted		391,226		375,054
Permanently restricted		191,615		174.915
Total net assets		18,975,137		17.128.627
Total liabilities and net assets		31,298,863	\$	30,047,371

^{*}Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders with stated repayment installments through 2047 as well as certain serial mode bonds with scheduled remarketing mandatory tender dates occurring prior to Tune 30-2015. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, drawing upon the \$1billion line of credit.

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

Consolidated Statements of Operations and Changes in Net Assets (Dollars in Thousands)

	Year Ended June 30,		
		2014	2013
Operating revenue			
Net patient service revenue	\$	19,193,307 \$	16,326,684
Less provision for doubtful accounts		1,273,354	1.124.409
Net patient service revenue, less provision			
for doubtful accounts		17,919,953	15,202,275
Other revenue		2,229,767	1,334,623
Total operating revenue		20,149,720	16,536,898
Operating expenses			
Salaries and wages		8,202,294	6.974.951
Employ ee benefits		1,747,739	1,528,119
Purchased services		1,210,276	955,440
Professional fees		1,279,459	1,093,446
Supplies		2,822,102	2,334,427
Insurance		128,535	109,178
Interest		194,616	150,877
Depreciation and amortization		899,389	730,757
Other		2,901,859	2,140,182
Total operating expenses before impairment.			
restructuring and nonrecurring losses, net		19,386,269	16,017,377
Income from operations before self-insurance trust fund investment			
return and impairment, restructuring, and nonrecurring losses, net		763,451	519,521
Self-insurance trust fund investment return		66,174	34,985
Impairment, restructuring and nonrecurring losses, net		(223,834)	(103.344)
Income from operations		605,791	451,162
Nonoperating gains (losses)			
Investment return		1,515,819	736,300
Loss on extinguishment of debt		(1,605)	(4.079)
(Loss) gain on interest rate swaps		(6,020)	53.746
Income from unconsolidated entities		5,539	8.544
Contributions from business combinations, net		_	2,021,963
Other		(63,119)	(69,524)
Total nonoperating gains, net		1,450,614	2,746,950
Excess of revenues and gains over expenses and losses		2,056,405	3,198,112
Less noncontrolling interests		245,893	131,184
Excess of revenues and gains over expenses			
and losses attributable to controlling interest		1,810,512	3,066,928

Continued on next page

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

	Year Ended June 30,			ıne 30,
		2014		2013
Unrestricted net assets, controlling interest				
Excess of revenues and gains over expenses and losses	\$	1,810,512	\$	3.066.928
Transfers to sponsors and other affiliates, net		(6,566)		(9,152)
Contributed net assets		(1,534)		(1,050)
Membership interest changes, net		45,255		_
Net assets released from restrictions for property acquisitions		62,537		65,706
Pension and other postretirement liability adjustments		23,990		76,483
Change in unconsolidated entities' net assets		4,571		23,295
Other		(24,514)		4,507
Increase in unrestricted net assets, controlling interest,				
before loss from discontinued operations		1,914,251		3.226.717
Loss from discontinued operations		(164,363)		(76,829)
Increase in unrestricted net assets, controlling interest		1,749,888		3.149.888
Unrestricted net assets, noncontrolling interests				
Excess of revenues and gains over expenses and losses		245,893		131,184
Distributions of capital		(531,159)		(829,989)
Contributions of capital		401,546		1,579,187
Membership interest changes, net		(52,530)		_
Contributions from business combinations		_		64,738
Increase in unrestricted net assets, noncontrolling interests		63,750		945,120
Temporarily restricted net assets, controlling interest				
Contributions and grants		99,885		88,841
Investment return		31,292		17,232
Net assets released from restrictions		(115,353)		(108, 193)
Contributions from business combinations		_		44,201
Other		348		1,088
Increase in temporarily restricted net assets, controlling interest		16,172		43,169
Permanently restricted net assets, controlling interest				
Contributions		10,405		2,664
Investment return		7,942		1.598
Contributions from business combinations		_		67,846
Other		(1,647)		(368)
Increase in permanently restricted net assets, controlling interest		16,700		71,740
Increase in net assets		1,846,510		4,209,917
Net assets, beginning of year		17,128,627		12,918,710
Net assets, end of year	\$	18,975,137	\$	17,128,627

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

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30,	
	2014	2013
Operating activities		
Increase in net assets	\$ 1,846,510	\$ 4.209.917
Adjustments to reconcile increase in net assets to net cash		
provided by operating activities		
Depreciation and amortization	899,389	730,757
Amortization of bond premiums	(22,497)	(13.948)
Loss on extinguishment of debt	1,605	4.079
Provision for doubtful accounts	1,275,961	1,128,717
Pension and other postretirement liability adjustments	(23,990)	(76,483)
Contributed net assets	1,534	1.050
Contributions from business combinations	_	(1.742.900)
Interest, dividends, and net (gains) losses on investments	(1,621,227)	(790,115)
Change in market value of interest rate swaps	1,880	(61.349)
Deferred gam on interest rate swaps	(303)	(303)
Gam on sale of assets, net	(25,556)	(4.008)
Impairment and nonrecurring expenses	30,353	17.259
Transfers to sponsor and other affiliates, net	6,566	9,152
Restricted contributions, investment return, and other	(122,232)	(98,755)
Other restricted activity	6,362	15.965
Nonoperating depreciation expense	234	317
(Increase) decrease m		
Short-term investments	4,744	212,624
Accounts receivable	(1,393,667)	(1.134.828)
Inventories and other current assets	437,913	(213,753)
Due from brokers	(165,377)	610,891
Investments classified as trading	466,353	(959.888)
Other assets	(186,983)	(182.693)
Increase (decrease) m		
Accounts payable and accrued liabilities	(685)	(2.009)
Estimated third-party payor settlements, net	(124,475)	30,604
Due to brokers	(161,251)	(387.193)
Other current liabilities	(357,167)	91,435
Self-insurance liabilities	4,894	(15.342)
Other noncurrent liabilities	60,731	(153.420)
Net cash provided by continuing operating activities	839,619	1,225,780
Net cash provided by (used in) and adjustments to reconcile change in		
net assets for discontinued operations, including write-down of assets	126,554	(19.386)
Net cash provided by operating activities	966,173	1.206,394

Continued on next page

1403-1210450 7

Consolidated Statements of Cash Flows (continued) (Dollars in Thousands)

	Year Ended June 30,		
	2014	2013	
Investing activities		_	
Property, equipment, and capitalized software additions, net	\$ (1,102,680)	\$ (871.203)	
Proceeds from sale of property and equipment	15,594	26,321	
Net cash used in investing activities	(1,087,086)	(844.882)	
Financing activities			
Issuance of long-term debt	512,231	1.228.995	
Repayment of long-term debt	(606,502)	(1.235.850)	
(Increase) decrease in assets under bond indenture agreements	(17,506)	20,577	
Transfers to sponsors and other affiliates, net	(24,679)	(26.112)	
Restricted contributions, investment return, and other	122,232	98,755	
Net cash (used m) provided by financing activities	(14,224)	86,365	
Net (decrease) increase in cash and cash equivalents	(135,137)	447.877	
Cash and cash equivalents at beginning of year	753,555	305,678	
Cash and cash equivalents at end of year	\$ 618,418	\$ 753,555	

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

Notes to Consolidated Financial Statements (Dollars in Thousands)

June 30, 2014

1. Organization and Mission

Organizational Structure

Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 of the United States and the District of Columbia

Ascension serves as the member or shareholder of various subsidiaries as listed below

- AH Holdings, LLC, d/b/a Ascension Holdings, LLC
- AHV Holding Company, LLC, d/b/a AV Holding Company
- Ascension Health
- Ascension Health Clinical Holdings, d/b/a Ascension Clinical Holdings
- Ascension Health Global Mission, d/b/a Ascension Global Mission
- Ascension Health Insurance, Ltd (AHIL)
- Ascension Health IS Inc., d/b/a Ascension Information Services
- Ascension Health Resource and Supply Management Group, LLC d/b/a The Resource Group
- Ascension Health Leadership Academy, d/b/a Ascension Leadership Academy
- Ascension Health Ventures, d/b/a Ascension Ventures
- Ascension Investment Management, LLC (AIM)
- Ascension Alpha Fund, LLC, f/k/a CHIMCO Alpha Fund, LLC (Alpha Fund)
- Ascension Risk Services, LLC

Ascension and its member organizations are hereafter referred to collectively as the System

Effective July 15, 2013, Ascension Health Leadership Academy, LLC, Ascension Health Global Mission and Ascension Health Clinical Holdings began doing business as Ascension Leadership Academy, Ascension Global Mission and Ascension Clinical Holdings, respectively On July 17, 2013, AH Holdings, LLC began doing business as Ascension Holdings Effective October 14, 2013, CHIMCO Alpha Fund, LLC was renamed Ascension Alpha Fund, LLC

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

Effective November 4, 2013, Ascension Health Ventures, LLC was renamed Ascension Ventures, LLC and AHV Holding Company, LLC began doing business as AV Holding Company Effective December 12, 2013, Ascension Health – IS, Inc began doing business as Ascension Information Services Effective January 1, 2014, Catholic Healthcare Investment Management Company (CHIMCO) transferred all of its business and assets to AIM, a limited liability company wholly owned by Ascension and CHIMCO's successor in interest

Sponsorship

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating Entities of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc – American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi – US/Caribbean Province As more fully described in the Organizational Changes note, Marian Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi – US/Caribbean Province, became part of Ascension Health on April 1, 2013

Mission

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

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

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons
- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research

Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care

Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation

The amount of traditional charity care provided, determined on the basis of cost, was \$580,606 and \$524,605 for the years ended June 30, 2014 and 2013, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the System or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation Investments in entities where the System does not have operating control are recorded under the equity or cost method of accounting Income from unconsolidated entities is included in consolidated excess of revenues and gains over expenses and losses in the accompanying Consolidated Statements of Operations and Changes in Net Assets as follows

	Year Ended June 30,			
	 2014		2013	
Other revenue Nonoperating gains, net	\$ 83,317 5,539	\$	105,173 8,544	

Use of Estimates

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

Fair Value of Financial Instruments

Carrying values of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of other financial instruments are disclosed in the Fair Value Measurements note.

Cash and Cash Equivalents

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

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Short-Term Investments

Short-term investments consist of investments with original maturities exceeding three months and up to one year

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value using first-in, first-out (FIFO) or a methodology that closely approximates FIFO

Long-Term Investments and Investment Return

Investments, excluding investments in unconsolidated entities, are measured at fair value, are classified as trading securities, and include pooled short-term investment funds, U S government, state, municipal and agency obligations, corporate and foreign fixed income securities, asset-backed securities, and equity securities Investments also include alternative investments and other investments which are valued based on the net asset value of the investments, as further discussed in the Fair Value Measurements note Investments also include derivatives held by the Alpha Fund, also measured at fair value, as discussed in the Pooled Investment Fund note

Long-term investments include assets limited as to use of approximately \$1,431,000 and \$1,311,000, at June 30, 2014 and 2013, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims and investments which are limited as to use, as designated by donors

Purchases and sales of investments are accounted for on a trade-date basis. Investment returns consist of dividends, interest, and gains and losses. The cost of substantially all securities sold is based on the average cost method. Investment returns on investments, excluding returns of self-insurance trust funds, are reported as nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law Investment returns of self-insurance trust funds are reported as a separate component of income from operations in the Consolidated Statements of Operations and Changes in Net Assets

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift A summary of property and equipment at June 30, 2014 and 2013, is as follows

	June 30,				
	2014	2013			
Land and improvements	\$ 880,352	\$ 822,885			
Buildings and equipment	14,933,470	14,427,322			
	15,813,822	15,250,207			
Less accumulated depreciation	7,987,988	7,436,307			
	7,825,834	7,813,900			
Construction in progress	584,795	460,954			
Total property and equipment, net	\$ 8,410,629	\$ 8,274,854			

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets Depreciation expense in 2014 and 2013 was \$739,853 and \$620,177, respectively

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$301,000

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage

Intangible assets are included in the Consolidated Balance Sheets as presented in the table that follows Capitalized software costs in the table below include software in progress of \$125,451 and \$99,048 at June 30, 2014 and 2013, respectively

	June 30,				
	2014 2013				
Capitalized software costs	\$ 1,557,302 \$ 1,388,880				
Less accumulated amortization	778,597 670,758				
Capitalized software costs, net	778,705 718,122				
Goodwill	181,490 130,306				
Other, net	62,573 71,440				
Intangible assets included in other long-term assets	244,063 201,746				
Total intangible assets, net	\$ 1,022,768 \$ 919,868				

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets in 2014 and 2013 was \$157,150 and \$108,633, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The System is in the midst of a significant multi-year, System-wide enterprise resource planning project, including information technology and process standardization (Symphony), which is expected to continue through fiscal year 2016. The project is anticipated to result in a transition to a common software product for various finance, information technology, procurement, and human resources management processes, including standardization of those processes throughout the System Capitalized costs of Symphony were approximately \$320,000 and \$301,000 at June 30, 2014 and 2013, respectively, and are included in capitalized software costs in the preceding table Certain costs of this project were also expensed Beginning September 1, 2012, the software associated with Symphony was considered substantially complete and ready for its intended use and is amortized on a straight-line basis over its expected useful life. Accumulated amortization of Symphony was approximately \$55,000 and \$25,000 at June 30, 2014 and 2013, respectively. See the Impairment, Restructuring, and Nonrecurring Gains (Losses) discussion below for additional information about costs associated with Symphony

Noncontrolling Interests

The consolidated financial statements include all assets, liabilities, revenues, and expenses of entities that are controlled by the System and therefore consolidated Noncontrolling interests in the Consolidated Balance Sheets represent the portion of net assets owned by entities outside the System, for those entities in which the System's ownership interest is less than 100%

Temporarily and Permanently Restricted Net Assets

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

Temporarily and permanently restricted net assets consist solely of controlling interests of the System

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Performance Indicator

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

Operating and Nonoperating Activities

The System's primary mission is to meet the healthcare needs in its market areas through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, long-term care, and other healthcare services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be nonoperating. Additionally, contributions recognized in conjunction with business combination transactions are also classified as nonoperating.

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

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. The System recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by \$95,591 and \$55,340 for the years ended June 30, 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The percentage of net patient service revenue, less provision for doubtful accounts earned by payor for the years ended June 30, 2014 and 2013, is as follows

	June 30,				
	2014	2013			
Medicare – traditional and managed	36 %	36 %			
Medicaid – traditional and managed	11	11			
Commercial and other managed care	45	45			
Self-Pay and other	8	8			
	100 %	100 %			

The System grants credit without collateral to its patients, who are primarily local residents and are insured under third-party payor arrangements Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2014 and 2013, are as follows

	June 30,				
	2014	2013			
Medicare – traditional and managed	22 %	22 %			
Medicaid – traditional and managed	9	8			
Commercial and other managed care	45	43			
Self-Pay and other	24	27			
•	100 %	100 %			
	· · · · · · · · · · · · · · · · · · ·				

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year. The System has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current fiscal year.

Impairment, Restructuring, and Nonrecurring Gains (Losses)

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

Nonrecurring expenses associated with Symphony include project management and process re-engineering costs, amortization expense for those Health Ministries not yet on Symphony, as well as costs to establish a shared service center and develop a business intelligence data warehouse Costs associated with product deployment are recorded as nonrecurring gains (losses), and costs associated with product support are recorded as recurring operating expenses

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

During the year ended June 30, 2014, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$223,834. This amount was comprised primarily of \$163,293 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$26,012, impairment expenses of \$23,120, and other nonrecurring expenses of \$11,409.

During the year ended June 30, 2013, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$103,344 This amount was comprised primarily of \$113,193 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$57,470, and impairment and other nonrecurring expenses of \$4,998, partially offset by pension curtailment gains of \$72,317, as discussed in the Retirement Plans note

Amortization

Bond issuance costs, discounts, and premiums are amortized over the term of the bonds using a method approximating the effective interest method

Capitalized software, including internally developed software, is amortized on a straight-line basis over the expected useful life of the software

Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a) The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2014

At June 30, 2014, the System has deferred tax assets of approximately \$326,000 for federal and state income tax purposes primarily related to net operating loss carryforwards. A valuation allowance of approximately \$322,000 was recorded due to the uncertainty regarding use of the deferred tax assets.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Regulatory Compliance

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

Reclassifications

Certain reclassifications were made to the 2013 accompanying consolidated financial statements to conform to the 2014 presentation

Adoption of New Accounting Standards

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2011-11, *Disclosures about Offsetting Assets and Liabilities*, an amendment to the accounting guidance for disclosures about offsetting assets and liabilities. In January 2013, the FASB issued ASU No 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*. These ASUs expand the disclosure requirements in that entities will be required to disclose both gross and net information about instruments and transactions eligible for offset in the balance sheet. Ascension adopted this collective guidance on July 1, 2013, which did not have a material impact on Ascension's consolidated financial statements for the year ended June 30, 2014. See the Derivative Instruments note for disclosures about offsetting assets and liabilities for the year ended June 30, 2014.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the Consolidated Balance Sheet date For the year ended June 30, 2014, the System evaluated subsequent events through September 11, 2014, representing the date on which the accompanying audited consolidated financial statements were issued

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

In July 2014, the System signed two separate non-binding letters of intent to sell primarily all assets and liabilities and related operations of Ascension's operations in Kansas City, Missouri and Tucson, Arizona, as discussed in the Organizational Changes note

In August 2014, Ascension Health signed an affiliation agreement to sell primarily all of the assets, liabilities and operations associated with Ascension's operations in Niagara Falls, New York to Catholic Health System, Inc This transaction is intended to close during calendar year 2015, after obtaining all necessary approvals

3. Organizational Changes

Business Combinations

Marian Health System

Effective April 1, 2013, Ascension Health, a subsidiary of the System, became the sole corporate member, through a non-cash business combination transaction, of three regional health systems that formerly comprised Marian Health System, Inc (Marian Health System) Via Christi Health, Inc (Via Christi Health), based in Wichita, Kansas, Ministry Health Care, Inc (Ministry Health Care), based in Milwaukee, Wisconsin, and St John Health System, Inc (St John Health), based in Tulsa, Oklahoma (collectively, the Marian Systems) Prior to this transaction, Marian Health System was the sole corporate member of Ministry Health Care and St John Health, while Ascension Health and Marian Health System were the two corporate members of Via Christi Health

Prior to April 1, 2013, the System accounted for its 50% interest in Via Christi Health under the equity method of accounting The System's investment in Via Christi Health at March 31, 2013, was \$545,018, which was reported in the Consolidated Balance Sheet at that date in investment in unconsolidated entities For the year ended June 30, 2013, the System's excess of revenues and gains over expenses and losses included \$34,141, representing the System's share of Via Christi Health's excess of revenues over expenses prior to the business combination transaction on April 1, 2013 The System's investment in Via Christi Health of \$545,018 at March 31, 2013, was derecognized on April 1, 2013, in conjunction with the accounting for the business combination transaction

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

The fair values of the Marian Systems' net assets, by major type, that were recognized in the System's Consolidated Balance Sheet on April 1, 2013, were as follows The valuation of these net assets was finalized during the year ended June 30, 2014, resulting in no material adjustments

Net working capital	\$ 557,274
Intangible assets, including capitalized software	135,819
Property and equipment	1,950,739
Assets limited as to use	1,126,259
Investments and other long-term assets	1,125,652
Noncurrent liabilities assumed	(2,144,948)
Subtotal	2,750,795
Less March 31, 2013 Investment in Via Christi Health	(545,018)
Fair value of net assets	\$ 2,205,777

The fair value of net assets of \$2,205,777 in the preceding table was recognized in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, as a nonoperating contribution from business combinations of \$2,028,992, contributions of temporarily and permanently restricted net assets of \$44,201 and \$67,846, respectively, and contributions of noncontrolling interests of \$64,738

For the three months ended June 30, 2013, the System recognized revenues of the Marian Systems of \$1,049,259, and an excess of revenues and gains over expenses and losses of the Marian Systems of \$56,670, of which \$55,542 was attributable to controlling interest, with the remaining attributable to noncontrolling interests Additionally, for the three months ended June 30, 2013, the System recognized an increase in unrestricted net assets – controlling interests, excluding the excess of revenues and gains over expenses and losses of \$56,670 above, of \$53,801, an increase in unrestricted net assets – noncontrolling interests of \$823, an increase in temporarily restricted net assets of \$915, and a decrease in permanently restricted net assets of \$56

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

The following unaudited pro forma financial information presents the combined results of operations of the System and the Marian Systems for the year ended June 30, 2013, as though the April 1, 2013 business combination transaction had occurred on July 1, 2011 This pro forma financial information is not necessarily indicative of the results of operations that would have occurred had the System and the Marian Systems constituted a single entity during this period, nor is it necessarily indicative of future operating results

	7	ear Ended		
	June 30, 20			
Total operating revenue	\$	20,005,943		
Excess of revenues and gains over expenses and losses		1,230,777		
Increase in unrestricted net assets – controlling interest	lling interest 1,307,542			
Increase in unrestricted net assets – noncontrolling interests		879,585		
Increase in temporarily restricted net assets		7,497		
Increase in permanently restricted net assets		7,945		

The excess of revenues and gains over expenses and losses and the increase in unrestricted net assets – controlling interest in the table above exclude the nonoperating contribution from the Marian Health System business combination of \$2,028,992 included in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013 The proforma excess of revenues and gains over expenses and losses above includes certain adjustments attributable to the April 1, 2013, business combination transaction

In addition, the increases in unrestricted net assets – controlling interest, temporarily restricted net assets, and permanently restricted net assets in the table above exclude the contributions from business combinations reflected in the contributions of noncontrolling interests, and temporarily and permanently restricted net assets of \$64,738, \$44,201, and \$67,846, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

Mercy Regional Health Center, Inc.

On February 27, 2014 (transaction date), Via Christi Health, a subsidiary of Ascension Health, became the sole corporate member of Mercy Regional Health Center, Inc (MRHC) through a membership transfer agreement with Memorial Hospital Association (MHA) Prior to the transaction date, Via Christi Health held a 50% controlling interest in MRHC, which it consolidated, with a noncontrolling interest recognized for the portion of MRHC held by MHA On the transaction date, Via Christi Health paid cash of approximately \$7,300 to MHA in exchange for MHA's 50% interest valued at approximately \$52,530, along with contingent consideration, paid in the event of a sale or future change in control of either MRHC or Via Christi Health, or the dissolution of MRHC As such, this contingent liability had a value of zero at June 30, 2014 and through September 11, 2014, the date of issuance of Ascension's consolidated financial statements This transaction was accounted for as a \$45,255 increase in controlling interest and a corresponding \$52,530 decrease in noncontrolling interest in Ascension's Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2014

Divestitures and Discontinued Operations

As of June 30, 2014, and through September 11, 2014, the date of issuance of Ascension's consolidated financial statements, the System is in discussions, and has signed related non-binding letters of intent, with certain third parties for the sale of primarily all assets, liabilities and operations, excluding certain non-acute care entities, associated with Ascension's operations in Kansas City, Missouri, Tucson, Arizona, and Niagara Falls, New York (entities held for sale) A noncontrolling interest in the operations in Tucson, Arizona, subsequent to the sale is expected to be retained Completion of these proposed transactions is subject to due diligence and execution of final definitive agreements, including obtaining all necessary approvals

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

Assets and liabilities intended to be sold are designated as assets and liabilities held for sale, and included within other assets and other liabilities, respectively, in the System's Consolidated Balance Sheets Assets held for sale were \$431,404 and \$571,350 at June 30, 2014 and 2013, respectively, while liabilities held for sale were \$130,722 and \$142,707 at June 30, 2014 and 2013, respectively Revenues of the entities held for sale were \$870,862 and \$862,838 for the years ended June 30, 2014 and 2013, respectively Losses of the entities held for sale included in the Loss from discontinued operations in the Consolidated Statement of Operations and Changes in Net Assets were \$31,579 and \$74,892 for the years ended June 30, 2014 and 2013, respectively Primarily all of the remaining loss from discontinued operations for the year ended June 30, 2014, was comprised of the write-down of assets in Tucson, Arizona, and Niagara Falls, New York, in conjunction with being classified as held for sale

Other

In June 2014, Alexian Brothers Health System, a subsidiary of Ascension Health, signed a non-binding letter of intent to form a joint operating company with Adventist Midwest Health Completion of this proposed transaction is subject to due diligence and execution of final definitive agreements, including obtaining all necessary approvals

4. Pooled Investment Fund

At June 30, 2014 and 2013, a significant portion of the System's investments consists of the System's interest in the Alpha Fund, a limited liability company organized in the state of Delaware Certain System assets continue to be held through the Ascension Legacy Portfolio, and subsequent to April 2012, the Ascension Legacy Portfolio no longer holds assets for unrelated entities Additional System investments include those held and managed by the Health Ministries' and their consolidated foundations

The Alpha Fund includes the investment interests of the System and other Alpha Fund members AIM, a wholly owned subsidiary of the System, manages and serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management The Alpha Fund is consolidated in the System's financial statements

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Pooled Investment Fund (continued)

The portion of the Alpha Fund's net assets representing interests held by entities other than the System are reflected in noncontrolling interests in the Consolidated Balance Sheets, which amount to \$1,490,082 and \$1,450,580 at June 30, 2014 and 2013, respectively

The Alpha Fund invests in a diversified portfolio of investments including alternative investments, such as real asset funds, hedge funds, private equity funds, commodity funds, and private credit funds Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days Due to redemption restrictions, investments in certain of these funds, whose fair value was \$1,312,677 at June 30, 2014, cannot currently be redeemed However, the potential for the Alpha Fund to sell its interest in these funds in a secondary market prior to the end of the fund term does exist

The Alpha Fund's investments in certain alternative investment funds also include contractual commitments to provide capital contributions during the investment period, which is typically five years and can extend to the end of the fund term. During these contractual periods, investment managers may require the Alpha Fund to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2014, contractual agreements of the Alpha Fund expire between July 2014 and December 2019. The remaining unfunded capital commitments of the Alpha Fund total approximately \$1,459,000 for 95 individual funds as of June 30, 2014. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

In the normal course of operations and within established Alpha Fund guidelines, the Alpha Fund may enter into various exchange-traded and over-the-counter derivative contracts for trading purposes, including futures, option, and forward contracts as well as warrants and swaps These instruments are used primarily to adjust the portfolio duration, restructure term structure exposure, change sector exposure, and arbitrage market inefficiencies See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Pooled Investment Fund (continued)

At June 30, 2014 and 2013, the notional value of Alpha Fund derivatives outstanding was approximately \$2,377,000 and \$2,126,000, respectively. The fair value of Alpha Fund derivatives in an asset position was \$61,234 and \$35,404 at June 30, 2014 and 2013, respectively, while the fair value of Alpha Fund derivatives in a liability position was \$3,478 and \$84,249 at June 30, 2014 and 2013, respectively. These derivatives are included in long-term investments in the Consolidated Balance Sheets at June 30, 2014 and 2013.

The Alpha Fund also participates in a securities lending program, whereby a portion of the Alpha Fund's investments are loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned, usually on a short-term basis. The fair value of collateral held by the Alpha Fund associated with such lending agreements amounts to approximately \$3,000 and \$394,000 at June 30, 2014 and 2013, respectively, and is included in other current assets in the Consolidated Balance Sheets, while the liability associated with the obligation to repay such collateral is also approximately \$3,000 and \$394,000 at June 30, 2014 and 2013, respectively, and is included in other current liabilities in the Consolidated Balance Sheets. In addition, the Alpha Fund has liabilities for investments sold, not yet purchased, representing obligations of the Alpha Fund to purchase investments in the market at prevailing prices. The fair value of this Alpha Fund liability is approximately \$179,000 and \$7,000 at June 30, 2014 and 2013, respectively, and is included in other noncurrent liabilities in the Consolidated Balance Sheets.

Due from brokers and due to brokers on the Consolidated Balance Sheets at June 30, 2014 and 2013, represent the Alpha Fund's positions and amounts due from or to various brokers, primarily amounts for security transactions not yet settled, and cash held by brokers for securities sold, not yet purchased

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Cash and Investments

The System's cash and investments are reported in the Consolidated Balance Sheets as presented in the table that follows Total cash and investments, net, includes both the System's membership interest in the Alpha Fund and the noncontrolling interests held by other Alpha Fund members System unrestricted cash and investments, net, represent the System's cash and investments excluding the noncontrolling interests held by other Alpha Fund members and assets limited as to use

	June 30,			
		2014		2013
Cash and cash equivalents	\$	618,418	\$	753,555
Short-term investments		109,081		113,825
Long-term investments		15,327,255		14,156,447
Subtotal		16,054,754		15,023,827
Other Alpha Fund assets and liabilities				
In other current assets		30,671		459,050
In other long-term assets		2,641		2,785
In accounts payable and other accrued liabilities		(7,013)		(5,680)
In other current liabilities		(3,341)		(394,763)
In other noncurrent liabilities		(178,732)		(6,622)
Due to brokers, net		11,588		(315,040)
Total cash and investments, net		15,910,568		14,763,557
Less noncontrolling interests of Alpha Fund		1,490,082		1,450,580
System cash and investments, including assets limited as to use		14,420,486		13,312,977
Less assets limited as to use				
Under bond indenture agreement		43,869		33,955
Self-insurance trust funds		759,388		728,621
Temporarily or permanently restricted		652,244		561,802
Total assets limited as to use		1,455,501		1,324,378
System unrestricted cash and investments, net	\$	12,964,985	\$	11,988,599

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Cash and Investments (continued)

At June 30, 2014 and 2013, the composition of cash and cash equivalents, short-term investments and long-term investments, which include certain assets limited as to use, is summarized as follows

	Ju	ne 30,
	2014	2013
Cash and cash equivalents and short-term investments	\$ 828,020	\$ 1,113,823
Pooled short-term investment funds	302,436	311,027
US government, state, municipal and agency obligations	3,301,360	3,447,500
Corporate and foreign fixed income securities	1,660,267	1,664,001
Asset-backed securities	978,429	1,196,168
Equity securities	3,318,063	2,695,483
Alternative investments and other investments		
Private equity and real estate funds	1,039,704	809,341
Hedge funds	3,303,800	2,860,776
Commodities funds and other investments	1,322,675	925,708
Total alternative investments and other investments	5,666,179	4,595,825
Total cash and cash equivalents, short-term investments,		
and long-term investments	\$ 16,054,754	\$ 15,023,827

As of June 30, 2014 and 2013, the System's membership interest in the Alpha Fund totaled \$12,500,448 and \$11,251,590, respectively As of June 30, 2014 and 2013, the noncontrolling interest (see Note 2) in the Alpha Fund, representing interests held by entities other than the System, totaled \$1,490,082 and \$1,450,580, respectively

Investment return recognized by the System for the years ended June 30, 2014 and 2013, is summarized in the following table Total investment return includes the System's return in the Ascension Legacy Portfolio and the investment return of the Alpha Fund System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Cash and Investments (continued)

	Year Ended June 30,					
		2014		2013		
Interest and dividends	\$	203,975	\$	169,797		
Net gains on investments reported at fair value		1,378,018		601,488		
Restricted investment return and unrealized gains, net		39,234		18,830		
Total investment return		1,621,227		790,115		
Less return earned by noncontrolling interests of Alpha Fund		193,400		106,039		
System investment return	\$	1,427,827	\$	684,076		

6. Fair Value Measurements

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

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

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

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

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

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

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

There were no significant transfers between Levels 1 and 2 during the years ended June 30, 2014 and 2013

As of June 30, 2014 and 2013, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs

Cash and Cash Equivalents and Short-Term Investments

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

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

Pooled Short-term Investment Fund

The pooled short-term investment fund is a short term exchange traded money market fund primarily invested in treasury securities

U.S. Government, State, Municipal, and Agency Obligations

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

Corporate and Foreign Fixed Income Securities

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

Asset-backed Securities

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

Equity Securities

The fair value of investments in U S and international equity securities is primarily determined using techniques consistent with the market and income approaches. The values for underlying investments are fair value estimates determined by external fund managers based on quoted market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

Alternative Investments and Other Investments

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

The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals

Other investments include derivative assets and derivative liabilities of the Alpha Fund, whose fair value is primarily determined using techniques consistent with the market approach Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates

Securities Lending Collateral

The fair value of collateral received under the Alpha Fund's securities lending program is valued using the calculated net asset value for the commingled fund in which the collateral is invested. The underlying investments in the commingled fund are valued using techniques consistent with the market approach, which uses significant observable market inputs such as available trade, quotes, benchmark curves, sector groupings, and matrix pricing

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

Benefit Plan Assets

The fair value of benefit plan assets is based on original investment into a guaranteed pooled fund, plus guaranteed, annuity contract-based interest rates Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio

Interest Rate Swap Assets and Liabilities

The fair value of interest rate swaps is primarily determined using techniques consistent with the market approach Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates

Investments Sold, Not Yet Purchased

The fair value of investments sold, not yet purchased is primarily determined using techniques consistent with the income approach Significant observable inputs to the income approach include data points for benchmark, constant maturity curves, and spreads

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2014, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements

	Level 1	Level 2	Level 3	Total
June 30, 2014				
Cash and cash equivalents	\$ 351,934	\$ 3,398	s –	\$ 355,332
Short-term investments	44,193	23,804	293	68,290
Pooled short-term investment funds	302,436	_	_	302,436
US government, state, municipal				
and agency obligations	_	3,301,360	_	3,301,360
Corporate and foreign fixed				
income securities	_	1,429,694	230,573	1,660,267
Asset-backed secunties	_	878,508	99,921	978,429
Equity securities	3,079,815	186,670	51,578	3,318,063
Alternative investments and other investments				
Private equity and real estate funds	388	5,901	1,030,536	1,036,825
Hedge funds	_	_	3,303,800	3,303,800
Commodities funds and other investments	134	1,352	1,212,420	1,213,906
Assets not at fair value				516,046
Cash and investments				\$ 16,054,754
cush tha hivestnems				0 10,001,701
Securities lending collateral, in other				
current assets	s –	\$ 3,341	s –	\$ 3,341
current assets	. –	9 3,371		
				5 5,541
Renefit plan assets in other				J J J T 1
Benefit plan assets, in other	235 991			· •
Benefit plan assets. in other noncurrent assets	235,991	-	40,749	276,740
noncurrent assets	235,991	- 69.883		276,740
	235,991 -	- 69,883		· •
noncurrent assets Interest rate swaps, in other noncurrent assets	235,991 -	- 69,883		276,740
noncurrent assets	235,991	ŕ		276,740 69,883
noncurrent assets Interest rate swaps, in other noncurrent assets Investments sold, not yet purchased, in other	235,991 - -	- 69,883 178,732		276,740
Interest rate swaps, in other noncurrent assets Investments sold, not yet purchased, in other noncurrent liabilities	235,991 - -	ŕ		276,740 69,883
noncurrent assets Interest rate swaps, in other noncurrent assets Investments sold, not yet purchased, in other	235,991	ŕ		276,740 69,883

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

US

For the year ended June 30, 2014, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following

		t-term	M	ernment. State. unicipal I Agency ligations	Corporate and Foreign Fixed Income Securities	Asset- Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments	Benefit Plan Assets
Year Ended											
June 30, 2014											
Beginning balance	\$	238	\$	5,829	\$ 391,287	\$117,033	\$ 2,163	\$ 799,414	\$2,857,114	\$ 831,182	\$ 35,662
Total realized and unrealized											
gams (losses)											
Included in income from	า										
operations		_		3	178	1	8,287	_	(11)	8	_
Included in nonoperatin	g										
gams (losses)		55		(27)	19,138	35	(97)	103,975	267,740	413,774	_
Included in changes in											
net assets		-		-	_	-	_	44	577	17	_
Purchases		_		_	104,381	94,926	52,839	337,742	543,162	267,890	202,600
Settlements		-		-	_	_	_	(391)	_	_	_
Sales		-		(5,805)	(273,882)	(2,227)	(10,899)	(210,248)	(376,420)	(299,570)	(216,349)
Transfers into Level 3		_		_	_	_	_	_	11,640	_	77,763
Transfers out of Level 3		-		_	(10,529)	(109,847)	(715)	_	(2)	(881)	(58,927)
Ending balance	\$	293	\$	_	\$ 230,573	\$ 99,921	\$ 51,578	\$1,030,536	\$3,303,800	\$ 1,212,420	\$ 40,749
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2014	\$	56	\$		\$ 7,605	\$ (239)	\$ 7,394	\$ 70.701	\$ 241,386	\$ 128,351	

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

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

	Level 1	L	evel 2	I	Level 3	Total
June 30, 2013						
Cash and cash equivalents	\$ 618,129	\$	14.277	\$	_	\$ 632,406
Short-term investments	21.821		45.258		238	67.317
Pooled short-term investment funds	311.027		_		_	311.027
US government, state, municipal						
and agency obligations	_	3.	441.671		5.829	3,447,500
Corporate and foreign fixed						
income securities	_	1.	272.714		391.287	1.664,001
Asset-backed securities	_	1.	079,135		117.033	1,196,168
Equity securities	2,656,950		36.370		2,163	2,695,483
Alternative investments and other investments						
Private equity and real estate funds	529		3.752		799,414	803,695
Hedge funds	_		_	2	2.857.114	2,857,114
Commodities funds and other investments	5,762		(6.061)		831,182	830,883
Assets not at fair value						518.233
Cash and investments						\$ 15.023.827
Securities lending collateral, in other						
current assets	\$ _	\$	394.310	\$	_	\$ 394,310
Benefit plan assets, in other						
noncurrent assets	210,767		_		35,662	246,429
Interest rate swaps. in other noncurrent assets	_		76,650		_	76,650
Investments sold, not yet purchased, in other						
noncurrent liabilities	_		6.622		_	6.622
Interest rate swaps, included in						
other noncurrent liabilities	_		194.546		_	194.546
other honeument intollines			177.570			177,570

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

HS

For the year ended June 30, 2013, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following Level 3 investments of the Alpha Fund are included in transfers in the table below

				US								
	Short-term		,		Corporate and Foreign Fixed Income Securities	Asset- Backed Equity Securities Securities		Private Equity and Real Estate Funds Hedge Funds			Commodities Funds and Other Investments	Benefit Plan Assets
Year Ended												
June 30, 2013												
Beginning balance	\$	_	\$	7,437	\$ 120,418	\$ 15.297	\$ 13,118	\$	593,753	\$1,887,407	\$ 615.813	\$ 35.373
Total realized and unrealized												
gains (losses)												
Included in income from	n											
operations		_		16	242	10	1.489		_	123	(45)	_
Included in nonoperatir	ıg											
gams (losses)		3		445	1.059	(227)	170		83,975	220,887	80,222	_
Included in changes in												
net assets		_		_	_	_	_		_	293	27	_
Purchases		_		169	328,980	122,703	718		188,085	981,414	401.957	44,150
Settlements		_		_	_	_	_		(25)	-	_	(279)
Sales		_		(2,238)	(58.928)	(17.883)	(13.372)		(66,836)	(232,198)	(266,889)	(41.668)
Transfers into Level 3		235		_	2.962	_	40		927	3,271	139	12,485
Transfers out of Level 3		_		_	(3.446)	(2.867)	_		(465)	(4.083)	(42)	(14.399)
Ending balance	\$	238	\$	5,829	\$ 391,287	\$117,033	\$ 2,163	\$	799,414	\$2,857,114	\$ 831,182	\$ 35,662
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2013	\$	46	\$	342	\$ (1.682)	\$ (751)	\$ 149	\$	39.300	\$ 234.426	\$ (28.407)	\$ -

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt

Long-term debt at June 30, 2014 and 2013, is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates As further discussed below, certain portions of long-term debt are secured under the Alexian Brothers Health System Master Trust Indenture, the Mercy Regional Health Center, Inc Master Trust Indenture, The Howard Young Medical Center, Inc Master Trust Indenture, the St John Health System Master Trust Indenture, and the Ministry Health Care Master Trust Indenture

		2014		2013
Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture Variable rate demand bonds, subject to a put provision that provides for a cumulative 7-month notice and remarketing period, payable through November 2047, interest (0.12% at				
June 30, 2014) tied to a market index plus a spread Variable rate demand bonds, subject to a 7-day put provision, payable through November 2039, interest (0 06% June 30,	\$	393,425	\$	408,605
2014) set at prevailing market rates Variable rate demand bonds, subject to a 7-day put provision, payable through November 2033, interest (0 06% at June 30, 2014) set at prevailing market rates, swapped to fixed rates of		224,225		225,665
5 454% and 5 544%, respectively, through maturity Indexed put bonds subject to weekly rate resets based on a taxable index, payable through November 2046, interest (2 036% at June 30, 2014) swapped to a variable rate tied to a tax-exempt		307,300		307,300
market index plus a spread through November 2016 Fixed rate put bonds (converted from an indexed put bond mode based on a taxable index in May 2009) payable through November 2046, interest (4 10% at June 30, 2014) swapped to a variable rate tied to a market index plus a spread through		153,800		153,800
November 2016 Fixed rate serial and term bonds payable in installments through		153,690		153,690
November 2051, interest at 3 00% to 5 25% Fixed rate serial and term bonds payable in installments through November 2039, interest at 5 00% swapped to variable rates		1,154,320		1,207,490
over the life of the bonds Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from August 2014 through June 2021, interest at		585,290		587,360
0 90% to 5 00% through the purchase dates		1,221,920		1,224,750

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

		2014		2013
Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture Variable rate demand bonds, subject to a 7-day put provision, payable through November 2027, interest (0.06% at June 30,				
2014) set at prevailing market rates Fixed rate serial mode bonds payable through 2027 with purchase	\$	55,100	\$	56,060
dates through November 2019, interest at 0 32% to 5 00% Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture		445,435		446,515
Taxable fixed rate term bonds payable in installments through November 2053, interest at 4 847%		425,000		425,000
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture		5,119,505		5,196,235
Tax-exempt hospital revenue bonds – secured under Alexian Brothers Health System Master Trust Indenture Fixed rate serial and term bonds payable in installments through				
February 2038, interest at 3 50% to 5 50%		153,710		157,000
Total hospital revenue bonds under the Alexian Brothers Health System Master Trust Indenture		153,710		157,000
Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center. Inc Master Trust Indenture Fixed rate serial and term bonds payable in installments through				
November 2029, interest at 3 00% to 5 00%		24,040		25,060
Total hospital revenue bonds under the Mercy Regional Health Center, Inc. Master Trust Indenture		24,040		25,060
Tax-exempt hospital revenue bonds – secured under The Howard Young Medical Center, Inc Master Trust Indenture Fixed rate serial and term bonds payable in installments through				
August 2030, interest at 3 00% to 5 00%		19,185		20,040
Total hospital revenue bonds under The Howard Young Medical Center, Inc Master Trust Indenture		19,185		20,040

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

		June	June 30,		
		2014		2013	
Tax-exempt hospital revenue bonds – secured under St John Health System Master Trust Indenture Fixed rate serial and term bonds payable in installments through					
February 2042, interest at 4 00% to 5 00%	\$	407,550	\$	414,500	
Total hospital revenue bonds under the St John Health System Master Trust Indenture		407,550		414,500	
Tax-exempt hospital revenue bonds – secured under Ministry Health Care Master Trust Indenture					
Fixed rate serial and term bonds payable in installments through August 2035, interest at 3 00% to 5 50%		358,415		368,260	
Total hospital revenue bonds under the Ministry Health Care Master Trust Indenture		250 (15		269.260	
Total hospital revenue bonds under the Ascension Health Alliance		358,415		368,260	
Senior Master Trust Indenture. Ascension Health Alliance Subordinate Master Trust Indenture, the Alexian Brothers Health System Master Trust Indenture, the Mercy Regional Health Center, Inc Master Trust Indenture, The Howard Young Medical Center, Inc Master Trust Indenture, St. John Health System Master Trust Indenture, and Ministry Health Care Master Trust Indenture		6,082,405		6.181.095	
Other debt					
Obligations under capital leases		30,623		41,957	
Other		123,368		113,710	
		6,236,396		6,336,762	
Unamortized premium, net		195,579		218,536	
Less current portion		(91,532)		(89,869)	
Less long-term debt subject to short-term remarketing arrangements		(1,345,530)		(1,187,125)	
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	<u>\$</u>	4,994,913	\$	5,278,304	

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

	June 30,					
		2014		2013		
Ascension Health Alliance Senior Master Trust Indenture long-term						
debt obligations, including unamortized premium, net	\$	3,329,323	\$	3,579,334		
Ascension Health Alliance Subordinate Master Trust Indenture long-						
term debt obligations, including unamortized premium, net		505,843		511,009		
Alexian Brothers Health System Master Trust Indenture long-term						
debt obligations, including unamortized premium, net		160,965		162,594		
Mercy Regional Health Center, Inc Master Trust Indenture long-term						
debt obligations, including unamortized premium, net		25,498		27,258		
The Howard Young Medical Center, Inc Master Trust Indenture long-						
term debt obligations, including unamortized premium, net		19,942		20,933		
St John Health System Master Trust Indenture long-term debt						
obligations, including unamortized premium, net		429,154		437,503		
Ministry Health Care Master Trust Indenture long-term debt						
obligations, including unamortized premium, net		381,144		394,781		
Other		143,044		144,892		
Long-term debt, less current portion, and long-term debt subject to						
short-term remarketing arrangements	\$	4,994,913	\$	5,278,304		

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2014, are as follows

] A	cension Health Illiance MTIs	Alexian Brothers Health System MTI		Mercy Regional Health Center, Inc. MTI		The Howard Young Medical Center, Inc. MTI		St. John Health System MTI		Ministry Health Care MTI				Total
Year ending June 3	0														
2015	\$	59.835	\$	340	\$	1.045	\$	875	\$	7.305	\$	11.185	\$	10.947	\$ 91.532
2016		50,130		7.485		1.080		910		7.680		11.665		22,513	101,463
2017		65.945		13,130		1.125		945		8,070		12,185		9,200	110,600
2018		69.045		15.655		1,175		975		6.890		12,890		35,710	142,340
2019		85,230		5.735		1,230		1,000		7.230		12,265		8.908	121,598
Thereafter	_4	,789,320		111.365		18,385		14,480		370,375		298,225		66,713	5,668,863
Total	\$ 5	5,119,505	\$	153,710	\$	24,040	\$	19,185	\$	407,550	\$	358,415	\$	153,991	\$ 6,236,396

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

The carrying amounts of variable rate bonds and other notes payable approximate fair value. The fair values of the unsecured fixed rate serial and term bonds are obtained from independent public valuation services. The fair value of fixed rate serial and term bonds, including the component of variable rate demand bonds subject to long-term fixed interest rates, approximates carrying value at June 30, 2014 and 2013. During the years ended June 30, 2014 and 2013, interest paid was approximately \$223,000 and \$170,000, respectively. Capitalized interest was approximately \$5,500 and \$5,400 for the years ended June 30, 2014 and 2013, respectively.

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

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

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates, and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI) The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by the System Subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI. The System may cause each subordinate designated affiliate to

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with the System, with stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2014, the principal amount of such bonds has been classified as a current liability in the accompanying Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity

On January 1, 2012, Alexian Brothers became part of the System Subsequently, the System redeemed or refinanced a portion of Alexian Brothers' debt, however, a portion of the bonds previously issued for the benefit of Alexian Brothers remains outstanding (the Alexian Brothers' Bonds) The Alexian Brothers' Bonds continue to be secured by the Alexian Brothers Health System Master Trust Indenture (As Amended and Restated), dated October 1, 1992, between the Members of the Alexian Brothers Health System Obligated Group established under this document and the Alexian Brothers Health System Master Trustee

On April 1, 2013, Marian Health System joined Ascension Health Subsequently, the System redeemed or refinanced a portion of the debt of the Marian Systems, however, a portion of the bonds previously issued for the benefit of the Marian Systems remains outstanding These bonds continue to be secured by the respective Master Trust Indentures, including the Amended and Restated Master Trust Indenture dated October 1, 1999, by and between St John Health System and the St John Health Master Trustee, the Master Trust Indenture dated October 1, 1984, by and between Ministry Health Care and the Ministry Health Care Master Trustee, the Master Trust Indenture dated August 15, 1993, between The Howard Young Medical Center, Inc., a subsidiary of Ministry Health Care, and The Howard Young Medical Center, Inc. Master

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

Trustee, and the Master Trust Indenture dated January 15, 2013, between Mercy Regional Health Center, Inc (a subsidiary of Via Christi Health) and the Mercy Regional Health Center, Inc Master Trustee

In June 2013, the System issued a total of \$521,865 of tax-exempt bonds, Series 2013A and 2013B, through the Wisconsin issuing authority In June 2013, the System also issued a total of \$425,000 of taxable bonds, Series 2013A The proceeds of the bonds, including original issue premium, were used to refinance debt and general corporate purposes

Due to aggregate financing activity during the fiscal years ended June 30, 2014 and 2013, losses on extinguishment of debt of \$1,605 and \$4,079, respectively, were recorded, which are included in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets

The System is a party to multiple interest rate swap agreements that convert the variable or fixed rates of certain debt issues to fixed or variable rates, respectively See the Derivative Instruments note for a discussion of these derivatives

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

As of June 30, 2014, the Senior Credit Group has a \$75,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$75,000 extends to November 26, 2014 The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups Of this \$75,000 revolving line of credit, letters of credit totaling \$57,455 have been issued as of June 30, 2014 No borrowings were outstanding under the letters of credit as of June 30, 2014 and 2013

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Derivative Instruments

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indentures of the System, Alexian Brothers, Ministry Health Care, and St. John Health. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2014 and 2013, the notional values of outstanding interest rate swaps were as follows.

	June 30,							
		2014		2013				
Ascension Health Alliance MTI	\$	2,128,757	\$	2,128,757				
Alexian Brothers Health System MTI		39,220		47,220				
Mınıstry Health Care MTI		192,950		270,880				
St John Health System MTI		100,000		125,000				
Total	\$	2,460,927	\$	2,571,857				

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate The respective fair values of interest rate swaps in an asset and liability position for the System, Alexian Brothers, Ministry Health Care and St John Health were as follows

	June 3	30, 2	2014	June 30, 2013				
	Asset	I	Liability		Asset	Liability		
Ascension Health Alliance MTI	\$ 66,981	\$	169,031	\$	73,846	\$ 174,413		
Alexian Brothers Health System MTI	_		1,934		_	2,685		
Mınıstry Health Care MTI	2,902		17,938		2,804	16,492		
St John Health System MTI	_		756		_	956		
Total	\$ 69,883	\$	189,659	\$	76,650	\$ 194,546		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Derivative Instruments (continued)

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria, subject to master netting arrangements. Collateral requirements are separately calculated for the System, Alexian Brothers, Ministry Health Care, and St. John Health based on the credit ratings of each. In the case of the System, the applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. Collateral and net fair value of interest rate swap agreements with credit-risk-related contingent features at June 30, 2014 and 2013, based upon the respective net liability positions and applicable credit ratings were as follows.

	June 3	0, 2014		June 30, 2013			
	Net Fair	Collate	eral	Net Fair	Collateral		
	Value	Posted		Value	Posted		
Ascension Health Alliance MTI	\$ (102,050)	\$	_	\$(100,567)	\$ -		
Alexian Brothers Health System MTI	(1,934)		_	(2,685)	_		
Mınıstry Health Care MTI	(15,036)	16.	,218	(13,688)	23,024		
St John Health System MTI	(756)			(956)	_		
Total	\$ (119,776)	\$ 16.	,218	\$(117,896)	\$ 23,024		

Prior to July 1, 2006, the System designated certain of its interest rate swaps as cash flow hedges, for accounting purposes, and accordingly deferred gains or losses associated with those swaps in net assets As of June 30, 2014, the deferred net gain associated with these interest rate swaps was \$4,054 The portion of this gain that will be reclassified into nonoperating gains (losses) over the next 12 months is immaterial

Beginning July 1, 2006, the System's previously designated cash flow hedging relationships were de-designated for accounting purposes Accordingly, all changes in the fair value of interest rate swaps have been recognized in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets A net nonoperating gain of \$1,752 was recognized for the year ended June 30, 2014, while a net nonoperating loss of \$61,651 was recognized for the year ended June 30, 2013

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans

Defined-Benefit Plans

Certain System entities participate in defined-benefit pension plans (the System Plans), which are noncontributory, defined-benefit pension plans covering substantially all eligible employees of certain System entities Benefits are based on each participant's years of service and compensation All of the System Plans' assets are invested in Trusts, which include the Master Pension Trust (the Trust) and other trusts (the Other Trusts) The System Plans' assets primarily consist of cash and cash equivalents, equity, fixed income funds, and alternative investments, consisting of various hedge funds, real estate funds, private equity funds, commodity funds, private credit funds, and certain other private funds Contributions to the System Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to participants

During previous fiscal years, the System approved and communicated to employees a redesign of associate retirement benefits, which affects certain System Plans, as well as provides an enhanced comprehensive defined contribution plan This redesign resulted in the recognition of a curtailment gain of \$73,198, for the year ended June 30, 2013, which was recognized in total impairment, restructuring, and nonrecurring losses, net for the year ended June 30, 2013 This redesign resulted in a decrease to the projected benefit obligation and is included in pension and other postretirement liabilities in the Consolidated Balance Sheets

The assets of the System Plans are available to pay the benefits of eligible employees and retirees of all participating entities. In the event entities participating in the System Plans are unable to fulfill their financial obligations under the System Plans, the other participating entities are obligated to do so

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2014 and 2013, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements

	Year Ende	d J	une 30,
	2014		2013
Change in projected benefit obligation			_
Projected benefit obligation at beginning of year	\$ 7,201,780	\$	6,437,246
Service Cost	51,176		119,018
Interest Cost	343,781		289,634
Amendments	290		(12,792)
Assumption change	408,908		(363,778)
Actuarial (gain) loss	55,623		(28,641)
Business combinations	_		1,137,270
Curtailment	(4,193)		(74,962)
Benefits paid	(365,406)		(301,215)
Projected benefit obligation at end of year	7,691,959		7,201,780
Accumulated benefit obligation at end of year	7,649,965		7,155,166
Change in plan assets			
Fair value of plan assets at beginning of year	6,742,384		5,992,677
Actual return on plan assets	1,046,540		121,715
Employer contributions	41,597		54,541
Business combinations	_		874,666
Benefits paid	(365,406)		(301,215)
Fair value of plan assets at end of year	7,465,115		6,742,384
Net amount recognized at end of year and funded status	\$ (226,844)	\$	(459,396)

The System Plans' funded status as a percentage of the projected benefit obligation at June 30, 2014 and 2013, was 97 1% and 93 6%, respectively The System Plans' funded status as a percentage of the accumulated benefit obligation at June 30, 2014 and 2013, was 97 6% and 94 2%, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

Included in unrestricted net assets at June 30, 2014 and 2013, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans

		Year Ended June 30,			
	2014			2013	
Unrecognized prior service credit	\$	(17,348)	\$	(23,080)	
Unrecognized actuarial loss		330,938		364,739	
	\$	313,590	\$	341,659	

Changes in plan assets and benefit obligations recognized in unrestricted net assets for System Plans during 2014 and 2013 include

		Year Ended 2014	d Ju	ine 30, 2013
Current year actuarial gain	\$	(27,867)	\$	(87,934)
Amortization of actuarial (gain) loss		(5,934)		19,725
Current year prior service cost (credit)		290		(12,792)
Amortization of prior service credit		5,442		5,944
	\$	(28,069)	\$	(75,057)
		Year Ended	d Ju	ine 30, 2013
Components of net periodic benefit cost		2014		2013
Service cost	\$	51,176	\$	119,018
Interest cost	Ψ	343,781	Ψ	289,634
Expected return on plan assets		(558,335)		(500,497)
Amortization of prior service credit		(4,017)		(6,242)
Amortization of actuarial loss		7,709		53,783
Curtailment gain		(1,426)		(73,198)
Settlement gain		(1,774)		(12)
Net periodic benefit cost	\$	(162,886)	\$	(117,514)

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The prior service credit and actuarial gain included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending June 30, 2015, are \$4,000 and \$24,955, respectively

The assumptions used to determine the benefit obligation and net periodic benefit cost for the System Plans are set forth below

	June 30,		
	2014	2013	
Weighted-average discount rate	4.35%	4.88%	
Weighted-average rate of compensation increase	3.81%	3.81%	
Weighted-average expected long-term rate of			
return on plan assets	8.30%	8.30%	

The System Plans' assets invested in the Trust are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk Diversification is achieved by allocating to funds and managers that correlate to one of three economic strategies growth, deflation, and inflation Growth strategies include U S equity, emerging market equity, global equity, international equity, directional hedge funds, private equity, high yield, and private credit Deflation strategies include core fixed income, absolute return hedge funds, and cash Inflation strategies include inflation-linked bonds, commodity-related investments, and real assets The System Plans use multiple investment managers with complementary styles, philosophies, and approaches In accordance with the System Plans' objectives, derivatives may also be used to gain market exposure in an efficient and timely manner

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, commodity funds, private credit funds, and certain other private funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value as determined by each fund's investment manager, which approximates fair value. The fair value of the System Plans' alternative investments in the Trust as of June 30, 2014, is reported in the fair value measurement table that follows. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately \$1,313,000 at June 30, 2014, cannot be redeemed. However, the potential for the System Plans to sell their interest in real asset funds and private equity funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement Commitments not funded during the investment period will expire and remain unfunded As of June 30, 2014, investment periods expire between July 2014 and March 2018 The remaining unfunded capital commitments of the Trust total approximately \$416,000 for 62 individual contracts as of June 30, 2014

The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2014 and 2013 and the target allocation for fiscal 2015, by asset category, are as follows

	Target P Allocation	Percentage of Plan Assets At Year-End			
Asset Category	2015	2014	2013		
Growth	50%	53%	52%		
Deflation	30	29	29		
Inflation	20	18	19		
Total	100%	100%	100%		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The System Plans' assets in the Other Trusts are invested in portfolios designed to best serve the participants of the System Plans' through a long-term investment strategy designed to ensure that funds are available to pay benefits as they become due and to maximize the total return at a prudent level of investment risk The System Plans' assets invested in the Other Trusts are diversified among various assets classes based upon established investment guidelines

	Target Allocation	Percentage of Plan Assets At Year-End			
Asset Category	2015	2014	2013		
Cash	1%	1%	6%		
Growth	62	67	61		
Income	32	28	25		
Other	5	4	8		
Total	100%	100%	100%		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The following tables summarize fair value measurements at June 30, 2014 and 2013, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritizes the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

Short-term investments		Level 1	Level 2	Level 3	Total
Derivatives receivable 7 15,245 19,404 34,656 U S government, state, municipal and agency obligations — 1,704,131 — 1,704,131 — 1,704,131 Corporate and foreign fixed income securities — 673,696 47,850 721,546 Asset-backed securities — 232,484 24,080 256,564 Equity securities 1,649,136 395,372 3,045 2,047,553 Alternative investments and other investments — 909,980 909,980 Hedge funds — 1,448,274 1,448,274 Commodities funds and other investments — 995,563 295,563 Assets not at fair value — 295,563 295,563 Total — 7,764,184 154,023 Derivatives payable 26 160,907 2,980 163,913 Investments sold, not yet purchased 1,555 — — — 1,555 Labilities not at fair value — — — — — — — — — — — — — — — — — — —	June 30, 2014				
US government state, municipal and agency obligations — 1,704,131 — 1,704,131 Corporate and foreign fixed income securities — 673,696 — 47,850 — 721,546 Asset-backed securities — 232,484 — 24,080 — 256,564 Equity securities — 1,649,136 — 395,372 — 3,045 — 2,047,553 Alternative investments and other investments — — 909,980 — 909,980 — Hedge funds — — — 909,980 — — 1,448,274 — 295,563 — — — 1,448,274 — 295,563 — 295,563 — 295,563 — 295,563 — 154,023 — 154,023 — 154,023 — 154,023 — 154,023 — 154,023 — 1555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — 1,555 — — — — — — — 1,555 — — — — — — — — — — — — — — — — — —	Short-term investments	\$ 191,495	\$ 399	s –	\$ 191,894
Asset snot at fair value Derivatives payable Derivatives payable Derivatives not at fair value Total Asset obligations - 1,704,131 - 1,704	Derivatives receivable	7	15,245	19,404	34,656
Corporate and foreign fixed mcome securities - 673,696 47,850 721,546 Asset-backed securities - 232,484 24,080 256,564 Equity securities 1,649,136 395,372 3,045 2,047,553 Alternative investments and other investments Private equity and real estate funds - 909,980 909,980 Hedge funds - 1,448,274 1,448,274 Commodities funds and other investments - 295,563 295,563 Assets not at fair value 154,023 Total Total 26 160,907 2,980 163,913 Investments sold, not yet purchased 1,555 1,555 Liabilities not at fair value 133,601 Total 299,069	US government, state, municipal				
Microme securities	and agency obligations	_	1,704,131	_	1,704,131
Asset-backed securities — 232,484 24,080 256,564 Equity securities 1,649,136 395,372 3,045 2,047,553 Alternative investments and other investments Private equity and real estate funds — 909,980 909,980 Hedge funds — 1,448,274 1,448,274 Commodities funds and other investments — 295,563 295,563 Assets not at fair value 154,023 Total 26 160,907 2,980 163,913 Investments sold, not yet purchased 1,555 — — 1,555 Liabilities not at fair value 133,601 Total 299,069	Corporate and foreign fixed				
Equity securities Alternative investments and other investments Private equity and real estate funds Hedge funds Commodities funds and other investments Assets not at fair value Derivatives payable Investments sold, not yet purchased Total Total 1,649,136 395,372 3,045 2,047,553 - 909,980 909,980 - 909,980 - 1,448,274 - 295,563 295,563 - 295,563 - 154,023 - 7,764,184 Derivatives payable 163,913 Investments sold, not yet purchased 1,555 Liabilities not at fair value Total	income securities	_	673,696	47,850	721,546
Alternative investments and other investments Private equity and real estate funds Hedge funds Commodities funds and other investments Assets not at fair value Total Derivatives payable Investments sold, not yet purchased Total Total Alternative investments - 909,980 909,980 1,448,274 1,448,274 295,563 295,563 154,023 7,764,184 163,913 Investments sold, not yet purchased 1,555 1,555 Liabilities not at fair value Total	Asset-backed securities	_	232,484	24,080	256,564
Private equity and real estate funds - - 909,980 909,980 Hedge funds - - 1,448,274 1,448,274 Commodities funds and other investments - - 295,563 295,563 Assets not at fair value 154,023 7,764,184 - - 7,764,184 Derivatives payable 26 160,907 2,980 163,913 Investments sold, not yet purchased 1,555 - - - 1,555 Liabilities not at fair value 133,601 - 299,069	Equity securities	1,649,136	395,372	3,045	2,047,553
Hedge funds	Alternative investments and other investments				
Commodities funds and other investments - - 295,563 295,563 Assets not at fair value 154,023 Total 7,764,184 Derivatives payable 26 160,907 2,980 163,913 Investments sold, not yet purchased 1,555 - - - 1,555 Liabilities not at fair value 133,601 - 299,069	Private equity and real estate funds	_	_	909,980	909,980
Assets not at fair value	Hedge funds	_	_	1,448,274	1,448,274
Total 7,764,184 Derivatives payable 26 160,907 2,980 163,913 Investments sold, not yet purchased 1,555 - - 1,555 Liabilities not at fair value 133,601 133,601 299,069	Commodities funds and other investments	_	_	295,563	295,563
Derivatives payable 26 160,907 2,980 163,913	Assets not at fair value				154,023
Investments sold, not yet purchased 1,555 - - 1,555 Liabilities not at fair value 133,601 Total 299,069	Total				7,764,184
Investments sold, not yet purchased 1,555 - - 1,555 Liabilities not at fair value 133,601 Total 299,069					
Liabilities not at fair value 133,601 Total 299,069	Derivatives payable	26	160,907	2,980	163,913
Total 299,069	Investments sold, not yet purchased	1,555	_	_	1,555
	Liabilities not at fair value				133,601
Fair value of plan assets \$ 7,465,115	Total				299,069
	Fair value of plan assets				\$ 7,465,115

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2013				
Short-term investments	\$ 324.803	\$ 20,331	\$ -	\$ 345,134
Derivatives receivable	1.078	337	21.059	22.474
US government, state, municipal				
and agency obligations	_	1,671,493	1,266	1,672,759
Corporate and foreign fixed				
income securities	25,843	566,812	53,729	646,384
Asset-backed secunties	_	226,920	22,838	249.758
Equity securities	1,317,933	18.741	2,936	1,339,610
Alternative investments and other investments				
Private equity and real estate funds	_	_	747,864	747.864
Hedge funds	34,708	_	1,452,190	1,486,898
Commodities funds and other investments	_	316,971	271,282	588,253
Assets not at fair value				334.875
Total				7,434,009
Dern atn es payable	68	300	248.988	249.356
Investments sold, not yet purchased	3,794	(71)	_	3,723
Liabilities not at fair value		, ,		438,546
Total				691.625
Fair value of plan assets				\$ 6.742.384

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

For the years ended June 30, 2014 and 2013, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following

U.S.

	De	Net rivatives	M and	ernment, State, unicipal d Agency ligations	and I	orporate Foreign Fixed ncome curities	F	Asset- Backed ccurities		quity curities	Private Equity and Real Estate Funds	Hedge Funds	Fu	nmodities inds and Other estments
June 30, 2014 Beginning balance Total actual return on assets Purchases, issuances, and settlements Transfers into (out of) Level 3 Ending balance	(227,929) 123,117 108,811) 230,047 16,424		1,266 23 (1,289) -	\$	53,729 5,784 (9,038) (2,625) 47,850		22,838 1,182 16,599 (16,539) 24,080	s	2,936 353 (351) 107 3,045	\$ 747,864 70,779 91,337 — \$ 909,980	\$1,452,190 105,507 (109,423) - \$1,448,274	s	271,282 21,672 2,609 - 295,563
Actual return on plan assets relating to plan assets still held at June 30, 2014	<u>s</u>	16,515	\$	-	\$	· ·	\$	869	s	555	\$ 56,528	\$ 146,882	\$	(20,343)
				U.S. ernment, State,		rporate Foreign					Private Equity and		Cor	nmodities
	De	Net rivatives	and	unicipal d Agency ligations	Iı	Fixed ncome	F	Asset- Backed curities		quity curities	Real Estate Funds	Hedge Funds	Fu	inds and Other estments
June 30, 2013 Beginning balance Acquisitions Total actual return on assets Purchases, issuances, and settlements Transfers into (out of) Level 3 Ending balance	\$		and Ob	d Agency	Iı	Fixed ncome	Se \$	Backed			Estate	_	Fu	Other

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The Trust has entered into a series of interest rate swap agreements with a net notional amount of \$2,958,450. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust Currently, 75% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

The expected long-term rate of return on the System Plans' assets is based on historical and projected rates of return for current and planned asset categories in the investment portfolio Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates Based on the target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets

Information about the expected cash flows for the System Plans follows

Expected employer contributions 2015	\$	41,714
Expected benefit payments		
2015		502,046
2016		478,701
2017		494,566
2018		502,342
2019		506,546
2020-2024	2	2,499,041

The contribution amount above includes amounts paid to Trusts The benefit payment amounts above reflect the total benefits expected to be paid from Trusts

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

Other Postretirement Benefit Plans

In addition to the retirement plan described above, certain Health Ministries sponsor postretirement benefit plans that provide healthcare benefits to qualified retirees who meet certain eligibility requirements. The total benefit obligation of these plans at June 30, 2014 and 2013, is \$44,473 and \$45,308, respectively. The net asset included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2014, is \$756, while the net obligation included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2013, is \$6,624. The change in the plans' assets and benefit obligations recognized in unrestricted net assets during the year ended June 30, 2014, was a decrease of \$1,471.

Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. There are three primary types of contributions to these plans employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions immediately. Expenses for the defined-contribution plans were \$280,223 and \$193,856 during 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Self-Insurance Programs

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides its self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 6% for the System, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which are discounted at 6% in 2014 and 2013 for the System. Those entities not participating in the self-insured programs are insured under separate policies.

Professional and General Liability Programs

Professional and general liability coverage is provided on a claims-made or occurrence basis through a wholly owned onshore trust and through AHIL

The wholly owned onshore trust has a self-insured retention of \$10,000 per occurrence with no aggregate Excess coverage is provided through AHIL with limits up to \$205,000 AHIL retains \$5,000 per occurrence and \$5,000 annual aggregate for professional liability AHIL also retains a 20% quota share of the first \$25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers

Sunflower Assurance, Inc (Sunflower) was acquired when Marian Health System joined the System Sunflower provided excess coverage with limits up to \$75,000 above the primary coverage for Via Christi Health and retained 10% of the first reinsurance layer of \$10,000 on a quota share basis. The remaining excess coverage was reinsured by commercial carriers. As of October 1, 2013, Via Christi's primary and excess medical professional and general liability and employed physician programs were integrated into the System trust and AHIL. After January 1, 2014, the employer stop loss and employee life insurance coverage provided by Sunflower to Via Christi were not renewed and are in run off

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Self-Insurance Programs (continued)

Self-insured entities in the states of Indiana, Kansas, Pennsylvania, and Wisconsin are provided professional liability coverage with limits in compliance with participation in the Patient Compensation Funds The Patient Compensation Funds apply to claims in excess of the primary self-insured limit, except the Fund in Kansas, which only covers claims up to the first \$1,000 and then the trust and AHIL cover amounts above \$1,000

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of \$99,568 and \$68,437 for the years ended June 30, 2014 and 2013, respectively Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are professional and general liability loss reserves of \$604,846 and \$614,913 at June 30, 2014 and 2013, respectively

AHIL also offers physician professional liability coverage through insurance or reinsurance arrangements to nonemployed physicians practicing at the System's various facilities, primarily in Michigan, Indiana, Texas, Florida and Illinois Coverage is offered to physicians with limits ranging from \$100 per claim to \$1,000 per claim with various aggregate limits Beginning October 1, 2013, AHIL offered similar coverage to employed physicians from Marian Health System in Kansas and Wisconsin

Edessa Insurance Company Ltd (Edessa) was acquired as part of the Alexian Brothers business combination effective January 1, 2012 Effective July 1, 2012, the self-insurance programs of Edessa were consolidated into AHIL, and Edessa ceased operations

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Self-Insurance Programs (continued)

Workers' Compensation

Workers' compensation coverage is provided on an occurrence basis through a grantor trust. The self-insured trust provides coverage up to \$1,500 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members. Prior to October 1, 2013, workers' compensation coverage for Marian Health System was self-insured or commercially insured up to various limits and excess insurance against catastrophic loss was obtained through commercial insurers. As of October 1, 2013, the Marian Systems are provided coverage under the self-insured trust. Premium payments made to the trust are expensed and represent claims reported and claims incurred but not reported

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of \$42,052 and \$41,699 for the years ended June 30, 2014 and 2013, respectively Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of \$114,237 and \$137,825 at June 30, 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

11. Lease Commitments

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

Year ending June 30	
2015	\$ 188,138
2016	172,635
2017	138,931
2018	104,991
2019	75,410
Thereafter	209,295
Total	\$ 889,400

Certain System entities are lessees under operating lease agreements for the use of space in buildings owned by third parties, including medical office buildings (MOBs) and medical and information technology equipment. In addition, certain System entities have subleased space within buildings where the entity has a current operating lease commitment. Certain System entities are also lessors under operating lease agreements, primarily ground leases related to third-party-owned MOBs on land owned by the System entity

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

11. Lease Commitments (continued)

The System's future minimum noncancelable payments associated with operating leases where a System entity is the lessee, as well as future minimum noncancelable receipts associated with operating leases where a System entity is the sublessor or lessor, are presented in the table that follows Future minimum payments and receipts relate to noncancelable leases with terms of one year or more

	Future Payments Where the System is Lessee		Fu	ture Receipts Where the System is Sublessor/ Lessor	Net Future Payments (Receipts)		
Year ending June 30							
2015	\$	188,138	\$	50,118	\$	138,020	
2016		172,635		41,175		131,460	
2017		138,931		32,104		106,827	
2018		104,991		26,333		78,658	
2019		75,410		20,626		54,784	
Thereafter		209,295		300,833		(91,538)	
Total	\$	889,400	\$	471,189	\$	418,211	

Rental expense under operating leases amounted to \$391,928 and \$347,087 in 2014 and 2013, respectively

12. Contingencies and Commitments

The System is involved in litigation and regulatory investigations arising in the ordinary course of business Regulatory investigations also occur from time to time In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the System's Consolidated Balance Sheet

In March 2013, the System and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of its System Plans On May 9, 2014, the United States District Court, Eastern District of Michigan, Southern Division, issued its Decision and Order Granting Defendants' Motion to Dismiss, which effectively dismissed the case against the System On June 11, 2014, the plaintiff in the case filed a Notice of Appeal, and the appeal is pending Regardless of the outcome of such appeal, the System does not believe that this matter will have a material adverse effect on the System's financial position or results of operations

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Contingencies and Commitments (continued)

In September 2010, Ascension Health received a letter from the U S Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators (ICD) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. In connection with this nationwide review, identified System hospitals are reviewing applicable medical records and responding to the DOJ. The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time. To date, four System hospitals have entered into settlements with the DOJ and the System is having settlement discussions with the DOJ regarding two other System hospitals subject to the ICD investigation.

The System enters into agreements with non-employed physicians that include minimum revenue guarantees The terms of the guarantees vary The carrying amounts of the liability for the System's obligation under these guarantees were \$37,623 and \$44,553 at June 30, 2014 and 2013, respectively, and are included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheets The maximum amount of future payments that the System could be required to make under these guarantees is approximately \$95,700

The System entered into agreements with sponsors for support through January 2017 The System's obligation under these agreements totals \$31,000 at June 30, 2014, and is included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheet

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately \$190,700.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions The terms of guarantees are equal to the terms of the related debt, which can be as long as 26 years The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Groups at June 30, 2014

Hospital de la Concepción 2000 Series A debt guarantee	\$ 29,240
St Vincent de Paul Series 2000A debt guarantee	28,300
Other guarantees and commitments	36,200

Supplementary Information



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Report of Independent Auditors on Supplementary Information

The Board of Directors Ascension

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs, the Credit Group Consolidated Balance Sheets, the Credit Group Consolidated Statements of Operations and Changes in Net Assets, and the Schedule of Credit Group Cash and Investments are presented for purposes of additional analysis and is not a required part of the 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 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 financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole

September 11, 2014

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Ernst + Young LLP

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs (Dollars in Thousands)

Years Ended June 30, 2014 and 2013

The net cost of providing care to persons living in poverty and other community benefit programs is as follows

	Year Ended June 30,			
		2014		2013
Traditional charity care provided	\$	580,606	\$	524,605
Unpaid cost of public programs for persons living in poverty		641,981		488,959
Other programs for persons living in poverty and other vulnerable persons		117,990		89,923
Community benefit programs		480,866		383,583
Care of persons living in poverty and other community benefit programs	\$	1,821,443	\$	1,487,070

Credit Group¹ Financial Statements Consolidated Balance Sheets

(Dollars in Thousands)

	June 30,			,
		2014		2013
Assets Current assets				
Cash and cash equivalents	s	414,489	\$	413.891
Short-term investments	J	60,957	Φ	73.881
Accounts receivable, less allowance for doubtful accounts		00,557		75,001
(\$1.077.662 and \$1.130.769 at June 30, 2014 and 2013, respectively)		1,979,167		1,887,031
Inventories		270,472		237.594
Due from brokers		343,757		178.380
Estimated third-party payor settlements		225,709		108.559
Other		617,517		1.009.996
Total current assets		3,912,068		3,909,332
Long-term investments		14,970,497		13.778.749
Property and equipment, net		6,297,972		6,227,296
Other assets				
Investment in unconsolidated entities		539,394		532,483
Capitalized software costs, net		684,996		651,627
Due from affiliates		637,799		651,022
Other		1,353,604		1.341.384
Total other assets		3,215,793		3,176,516
Total assets	<u>\$</u>	28,396,330	\$	27,091,893

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¹The Credit Group Financial Statements are comprised of the System (see Note 1) excluding the System's investment in Via Christi Health. Inc prior to March 31, 2013 and assets, liabilities and net assets of Alexian Brothers Health System (ABHS). St John Health System, Inc (St John), and Ministry Health Care, Inc (Ministry). As discussed in Note 3, Ascension Health became the sole corporate member of Via Christi Health, Inc on April 1, 2013, at which time Via Christi Health, Inc became a member of the Credit Group. The Credit Group Financial Statements also include the System's noncontrolling interest (see Note 2) of the Alpha Fund (see Notes 4 and 5), which represents \$1,490,082, or approximately 10.7%, and \$1,450,580, or approximately 12.9%, of the Alpha Fund's net assets as of June 30, 2014 and 2013, respectively. See Note 5 for further discussion of noncontrolling interests of the Alpha Fund

Credit Group¹ Financial Statements Consolidated Balance Sheets (continued)

(Dollars in Thousands)

	June 30,		
	2014		2013
Liabilities and net assets			
Current liabilities			
Current portion of long-term debt	\$ 69,301	\$	66,291
Long-term debt subject to short-term remarketing arrangements	1,345,530		1,187,125
Accounts payable and accrued habilities	1,926,657		1,903,339
Estimated third-party payor settlements	344,262		352,343
Due to brokers	332,169		493,420
Current portion of self-insurance liabilities	220,710		202,113
Other	 154,472		531,141
Total current liabilities	 4,393,101		4,735,772
Noncurrent liabilities			
Long-term debt (senior and subordinated)	3,961,654		4.221.758
Self-insurance liabilities	517,691		519,423
Pension and other postretirement liabilities	319,808		404.516
Other ²	 2,658,030		2,252,568
Total noncurrent liabilities	7,457,183		7.398.265
Total liabilities	 11,850,284		12.134.037
Net assets			
Unrestricted			
Controlling interest	14,418,042		12.919.514
Noncontrolling interests ³	1,655,092		1.591.091
Unrestricted net assets	16,073,134		14.510.605
Temporarily restricted	349,104		334,201
Permanently restricted	123,808		113,050
Total net assets	 16,546,046		14.957.856
Total liabilities and net assets	\$ 28,396,330	\$	27,091,893

²Includes \$1,490,730 and \$1,241,017 at June 30, 2014 and 2013, respectively, representing the amounts due to ABHS. St. John and Ministry from Ascension attributable to interests in investments held by Ascension.

 $^{^{3}}$ Includes \$1,490.082 and \$1,450.580 at June 30, 2014 and 2013, respectively, attributable to the Alpha Fund (see Notes 4 and 5)

Credit Group Financial Statements Consolidated Statement of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended June 30,		
		2014	2013
Operating revenue			
Net patient service revenue	\$	15,791,162 \$	14,730,194
Less provision for doubtful accounts		1,090,775	1,027,245
Net patient service revenue, less provision for doubtful accounts		14,700,387	13,702,949
Other revenue		1,307,373	1,090,380
Total operating revenue		16,007,760	14,793,329
Operating expenses			
Salaries and wages		6,664,407	6.282.418
Employee benefits		1,402,949	1,372,742
Purchased services		880,836	798,329
Professional fees		1,112,707	1,012,804
Supplies		2,306,106	2,106,666
Insurance		102,453	88.747
Interest		132,946	126,307
Depreciation and amortization		712,801	651,391
Other		2,026,905	1,861,777
Total operating expenses before impairment, restructuring and			
nonrecurring losses, net		15,342,110	14,301,181
Income from operations before self-insurance trust fund investment			
return and impairment, restructuring and nonrecurring losses, net		665,650	492,148
Self-insurance trust fund investment return		66,174	34.985
Impairment, restructuring and nonrecurring losses, net		(218,279)	(168.937)
Income from operations		513,545	358,196
Nonoperating gains (losses)			
Investment return ⁴		1,357,908	731,181
Loss on extinguishment of debt		(1,605)	(4,079)
(Loss) gain on interest rate swaps		(1,407)	53,746
Income from unconsolidated entities		5,016	8,137
Contributions from business combinations		_	982,018
Other		(56,771)	(73.497)
Total nonoperating gains, net		1,303,141	1,697,506
Excess of revenues and gains over expenses and losses		1,816,686	2,055,702
Less noncontrolling interests		246,390	131,380
Excess of revenues and gains over expenses and losses			
attributable to controlling interest		1,570,296	1.924.322
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⁴Includes the investment return of \$1,533,134 and \$762,550 for the years ended June 30, 2014 and 2013, respectively, attributable to the Alpha Fund. Of the Alpha Fund's investment return, \$193,400 and \$106,039 for the years ended June 30, 2014 and 2013, respectively, is included in the noncontrolling interests.

Credit Group Financial Statements Consolidated Statement of Operations and Changes in Net Assets (continued) (Dollars in Thousands)

	Year Ended June 30,		
		2014	2013
Unrestricted net assets, controlling interest	40	1.550.000	Ф 1001222
Excess of revenues and gains over expenses and losses	\$	1,570,296	\$ 1.924.322
Transfers from (to) sponsors and other affiliates, net		9,815	(6.138)
Contributed net assets		(1,534)	(1.049)
Membership interest changes, net		45,255	-
Net assets released from restrictions for property acquisitions		54,869	60.084
Pension and other postretirement liability adjustments		(2,725)	31,469
Change in unconsolidated entities net assets		4,571	5,523
Other		(17,656)	2,759
Increase in unrestricted net assets, controlling interest,			
before loss from discontinued operations		1,662,891	2.016.970
Loss from discontinued operations		(164,363)	(76.829)
Increase in unrestricted net assets, controlling interest		1,498,528	1,940,141
Unrestricted net assets, noncontrolling interest			
Excess of revenues and gains over expenses and losses		246,390	131,380
Distributions of capital		(530,534)	(829.932)
Contributions of capital		400,675	1,578,371
Contributions from business combinations		_	63,757
Membership interest changes, net		(52,530)	-
Increase in unrestricted net assets, noncontrolling interest ⁵		64,001	943.576
Temporarily restricted net assets, controlling interest			
Contributions and grants		81,762	80,893
Investment return		27,264	17.524
Net assets released from restrictions		(96,232)	(97.345)
Contributions from business combinations		(50,252)	11,868
Other		2,109	3,040
Increase in temporarily restricted net assets, controlling interest		14,903	15,980
		11,500	
Permanently restricted net assets, controlling interest Contributions		10,290	2.581
Investment return		635	1.744
Contributions from business combinations		055	6,717
Other		(167)	407
Increase in permanently restricted net assets, controlling interest		10,758	11,449
Increase in net assets		1,588,190	2,911,146
Net assets, beginning of period		14,957,856	12.046.710
Net assets, end of period		16,546,046	\$14,957,856
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⁵Includes net distributions of \$153.898, comprised of distributions of \$487.564 and contributions of \$333.666 for the year ended June 30, 2014 and net contributions of \$755.906, comprised of contributions of \$1.555.146 and distributions of \$799.240 for the year ended June 30, 2013, attributable to the Alpha Fund

Schedule of Credit Group Cash and Investments (Dollars in Thousands)

The Credit Group's cash and investments at June 30, 2014 and 2013, are presented in the table that follows Total cash and investments, net, includes both the Credit Group's membership interest in the Alpha Fund as well as the noncontrolling interests held by other Alpha Fund members Credit Group unrestricted cash and investments, net, represent the Credit Group's cash and investments excluding the noncontrolling interests held by other Alpha Fund members and assets limited as to use

	June 30,	
	2014	2013
Cash and cash equivalents Short-term investments Long-term investments	\$ 414,489 60,957 14,970,497	\$ 413,891 73,881 13,778,749
Subtotal	15,445,943	14,266,521
Other Alpha Fund and Ascension Legacy Portfolio assets and liabilities In other current assets	30,671	459,050
In other long-term assets	2,641	2,785
In accounts payable and accrued liabilities	(7,013)	(5,680)
In other current liabilities	(3,341)	(394,763)
In other noncurrent liabilities	(178,732)	(6,622)
Due to brokers, net	11,588	(315,040)
Total cash and investments, net	15,301,757	14,006,251
Less noncontrolling interests of Alpha Fund	1,490,082	1,450,580
Less interest in investments held by Ascension on behalf of		, ,
Alexian Brothers Health System	369,491	347,403
St John Health System	417,881	378,162
Ministry Health System	703,358	515,452
Credit Group cash and investments, net including assets limited as to use	12,320,945	11,314,654
Less assets limited as to use		
Under bond indenture agreements	10,079	17,724
Self insurance trust funds	758,775	701,237
Temporarily or permanently restricted	425,947	390,959
Credit Group unrestricted cash and investments, net	\$11,126,144	\$ 10,204,734

Schedule of Credit Group Statistical Information (unaudited) (Dollars in Thousands)

	For the Year Ended June 30,		
	2014	2013	
Total Available Beds	18,634	18,463	
Total Patient Days	4,263,264	3,784,649	
Total Discharges	631,831	616,603	
Average Length of Stay	6.75	6 14	
Total Outpatient Visits	19,619,835	18,520,894	

The percentage of net patient service revenue, less provision for doubtful accounts, earned by payor for the years ended June 30, 2014 and 2013, are as follows

	June 30,		
	2014	2013	
Medicare – traditional and managed	36%	37%	
Medicaid – traditional and managed	12	12	
Commercial and other managed care	43	43	
Self-Pay and other	9	8	
	100%	100%	

Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2014 and 2013, are as follows

June 30,		
2014	2013	
22%	22%	
9	8	
46	43	
23	27	
100%	100%	
	2014 22% 9 46 23	