



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





Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. In furtherance of its mission and in an effort to reduce the government's financial burden, St. Vincent's Health System supports the efforts of its hospitals and health facilities providing care to individuals and communities.

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

If "Yes," describe these changes on Schedule O

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4a</b> | (Code ) (Expenses \$ 24,139,503 including grants of \$ 231,175 ) (Revenue \$ 25,340,992 )                                                                                                                                                                                                                                                                                                                                    |
|           | The Hospital is dedicated to spiritually centered, holistic care that sustains and improves the health of the individuals and communities. It furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community. For detailed information on the Hospital's program service accomplishments and statistical data, See Schedule H. |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                         |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|--------------------------|--------------------------|
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                          | (Code ) | (Expenses \$ 79,615,224 | including grants of \$ ) | (Revenue \$ 80,786,160 ) |
| <p>St Vincent's Health System is committed to providing healthcare that works, healthcare that is safe, and healthcare that leaves no one behind. To this end, the Health System supports various 501(c)(3) organizations including American Sports Medicine Institute, St Vincent's Foundation of Alabama, Inc , St Vincent's Birmingham, St Vincent's East, St Vincent's Blount, and Universal Health System</p> |         |                         |                          |                          |

[illegible]

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

|           |                                       |                    |
|-----------|---------------------------------------|--------------------|
| <b>4e</b> | <b>Total program service expenses</b> | <b>103,754,727</b> |
|-----------|---------------------------------------|--------------------|

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                           | Yes     | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>                                                                                                                                                              | 1 Yes   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I.</i>                                                                                                           | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>                                                                                            | 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? <i>If "Yes," complete Schedule D, Part I.</i>                                         | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>                                                                                                                                              | 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? <i>If "Yes," complete Schedule D, Part IV.</i>  | 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                                                                                                                                                                                                                                         |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                                                                            | 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? <i>If "Yes," complete Schedule D, Part VII.</i>                                                                                         | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                                                       | 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? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                                                         | 11d Yes |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                                                                      | 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)? <i>If "Yes," complete Schedule D, Part X.</i>                                               | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>                                                                                                                                           | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>                                                            | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>                                                                                                                                                                                                                                                                              | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>                                                                       | 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>                                                                                                                                                                                 | 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>                                                                                                                                                                  | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>                                                                                                                                                                                                 | 18      | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>                                                                                                                                                                                                                           | 19      | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>                                                                                                                                                                                              | 20a Yes |    |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                            | 20b Yes |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                      | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                            | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | 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? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b | Yes |    |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

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

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               | Yes | No  |
| 1a                                                                                                                                                                                                               | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | 14  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                               |     |     |
| 1b                                                                                                                                                                                                               | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 13  |     |
| 2                                                                                                                                                                                                                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | Yes |
| 3                                                                                                                                                                                                                | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4                                                                                                                                                                                                                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5                                                                                                                                                                                                                | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 7a                                                                                                                                                                                                               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | Yes |
| 7b                                                                                                                                                                                                               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 7b  | Yes |
| 8                                                                                                                                                                                                                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| 8a                                                                                                                                                                                                               | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| 8b                                                                                                                                                                                                               | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 9                                                                                                                                                                                                                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                     |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                               |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization<br>David Cauble   810 St Vincents Drive<br>Birmingham, AL 35205   (205) 939-7079                                                                                                                                                                                                  |

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

| (A)<br>Name and Title           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                 |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Robert Barnett              | 2.00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Chairman                        | 4.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (2) Kent J Graeve               | 2.00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Vice Chair                      | 4.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (3) James D Davis               | 2.00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Treasurer                       | 4.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (4) Marc E Bloomston MD         | 50                                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 2.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (5) Sr Mary Elizabeth Cullen DC | 50                                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 2.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (6) Norman B Davis Jr           | 50                                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 2.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (7) William H McClanahanJr MD   | 50                                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 2.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (8) Willie H Parker             | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 4.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (9) Daniel F Sansone            | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 4.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (10) Nena F Sanders             | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 4.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (11) Zeke Smith                 | 50                                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 2.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (12) Stan Starnes               | 50                                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 2.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (13) Joseph Edward WeldenJr MD  | 2.00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Board Member                    | 4.00                                                                                       |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14) John D O'Neil              | 11.00                                                                                      | X                                                                                                         |                       | X       |              |                              |        | 1,594,492                                                            | 0                                                                         | 74,348                                                                                        |
| President/CEO System            | 39.00                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (15) David A Cauble             | 11.00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 460,693                                                              | 0                                                                         | 31,229                                                                                        |
| EVP/CFO                         | 39.00                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (16) Nan M Priest               | 11.00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 486,105                                                              | 0                                                                         | 24,009                                                                                        |
| EVP/CSO                         | 39.00                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (17) Vicki L Briggs             | 11.00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 578,866                                                              | 0                                                                         | 32,972                                                                                        |
| EVP/COO                         | 39.00                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



**Part VII**

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

| (A)<br>Name and Title                                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                    |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (18) Gregory L James<br>Sr VP/CMO                                  | 11 00<br>39 00                                                                             |                                                                                                           |                       | X       |              |                              |        | 456,908                                                               | 0                                                                          | 24,475                                                                                        |
| (19) Carol A Maietta<br>Sr VP HR/CLO                               | 11 00<br>39 00                                                                             |                                                                                                           |                       | X       |              |                              |        | 293,690                                                               | 0                                                                          | 22,216                                                                                        |
| (20) Robert E Ray<br>President Rural Facilities                    | 25 00<br>25 00                                                                             |                                                                                                           |                       | X       |              |                              |        | 271,911                                                               | 0                                                                          | 23,171                                                                                        |
| (21) Lloyd K Allen<br>President/COO Ambulatory Health Ntwk         | 6 00<br>44 00                                                                              |                                                                                                           |                       |         | X            |                              |        | 257,121                                                               | 0                                                                          | 30,534                                                                                        |
| (22) Kidada Y Hawkins<br>VP/COO Rural Facilities                   | 25 00<br>25 00                                                                             |                                                                                                           |                       |         | X            |                              |        | 0                                                                     | 171,788                                                                    | 21,336                                                                                        |
| (23) Wayne Carmello-Harper<br>SVP Mission Integration              | 11 00<br>39 00                                                                             |                                                                                                           |                       |         | X            |                              |        | 281,727                                                               | 0                                                                          | 22,059                                                                                        |
| (24) Terry M Brannon<br>VP Revenue Cycle                           | 10 00<br>40 00                                                                             |                                                                                                           |                       |         |              | X                            |        | 220,762                                                               | 0                                                                          | 24,960                                                                                        |
| (25) Jan Dicesare<br>VP Financial Operations                       | 11 00<br>39 00                                                                             |                                                                                                           |                       |         |              | X                            |        | 178,866                                                               | 0                                                                          | 15,301                                                                                        |
| (26) James Flynn<br>VP Regional Growth                             | 11 00<br>39 00                                                                             |                                                                                                           |                       |         |              | X                            |        | 177,961                                                               | 0                                                                          | 18,217                                                                                        |
| (27) Gina Anderson<br>VP Clinical Integration                      | 11 00<br>39 00                                                                             |                                                                                                           |                       |         |              | X                            |        | 211,899                                                               | 0                                                                          | 12,653                                                                                        |
| (28) Elizabeth B Moore<br>VP Marketing                             | 11 00<br>39 00                                                                             |                                                                                                           |                       |         |              | X                            |        | 226,253                                                               | 0                                                                          | 17,659                                                                                        |
| (29) Paula H McCullough end 113<br>Former VP Patient Care Services | 0 00<br>0 00                                                                               |                                                                                                           |                       |         |              |                              | X      | 0                                                                     | 238,918                                                                    | 22,747                                                                                        |
| (30) Sharon Jones<br>Exec Dir Patient Care Services                | 25 00<br>25 00                                                                             |                                                                                                           |                       |         |              |                              | X      | 121,152                                                               | 0                                                                          | 15,335                                                                                        |
| <b>1b Sub-Total</b>                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b>     |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                               |                                                                                            |                                                                                                           |                       |         |              |                              |        | 5,818,406                                                             | 410,706                                                                    | 433,221                                                                                       |

**2**

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶15

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

**Section B. Independent Contractors**

|                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                       |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|
| <b>1</b>                                                                                                                                                                     | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year |                                       |                            |
| <b>(A)</b><br>Name and business address                                                                                                                                      |                                                                                                                                                                                                                                                   | <b>(B)</b><br>Description of services | <b>(C)</b><br>Compensation |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                       |                            |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                       |                            |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                       |                            |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                       |                            |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                       |                            |
| <b>2</b> 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 |                                                                                                                                                                                                                                                   |                                       |                            |

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|                                                           |                                           |                                                                                                                                               | (A)<br>Total revenue                                                                      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |           |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . . . .                                                                                                                 | 1a                                                                                        |                                                    |                                         |                                                                     |           |
|                                                           | b                                         | Membership dues . . . . .                                                                                                                     | 1b                                                                                        |                                                    |                                         |                                                                     |           |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                                  | 1c                                                                                        |                                                    |                                         |                                                                     |           |
|                                                           | d                                         | Related organizations . . . . .                                                                                                               | 1d                                                                                        | 512,109                                            |                                         |                                                                     |           |
|                                                           | e                                         | Government grants (contributions)                                                                                                             | 1e                                                                                        |                                                    |                                         |                                                                     |           |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                             | 1f                                                                                        |                                                    |                                         |                                                                     |           |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                           |                                                                                           |                                                    |                                         |                                                                     |           |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                              |                                                                                           | 512,109                                            |                                         |                                                                     |           |
| Program Service Revenue                                   | 2a                                        | I/C Management Revenue                                                                                                                        | Business Code<br>621990                                                                   | 79,615,224                                         | 79,615,224                              |                                                                     |           |
|                                                           | b                                         | Net Patient Revenue                                                                                                                           | 621990                                                                                    | 25,498,035                                         | 25,334,894                              | 163,141                                                             |           |
|                                                           | c                                         | ARRA Funds                                                                                                                                    | 900099                                                                                    | 1,170,936                                          | 1,170,936                               |                                                                     |           |
|                                                           | d                                         | Lab Testing                                                                                                                                   | 621990                                                                                    | 19,237                                             | 6,098                                   | 13,139                                                              |           |
|                                                           | e                                         |                                                                                                                                               |                                                                                           |                                                    |                                         |                                                                     |           |
|                                                           | f                                         | All other program service revenue                                                                                                             |                                                                                           |                                                    |                                         |                                                                     |           |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                              |                                                                                           | 106,303,432                                        |                                         |                                                                     |           |
|                                                           | Other Revenue                             | 3                                                                                                                                             | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                                                    | 4,446,961                               |                                                                     | 4,446,961 |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . . . . .                                                                                  |                                                                                           |                                                    |                                         |                                                                     |           |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                           |                                                                                           |                                                    |                                         |                                                                     |           |
| 6a                                                        |                                           | Gross rents                                                                                                                                   | (i) Real<br>238,461                                                                       | (ii) Personal                                      |                                         |                                                                     |           |
|                                                           |                                           | b                                                                                                                                             | Less rental<br>expenses                                                                   | 239,679                                            |                                         |                                                                     |           |
|                                                           |                                           | c                                                                                                                                             | Rental income<br>or (loss)                                                                | -1,218                                             |                                         |                                                                     |           |
|                                                           |                                           | d                                                                                                                                             | Net rental income or (loss) . . . . .                                                     |                                                    | -1,218                                  |                                                                     | -1,218    |
| 7a                                                        |                                           | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                               | (i) Securities                                                                            | (ii) Other<br>5,189                                |                                         |                                                                     |           |
|                                                           |                                           | b                                                                                                                                             | Less cost or<br>other basis and<br>sales expenses                                         |                                                    | 0                                       |                                                                     |           |
|                                                           |                                           | c                                                                                                                                             | Gain or (loss)                                                                            |                                                    | 5,189                                   |                                                                     |           |
|                                                           |                                           | d                                                                                                                                             | Net gain or (loss) . . . . .                                                              |                                                    | 5,189                                   |                                                                     | 5,189     |
| 8a                                                        |                                           | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                         |                                                    |                                         |                                                                     |           |
|                                                           |                                           | b                                                                                                                                             | Less direct expenses . . . . .                                                            | b                                                  |                                         |                                                                     |           |
|                                                           |                                           | c                                                                                                                                             | Net income or (loss) from fundraising events . . . . .                                    |                                                    |                                         |                                                                     |           |
| 9a                                                        |                                           | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                         | a                                                                                         |                                                    |                                         |                                                                     |           |
|                                                           |                                           | b                                                                                                                                             | Less direct expenses . . . . .                                                            | b                                                  |                                         |                                                                     |           |
|                                                           |                                           | c                                                                                                                                             | Net income or (loss) from gaming activities . . . . .                                     |                                                    |                                         |                                                                     |           |
| 10a                                                       |                                           | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                            | a                                                                                         |                                                    |                                         |                                                                     |           |
|                                                           |                                           | b                                                                                                                                             | Less cost of goods sold . . . . .                                                         | b                                                  | 131,804                                 |                                                                     |           |
|                                                           |                                           | c                                                                                                                                             | Net income or (loss) from sales of inventory . . . . .                                    |                                                    | 101,410                                 |                                                                     |           |
|                                                           |                                           |                                                                                                                                               | 30,394                                                                                    |                                                    | 30,394                                  |                                                                     |           |
|                                                           | Miscellaneous Revenue                     | Business Code                                                                                                                                 |                                                                                           |                                                    |                                         |                                                                     |           |
| 11a                                                       | Income-Unconsol Entity                    | 621990                                                                                                                                        | 341,819                                                                                   |                                                    |                                         | 341,819                                                             |           |
|                                                           | b                                         | Income-With HM                                                                                                                                | 621990                                                                                    | 285,331                                            |                                         |                                                                     | 285,331   |
|                                                           | c                                         | Wellness Revenue                                                                                                                              | 621990                                                                                    | 41,720                                             |                                         |                                                                     | 41,720    |
|                                                           | d                                         | All other revenue . . . . .                                                                                                                   |                                                                                           | 404,235                                            |                                         |                                                                     | 404,235   |
|                                                           | e                                         | Total. Add lines 11a-11d . . . . .                                                                                                            |                                                                                           | 1,073,105                                          |                                         |                                                                     |           |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                               | 112,369,972                                                                               | 106,127,152                                        | 176,280                                 | 5,554,431                                                           |           |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                       | 231,175               | 231,175                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                         |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                            |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                      | 4,966,526             | 1,666,001                       | 3,300,525                              |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 | 136,487               | 45,784                          | 90,703                                 |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 24,379,007            | 8,177,835                       | 16,201,172                             |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 639,230               | 351,786                         | 287,444                                |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 5,403,535             | 1,209,800                       | 4,193,735                              |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 2,278,143             | 712,906                         | 1,565,237                              |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 1,085,670             |                                 | 1,085,670                              |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    | 1,006,495             |                                 | 1,006,495                              |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      | 53,817                | 4,615                           | 49,202                                 |                             |
| 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).                                                                                                                                    | 11,868,201            | 3,480,468                       | 8,387,733                              |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 1,649,373             | 3,036                           | 1,646,337                              |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 1,746,131             | 293,489                         | 1,452,642                              |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 29,358,492            | 7,200                           | 29,351,292                             |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 3,013,740             | 1,881,329                       | 1,132,411                              |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 351,674               | 20,719                          | 330,955                                |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 32,435                | 253                             | 32,182                                 |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        | 4,651,859             |                                 | 4,651,859                              |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 4,777,180             | 1,110,015                       | 3,667,165                              |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 237,052               | 1,168                           | 235,884                                |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                              |                       |                                 |                                        |                             |
| a                                                                              | Service Fees                                                                                                                                                                                                                                   | 6,254,568             |                                 | 6,254,568                              | 0                           |
| b                                                                              | Supplies                                                                                                                                                                                                                                       | 4,336,515             | 3,282,501                       | 1,054,014                              | 0                           |
| c                                                                              | Accretive                                                                                                                                                                                                                                      | 3,141,153             | 0                               | 3,141,153                              | 0                           |
| d                                                                              | Corporate Allocation                                                                                                                                                                                                                           | 0                     | 79,615,224                      | -79,615,224                            | 0                           |
| e                                                                              | All other expenses                                                                                                                                                                                                                             | 3,081,770             | 1,659,423                       | 1,422,347                              |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 114,680,228           | 103,754,727                     | 10,925,501                             | 0                           |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |               | (A)               |     | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-----|-------------|
|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |               | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                                 | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                      |               | 10,875,543        | 1   | 12,776,682  |
|                             | 2                                                                                                                                                                 | Savings and temporary cash investments                                                                                                                                                                                                                                                                                         |               |                   | 2   |             |
|                             | 3                                                                                                                                                                 | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                             |               |                   | 3   |             |
|                             | 4                                                                                                                                                                 | Accounts receivable, net                                                                                                                                                                                                                                                                                                       |               | 6,326,200         | 4   | 7,152,193   |
|                             | 5                                                                                                                                                                 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |               |                   | 5   |             |
|                             | 6                                                                                                                                                                 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. |               |                   | 6   |             |
|                             | 7                                                                                                                                                                 | Notes and loans receivable, net                                                                                                                                                                                                                                                                                                |               |                   | 7   |             |
|                             | 8                                                                                                                                                                 | Inventories for sale or use                                                                                                                                                                                                                                                                                                    |               | 388,182           | 8   | 452,547     |
|                             | 9                                                                                                                                                                 | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                          |               | 828,065           | 9   | 3,549,228   |
|                             | 10a                                                                                                                                                               | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                           | 10a29,624,644 |                   |     |             |
|                             | b                                                                                                                                                                 | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | 10b14,533,536 | 18,418,037        | 10c | 15,091,108  |
|                             | 11                                                                                                                                                                | Investments—publicly traded securities                                                                                                                                                                                                                                                                                         |               |                   | 11  |             |
|                             | 12                                                                                                                                                                | Investments—other securities. See Part IV, line 11.                                                                                                                                                                                                                                                                            |               | 4,747,552         | 12  | 5,303,502   |
|                             | 13                                                                                                                                                                | Investments—program-related. See Part IV, line 11.                                                                                                                                                                                                                                                                             |               | 975,770           | 13  | 1,317,589   |
|                             | 14                                                                                                                                                                | Intangible assets                                                                                                                                                                                                                                                                                                              |               | 1,229,547         | 14  | 953,778     |
|                             | 15                                                                                                                                                                | Other assets. See Part IV, line 11.                                                                                                                                                                                                                                                                                            |               | 122,368,305       | 15  | 130,640,360 |
|                             | 16                                                                                                                                                                | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).                                                                                                                                                                                                                                                              |               | 166,157,201       | 16  | 177,236,987 |
| Liabilities                 | 17                                                                                                                                                                | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                          |               | 20,889,915        | 17  | 16,130,457  |
|                             | 18                                                                                                                                                                | Grants payable                                                                                                                                                                                                                                                                                                                 |               |                   | 18  |             |
|                             | 19                                                                                                                                                                | Deferred revenue                                                                                                                                                                                                                                                                                                               |               | 367,962           | 19  | 408,354     |
|                             | 20                                                                                                                                                                | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                    |               |                   | 20  |             |
|                             | 21                                                                                                                                                                | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |               |                   | 21  |             |
|                             | 22                                                                                                                                                                | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.                                                                                                                                          |               |                   | 22  |             |
|                             | 23                                                                                                                                                                | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                                 |               |                   | 23  |             |
|                             | 24                                                                                                                                                                | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                   |               |                   | 24  |             |
|                             | 25                                                                                                                                                                | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.                                                                                                                                                         |               | 167,133,638       | 25  | 35,944,323  |
|                             | 26                                                                                                                                                                | <b>Total liabilities.</b> Add lines 17 through 25.                                                                                                                                                                                                                                                                             |               | 188,391,515       | 26  | 52,483,134  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |               |                   |     |             |
|                             | 27                                                                                                                                                                | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |               | -22,308,710       | 27  | 124,688,101 |
|                             | 28                                                                                                                                                                | Temporarily restricted net assets                                                                                                                                                                                                                                                                                              |               | 74,396            | 28  | 65,752      |
|                             | 29                                                                                                                                                                | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |               |                   | 29  | 0           |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                |               |                   |     |             |
|                             | 30                                                                                                                                                                | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                             |               |                   | 30  |             |
|                             | 31                                                                                                                                                                | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                                |               |                   | 31  |             |
|                             | 32                                                                                                                                                                | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                               |               |                   | 32  |             |
|                             | 33                                                                                                                                                                | <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                       |               | -22,234,314       | 33  | 124,753,853 |
|                             | 34                                                                                                                                                                | <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                          |               | 166,157,201       | 34  | 177,236,987 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 112,369,972 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 114,680,228 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | -2,310,256  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | -22,234,314 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | 7,558,896   |
| 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  | 141,739,527 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 124,753,853 |

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

2013

Open to Public Inspection

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](http://www.irs.gov/form990).

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>St Vincent's Health System | Employer identification number<br>63-0931008 |
|--------------------------------------------------------|----------------------------------------------|

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

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

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7  | <input type="checkbox"/>            | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 <sup>1</sup> / <sub>3</sub> % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 <sup>1</sup> / <sub>3</sub> % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                                                        |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 11 | <input checked="" type="checkbox"/> | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><div><div>a</div><div><input type="checkbox"/> Type I</div><div>b</div><div><input type="checkbox"/> Type II</div><div>c</div><div><input checked="" type="checkbox"/> Type III - Functionally integrated</div><div>d</div><div><input type="checkbox"/> Type III - Non-functionally integrated</div></div> |
| e  | <input checked="" type="checkbox"/> | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                                                                                                                     |
| f  |                                     | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| g  |                                     | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><div><div>(i)</div><div>A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</div><div>(ii)</div><div>A family member of a person described in (i) above?</div><div>(iii)</div><div>A 35% controlled entity of a person described in (i) or (ii) above?</div></div>                                                                                                                                                                           |
| h  |                                     | Provide the following information about the supported organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | No |
| 11g(ii)  |     | No |
| 11g(iii) |     | No |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
| See Additional Data Table          |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    | 74,349,593                       |

Part II

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

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                             |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                        | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                                |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                     |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                 |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                    |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                                            |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                    |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                         |    |  |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                   | 14 |  |   |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                          | 15 |  |   |
| 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                          |    |  | ▶ |
| b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                       |    |  | ▶ |
| 17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization    |    |  | ▶ |
| b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |  | ▶ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                       |    |  | ▶ |

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

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—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 ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |



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

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

Additional Data

Software ID:  
Software Version:  
EIN: 63-0931008  
Name: St Vincent's Health System

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

| (i)<br>Name of<br>Supported<br>Organization        | (ii)<br>EIN | (iii)<br>Type of organization<br>(described on lines 1- 9<br>above or IRC section ) | (iv)<br>Is the<br>organization in<br>(i) listed in your<br>governing<br>document? |    | (v)<br>Did you notify<br>the organization<br>in (i) of your<br>support? |    | (vi)<br>Is the<br>organization in<br>(i) organized in<br>the U S ? |    | (vii)<br>Amount of support? |
|----------------------------------------------------|-------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----|-------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|-----------------------------|
|                                                    |             |                                                                                     | Yes                                                                               | No | Yes                                                                     | No | Yes                                                                | No |                             |
| (A) St Vincent's<br>Birmingham                     | 630288864   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 44670791                    |
| (A) St Vincent's<br>East                           | 630578923   | 3                                                                                   |                                                                                   | No | Yes                                                                     |    | Yes                                                                |    | 26829334                    |
| (B) St Vincent's<br>Blount                         | 630909073   | 3                                                                                   |                                                                                   | No | Yes                                                                     |    | Yes                                                                |    | 2513894                     |
| (C) Universal<br>Health Services                   | 630932323   | 3                                                                                   | Yes                                                                               |    | Yes                                                                     |    | Yes                                                                |    | 117461                      |
| (D) American<br>Sports Medicine<br>Institute       | 630952490   | 7                                                                                   |                                                                                   | No | Yes                                                                     |    | Yes                                                                |    | 218113                      |
| (E) St Vincent's<br>Foundation of<br>North Alabama | 630868066   | 7                                                                                   |                                                                                   | No | Yes                                                                     |    | Yes                                                                |    | 0                           |

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](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

|                                                        |                                                  |
|--------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>St Vincent's Health System | Employer identification number<br><br>63-0931008 |
|--------------------------------------------------------|--------------------------------------------------|

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

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

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

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

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

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

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

Part II-A

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|    |                                                                                                                                                                                                                              | (a) |    | (b)    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|    |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a  | Volunteers?                                                                                                                                                                                                                  |     | No |        |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |
| c  | Media advertisements?                                                                                                                                                                                                        |     | No |        |
| d  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |
| e  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| f  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| i  | Other activities?                                                                                                                                                                                                            | Yes |    | 53,817 |
| j  | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 53,817 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| b  | If "Yes," enter the amount of any tax incurred under section 4912.                                                                                                                                                           |     |    |        |
| c  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912.                                                                                                                                  |     |    |        |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

| Return Reference  | Explanation                                                                                                                                                                                                                                                                                                                                                           |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II-B, Line 1 | Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. St. Vincent's Health System 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. |
|                   |                                                                                                                                                                                                                                                                                                                                                                       |
|                   |                                                                                                                                                                                                                                                                                                                                                                       |
|                   |                                                                                                                                                                                                                                                                                                                                                                       |
|                   |                                                                                                                                                                                                                                                                                                                                                                       |
|                   |                                                                                                                                                                                                                                                                                                                                                                       |
|                   |                                                                                                                                                                                                                                                                                                                                                                       |

## Part IV

### Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>St Vincent's Health System | Employer identification number<br>63-0931008 |
|--------------------------------------------------------|----------------------------------------------|

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☐ No
- b

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

b

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

3b
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                |                                      |                                |                              |                |
| b Buildings . . . . .                                                                            |                                      | 2,244,313                      | 1,085,180                    | 1,159,133      |
| c Leasehold improvements . . . . .                                                               |                                      |                                |                              |                |
| d Equipment . . . . .                                                                            |                                      | 26,144,094                     | 13,448,356                   | 12,695,738     |
| e Other . . . . .                                                                                |                                      | 1,236,237                      |                              | 1,236,237      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 15,091,108     |





**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part X, Line 2   | From the consolidated audited financial statements of Ascension Health Alliance and its member organizations ("The System") which include the activity of St Vincent's Health System. The System accounts for uncertainty in income tax provisions 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. |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 63-0931008

Name: St Vincent's Health System

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description                                               | (b) Book value |
|---------------------------------------------------------------|----------------|
| (1) Interest in Investments Held by Ascension Health Alliance | 119,217,239    |
| (2) Advances from Affiliates                                  | 10,607,357     |
| (3) Physican Guarantee Long Term Assets                       | 553,313        |
| (4) Due from Affiliates                                       | 154,639        |
| (5) Donor Restricted Temp NonHSD                              | 65,752         |
| (6) Other Misc Long Term Assets                               | 25,331         |
| (7) Assets Suspense Clearing                                  | 16,374         |
| (8) Provider Tax Asset                                        | 355            |

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
St Vincent's Health System

Employer identification number  
63-0931008

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                           | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . .                                           |                                                 |                               | 2,360,040                           | 0                             | 2,360,040                         | 8 590 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .                                                   |                                                 |                               | 3,773,885                           | 1,572,225                     | 2,201,660                         | 8 020 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . .                  |                                                 |                               | 0                                   | 0                             |                                   |                              |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . .                        |                                                 |                               | 6,133,925                           | 1,572,225                     | 4,561,700                         | 16 610 %                     |
| <b>Other Benefits</b>                                                                               |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . | 25                                              | 21,078                        | 789,853                             | 0                             | 789,853                           | 2 880 %                      |
| f Health professions education (from Worksheet 5) . . . .                                           | 7                                               | 56                            | 43,089                              | 0                             | 43,089                            | 0 160 %                      |
| g Subsidized health services (from Worksheet 6) . . . .                                             | 2                                               | 673                           | 4,155                               | 0                             | 4,155                             | 0 020 %                      |
| h Research (from Worksheet 7)                                                                       | 0                                               |                               | 0                                   | 0                             |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                           | 3                                               | 1,565                         | 58,810                              | 0                             | 58,810                            | 0 210 %                      |
| j <b>Total</b> Other Benefits . . . .                                                               | 37                                              | 23,372                        | 895,907                             |                               | 895,907                           | 3 270 %                      |
| k <b>Total</b> . Add lines 7d and 7j . .                                                            | 37                                              | 23,372                        | 7,029,832                           | 1,572,225                     | 5,457,607                         | 19 880 %                     |

Part IICommunity Building Activities

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

|                                                            | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |                                                 |                               | 0                                    | 0                             |                                    | 0 %                          |
| 2Economic development                                      | 1                                               | 0                             | 981                                  | 0                             | 981                                | 0 %                          |
| 3Community support                                         | 14                                              | 16,913                        | 43,639                               | 0                             | 43,639                             | 0 040 %                      |
| 4Environmental improvements                                |                                                 |                               | 0                                    | 0                             |                                    | 0 %                          |
| 5Leadership development and training for community members | 1                                               |                               | 2,022                                | 0                             | 2,022                              | 0 010 %                      |
| 6Coalition building                                        |                                                 |                               | 0                                    | 0                             |                                    | 0 %                          |
| 7Community health improvement advocacy                     | 2                                               | 11                            | 22,803                               | 0                             | 22,803                             | 0 020 %                      |
| 8Workforce development                                     |                                                 |                               | 0                                    | 0                             |                                    | 0 %                          |
| 9Other                                                     | 2                                               |                               | 1,260                                | 0                             | 1,260                              | 0 %                          |
| 10Total                                                    | 20                                              | 16,924                        | 70,705                               |                               | 70,705                             | 0 070 %                      |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

4,674,613

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

12,883,139

6Enter Medicare allowable costs of care relating to payments on line 5.

6

12,209,247

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

673,892

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

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

9b

Yes

Part IVManagement Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

|  |                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
|  | See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

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)

St Vincent's St Clair

Name of hospital facility or facility reporting group

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

1

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



Part V

Facility Information (continued)

| Financial Assistance Policy                                                                                                                                                                                                                                                                           |  | Yes       | No  |           |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----|-----------|----|
| <b>9</b> 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?                                                                |  | <b>9</b>  | Yes |           |    |
| <b>10</b> Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> %<br>If "No," explain in Part VI the criteria the hospital facility used |  | <b>10</b> | Yes |           |    |
| <b>11</b> Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 00000000000000</u> %<br>If "No," explain in Part VI the criteria the hospital facility used                  |  | <b>11</b> | Yes |           |    |
| <b>12</b> Explained the basis for calculating amounts charged to patients? . . . . .<br>If "Yes," indicate the factors used in determining such amounts (check all that apply)                                                                                                                        |  | <b>12</b> | Yes |           |    |
| <b>a</b> <input checked="" type="checkbox"/> Income level                                                                                                                                                                                                                                             |  |           |     |           |    |
| <b>b</b> <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                              |  |           |     |           |    |
| <b>c</b> <input type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                   |  |           |     |           |    |
| <b>d</b> <input type="checkbox"/> Insurance status                                                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>e</b> <input checked="" type="checkbox"/> Uninsured discount                                                                                                                                                                                                                                       |  |           |     |           |    |
| <b>f</b> <input checked="" type="checkbox"/> Medicaid/Medicare                                                                                                                                                                                                                                        |  |           |     |           |    |
| <b>g</b> <input type="checkbox"/> State regulation                                                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>h</b> <input type="checkbox"/> Residency                                                                                                                                                                                                                                                           |  |           |     |           |    |
| <b>i</b> <input type="checkbox"/> Other (describe in Part VI)                                                                                                                                                                                                                                         |  |           |     |           |    |
| <b>13</b> Explained the method for applying for financial assistance? . . . . .                                                                                                                                                                                                                       |  | <b>13</b> | Yes |           |    |
| <b>14</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                      |  | <b>14</b> | Yes |           |    |
| <b>a</b> <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website                                                                                                                                                                                                 |  |           |     |           |    |
| <b>b</b> <input type="checkbox"/> The policy was attached to billing invoices                                                                                                                                                                                                                         |  |           |     |           |    |
| <b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms                                                                                                                                                                                   |  |           |     |           |    |
| <b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices                                                                                                                                                                                                 |  |           |     |           |    |
| <b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility                                                                                                                                                                              |  |           |     |           |    |
| <b>f</b> <input checked="" type="checkbox"/> The policy was available upon request                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>g</b> <input type="checkbox"/> Other (describe in Part VI)                                                                                                                                                                                                                                         |  |           |     |           |    |
| Billing and Collections                                                                                                                                                                                                                                                                               |  |           |     |           |    |
| <b>15</b> 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? . . . . .                                                     |  | <b>15</b> | Yes |           |    |
| <b>16</b> 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                                                 |  |           |     |           |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency                                                                                                                                                                                                                                          |  |           |     |           |    |
| <b>b</b> <input type="checkbox"/> Lawsuits                                                                                                                                                                                                                                                            |  |           |     |           |    |
| <b>c</b> <input type="checkbox"/> Liens on residences                                                                                                                                                                                                                                                 |  |           |     |           |    |
| <b>d</b> <input type="checkbox"/> Body attachments                                                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                       |  |           |     |           |    |
| <b>17</b> 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? . . . . .                                                              |  |           |     | <b>17</b> | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged                                                                                                                                                                                                                   |  |           |     |           |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency                                                                                                                                                                                                                                          |  |           |     |           |    |
| <b>b</b> <input type="checkbox"/> Lawsuits                                                                                                                                                                                                                                                            |  |           |     |           |    |
| <b>c</b> <input type="checkbox"/> Liens on residences                                                                                                                                                                                                                                                 |  |           |     |           |    |
| <b>d</b> <input type="checkbox"/> Body attachments                                                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                       |  |           |     |           |    |

Part V

Facility Information (continued)

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

☒

Notified individuals of the financial assistance policy on admission
- b

☒

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

☒

Notified individuals of the financial assistance policy in communications with the 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
- e

☐

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

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

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

**Part V Facility Information** *(continued)*

**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.

[illegible]

**Part V**

**Facility Information** *(continued)*

**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 | Type of Facility (describe) |
|------------------|-----------------------------|
| <b>1</b> _____   |                             |
| <b>2</b> _____   |                             |
| <b>3</b> _____   |                             |
| <b>4</b> _____   |                             |
| <b>5</b> _____   |                             |
| <b>6</b> _____   |                             |
| <b>7</b> _____   |                             |
| <b>8</b> _____   |                             |
| <b>9</b> _____   |                             |
| <b>10</b> _____  |                             |

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
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| 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 costing 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 were calculated and applied. |

| Form and Line Reference | Explanation                                                                                                                                                                              |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 7g         | The Organization employs its physicians at physician clinics, so the associated costs and charges relating to those physician services are included in all relevant categories in Part I |

| Form and Line Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II, Community Building Activities | <p>St Vincent's Health System provided the following community building activities in FY 2014 St Vincent's Health System has taken the lead in creating a Community Health Care Provider Coalition that meets every other month to collaborate, coordinate and educate each other and the community about important health issues and resources This group includes hospitals, mental health providers, non-profit clinics, local health department, and other service providers St Vincent's Heart Day - A System-wide initiative with its main goal to assist individuals to access heart tests at an affordable cost if they would otherwise be unable to access such services Heart assessment tests (valued at \$350) are made available for a low fee of \$40 Follow up by Dial-A-Nurse is offered to those who need additional testing Dial-A-Nurse - Registered nurses are available during normal business hours to answer health information inquiries They are able to triage callers who express symptoms and give basic information about health conditions St Vincent's Christmas Store - A Christmas program in partnership with Catholic Center of Concern and Kin's Home that works to provide families who have experienced an emergency with Christmas items as well as health information The program provides a toy, winter coat, food box with fresh produce, books for the children and the option for parents to receive a free flu shot It is a collaborative effort between St Vincent's Birmingham, St Vincent's East and St Vincent's One Nineteen King's Home - St Vincent's One Nineteen provides assistance to this local home for women and children experiencing homelessness or domestic violence One Nineteen hosts a race event benefiting the organization and residents participate in the Christmas Store initiative Camp Bluebird is a St Vincent's Birmingham and St Vincent's East program for adult cancer survivors The camp provides retreat and supportive services for participants The model has acquired national recognition and other healthcare providers have adopted the program's model St Vincent's Wellness Services provide a wide variety of community outreach and health education From free or low cost workshops to health fairs and classes, the outreach is designed to emphasize healthy living and healthy habits Wellness Services perform screenings at local churches free of charge and at events related to the Hispanic Outreach program and Elder Care Wellness services provides programming in local assisted living facilities, especially those in underserved areas, free of charge They have also worked closely with schools and neighborhood organizations to provide programs about nutrition to children and young adults St Vincent's Birmingham and St Vincent's East both maintain a cancer registry, which provides information for the community's benefit These two facilities also support research that is unsponsored but ultimately benefits the greater community as well As a Health System, St Vincent's is committed to disaster preparedness, especially in light of recent events Our System Safety Officer facilitates trainings and education above and beyond what is required to ensure that the employees are more than prepared for any emergency situations St Vincent's St Clair, Blount and East all participate in local organizations such as Rotary Club and Kiwanis to educate local leaders about health issues St Vincent's Case Management at all facilities frequently go above and beyond the required care by providing assistance in applying for public benefits (MedAssist), providing transportation services for medical appointments (shuttle service), sponsoring sitters/companions for those who are unable to afford, and medication assistance to those who cannot afford prescriptions St Vincent's East provides community support in the form of various on-campus support groups The groups include support for cancer survivors, individuals living with low vision, gastric bypass, diabetes, grief support and heart health At every St Vincent's facility, students and interns shadow and train with associates in a variety of fields nursing, physical therapy, health information management, business administration, respiratory therapy, patient care assisting, phlebotomy, medical secretary, radiology, surgery, sterile processing, as well as a medical residency program and clinic in collaboration with St Vincent's East We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those unable to pay for their health care needs, and provide services to other organizations that allow them to provide quality services to their patients or constituents St Vincent's Health System currently partners with local chapters of national organizations with intent to assist those with varying health issues Among the organizations that associates may volunteer</p> |

| Form and Line Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II, Community Building Activities | with, participate in and raise funds for are American Cancer Society, American Diabetes Association, American Heart Association, Leukemia and Lymphoma Society, March of Dimes, Susan G Komen for the Cure, Dispensary of Hope, Red Cross, and United Way Local health-related organizations that receive support from St Vincent's Health System include Birmingham AIDS Outreach, Tot Shots (free vaccination program), Sickle Cell Foundation, Cahaba Valley Health Care (dental and vision), Office of Women's Health, and M-POWER Ministries (free clinic) Other organizations in the community that St Vincent's sponsors and supports are - Cristo Rey, an internship program for inner city youth at Holy Family Catholic School- Royal Family Kids Camp, which provides a summer camp experience for foster care children, - Magic City Harvest, provides food distribution to homeless shelters- Ladies of Charity, raise funds and volunteer in the spirit of St Vincent dePaul, - The Nest, a homeless health outreach- Christian Service Mission, provides emergency donations and need (especially in recent disaster relief efforts)- YWCA and Pathways, a set of services designed to assist homeless women become self-sufficient- Our Lady of Fatima and St Barnabas Catholic Schools, which provide private school education in underserved communities- The Exceptional Foundation, that supports mentally challenged children to learn skills and socialize - Jones Valley Urban Farm, which supports urban farming and healthy nutrition |



| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Line 2        | Bad debt expense recorded on the financial statements is the sum of the following - Bad debt write-offs on patient accounts that are deemed uncollectible during the year, and- A reserve estimate on accounts receivable (unpaid patient accounts) of what will be deemed uncollectible in the future on these accounts This estimate is developed using a hindsight methodology |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Line 4        | <p>From the consolidated audited financial statements of Ascension Health Alliance (which includes the activity of St Vincent's Health System) 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</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                    |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Line 8        | 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 The cost-to-charge ratio method is used in determining the shortfall |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Line 9b       | St Vincent's Health System follows the Ascension guidelines for collection practices related to patients qualifying for charity or financial assistance. A patient can apply for charity or financial assistance at any time during the collection cycle. Once qualifying documentation is received the patient's account is adjusted. Patient accounts for the qualifying patient in the previous six months may also be considered for charity or financial assistance. Once a patient qualifies for charity or financial assistance, all collection activity is suspended. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 2         | Our most recent community needs assessment was conducted in April 2013 by our parent company St Vincent's Health System and was limited geographically to the seven counties served by St Vincent's Health System. The assessment was completed by interviewing key stakeholders both within St Vincent's Health Care System and in the external community. The interviews were conducted between December 2012 and April 2013. Interviewees included a range of CEO's and program managers from area health care organizations, and more than 50 interviews were completed. The needs assessment consists of census data, public health information, and findings from the interviews. These findings include an assessment of the local healthcare infrastructure and the service gaps, especially in regards to those in our community who lack access to basic healthcare services. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 3         | St Vincent's Health System uses visual aids to inform patients of available financial assistance. The statement of Patient Financial Services Financial Assistance is displayed at all registration areas throughout the Hospital, including the Emergency Department to make patients aware that assistance is available. Our staff, when discussing collections with patients, also makes patients aware of the available assistance if they are unable to pay. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 4         | St Vincent's Health System primarily services residents of central Alabama in the following seven counties Blount, Cullman, Jefferson, Shelby, St Clair, Talladega, and Walker - Our primary service area consists of both rural and urban communities with a population of 658,931 and median income of \$45,750 - Age of population 23 55% age 0-18, 54 7% age 19-64, 13 3% age 65+ - Ethnicity 54 7% White non-Hispanic, 42 3% Black non-Hispanic, 1 9% Other - Language English speaking 94 2%, Non-English age 55+ 5 8% - Insurance coverage breakdown 38 6% Private, 45 0% Medicare, 8 2% Medicaid, and 8 2% Uninsured - Poverty 16 2% on average in poverty - Hospitals in service area 13 total, 11 Nonprofit, 2 For profit, 1 academic medical center - Health Statistics- Obesity 32% - Leading causes of death Heart disease, Cancer, Stroke |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |              |                         |              |                   |                         |    |        |            |  |                   |     |        |            |  |                     |    |       |           |  |                       |    |       |           |  |       |     |         |            |  |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|-------------------------|--------------|-------------------|-------------------------|----|--------|------------|--|-------------------|-----|--------|------------|--|---------------------|----|-------|-----------|--|-----------------------|----|-------|-----------|--|-------|-----|---------|------------|--|
| Part VI, Line 5         | <p>This report illustrates the significant degree to which St Vincent's Health System, through its four hospitals and Health &amp; Wellness facilities, contributes to the positive health status of the communities we serve. The System's four hospitals include St Vincent's Birmingham, St Vincent's East, St Vincent's Blount and St Vincent's St Clair. Each hospital has a separate Tax ID number. Each makes an important contribution to caring for their community, including those who are underserved. As a member of Ascension Health, St Vincent's Health System continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and the community as a whole. The Health System's mission is to extend the healing ministry of Christ. The hospitals of the health system further the mission through the delivery of patient services, care to the elderly and indigent, patient education, and health awareness programs for the community. Our concern for all human life and commitment to the dignity of each person leads us to provide medical services to all people in the community without regard to race, creed, national origin, economic status, or ability to pay. Based on our Core Values and in the spirit of principles adopted by Ascension Health, our Health System has taken proactive steps to address those issues that affect accessibility, the financing, and the delivery of health care to all persons, especially the uninsured, underinsured, and the underserved. The following chart demonstrates the significant number of patient days and the estimated unreimbursed cost of services provided by our four hospitals to the uninsured or underserved.</p> <table><tr><th>FY14 Number of</th><th>Number of</th><th>Estimated Licensed Beds</th><th>Patient Days</th><th>Unreimbursed Cost</th></tr><tr><td>St Vincent's Birmingham</td><td>49</td><td>99,228</td><td>13,369,529</td><td></td></tr><tr><td>St Vincent's East</td><td>380</td><td>90,011</td><td>14,757,993</td><td></td></tr><tr><td>St Vincent's Blount</td><td>25</td><td>5,017</td><td>1,857,648</td><td></td></tr><tr><td>St Vincent's St Clair</td><td>40</td><td>9,108</td><td>2,855,833</td><td></td></tr><tr><td>Total</td><td>944</td><td>203,364</td><td>32,841,003</td><td></td></tr></table> <p>St Vincent's Health System has a deep commitment to serving the community. We earmark a certain percentage of our yearly profits for charitable donations. Through this charitable donation program, we are able to support local chapters of national organizations such as the American Cancer Society, the American Heart Association, March of Dimes, and Susan G. Komen for the Cure. We also fund local programs and initiatives such as the United Way. Many of our executives serve on the boards of these organizations. We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those unable to pay for their healthcare needs, and provide services to other organizations that allow them to provide quality services to their patients or constituents. Some of these services include Liz Moore Low Vision Center located at St Vincent's East, Jeremiah's Hope Skills Program, Hispanic Outreach Ministry, Access to Care program and Elder Care Services program which are all located at St Vincent's Birmingham. The goal of the Liz Moore Low Vision Center at St Vincent's East is to assist the person with low vision to use functional vision to the utmost capacity. A person with low vision may be legally blind but able to function with visual aids that enhance the remaining vision. With the assistance of magnification, and adaptations of the special low vision aids that are useful for certain daily tasks, the visually impaired person can function with less difficulty. The Vision Center provides services for the person with low vision. These services are designed to benefit a person's daily life activities, which may be hindered by the visual loss. St Vincent's Birmingham Jeremiah's Hope Skills Program focuses on training at-risk individuals, particularly women, for entry level jobs in the healthcare industry. Today, more than 500 people have graduated from Jeremiah's Hope, and most are still working in the healthcare industry. St Vincent's has also recently partnered with Jeff State Community College to begin identifying "under-employed" individuals from within our own workforce and training them to become nurses. Philanthropy allowed this revolutionary program to blossom and it has now become a model for other healthcare facilities nationwide. In 2003, St Vincent's Birmingham initiated a Hispanic Outreach program, La Sana Esperanza/The Healthy Hope, recognizing the changing demographics in Birmingham. This program provides health and medical assistance to the burgeoning Latino population, often an isolated sector of our community. By identifying and placing high-risk persons in our Access To Care Program, we are providing critical care for those in need in a fiscally responsible manner. We have provided health fairs, health screenings, health information, case management assistance, and language assistance to a myriad of persons within the Birmingham community in order to break down</p> | FY14 Number of          | Number of    | Estimated Licensed Beds | Patient Days | Unreimbursed Cost | St Vincent's Birmingham | 49 | 99,228 | 13,369,529 |  | St Vincent's East | 380 | 90,011 | 14,757,993 |  | St Vincent's Blount | 25 | 5,017 | 1,857,648 |  | St Vincent's St Clair | 40 | 9,108 | 2,855,833 |  | Total | 944 | 203,364 | 32,841,003 |  |
| FY14 Number of          | Number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Estimated Licensed Beds | Patient Days | Unreimbursed Cost       |              |                   |                         |    |        |            |  |                   |     |        |            |  |                     |    |       |           |  |                       |    |       |           |  |       |     |         |            |  |
| St Vincent's Birmingham | 49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 99,228                  | 13,369,529   |                         |              |                   |                         |    |        |            |  |                   |     |        |            |  |                     |    |       |           |  |                       |    |       |           |  |       |     |         |            |  |
| St Vincent's East       | 380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 90,011                  | 14,757,993   |                         |              |                   |                         |    |        |            |  |                   |     |        |            |  |                     |    |       |           |  |                       |    |       |           |  |       |     |         |            |  |
| St Vincent's Blount     | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5,017                   | 1,857,648    |                         |              |                   |                         |    |        |            |  |                   |     |        |            |  |                     |    |       |           |  |                       |    |       |           |  |       |     |         |            |  |
| St Vincent's St Clair   | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9,108                   | 2,855,833    |                         |              |                   |                         |    |        |            |  |                   |     |        |            |  |                     |    |       |           |  |                       |    |       |           |  |       |     |         |            |  |
| Total                   | 944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 203,364                 | 32,841,003   |                         |              |                   |                         |    |        |            |  |                   |     |        |            |  |                     |    |       |           |  |                       |    |       |           |  |       |     |         |            |  |



| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 5         | <p>n the barriers that lead to poor health in the Latino population The Access to Care Program is a healthcare option for the "working poor" in the Birmingham area, serving individuals who are employed but lack health insurance The Clinic treats up to 350 patients at any given time, providing for all of their healthcare needs at no cost to the patient St Vincent's works with patients to identify ways to acquire insurance and screens patients based on a willingness to make life changes conducive to good health This charity care is only made possible because of charitable gifts which provide the equipment, space and staffing the Clinic needs The Clinic is a service for those patients who have no other options and is possible because of the many philanthropists who support this ministry The St Vincent's Birmingham Elder Care Services Program was created in response to a need expressed by a donor to St Vincent's Foundation That donor is a self-described Elder Orphan She has few family members and no prospects to assist her with care as she ages She worries about her future when the time comes when she is no longer able to drive herself to and from physician appointments and to the grocery store She trusts St Vincent's to care for her medical needs and wondered if there was a way for St Vincent's to assist people like her who will need additional assistance as they age The idea was presented to Susann Montgomery -Clark in the Foundation office, and after more than two years of focus groups and meetings with St Vincent's associates, the project was officially launched Initial funding was requested from a group of focus group members who were supportive and excited about the project and a grant was obtained from the Daughters of Charity to begin work on the outline of services that the Elder Care Services Program might provide Just in its infancy, the Elder Care Program has hopes to become one that assists our original donor and those like her who will need support services in their twilight years We Are Called To - Service of the Poor - Generosity of spirit, especially for persons most in need - Reverence - Respect and compassion for the dignity and diversity of life- Integrity- Inspiring trust through personal leadership- Wisdom- Integrating excellence and stewardship- Creativity - Courageous innovation- Dedication- Affirming the hope and joy of our ministry St Vincent's Health System is made up of five facilities St Vincent's Birmingham, St Vincent's Blount, St Vincent's East, St Vincent's St Clair, and One Nineteen Health and Wellness Together, we provide a special brand of high-touch, high-tech quality care to people in more than 40 different zip codes Our healthcare family has an extensive network of skilled physicians and associates, as well as the most advanced technologies available We are a part of Ascension Health, the nation's largest Catholic and non-profit health system, with more than 150,000 associates serving in 23 states and the District of Columbia We are committed to providing healthcare that works, healthcare that is safe, and healthcare that leaves no one behind for life</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 6         | <p>St Vincent's Health System is a member of Ascension Health Alliance. Ascension Health Alliance is a Missouri nonprofit corporation formed on September 13, 2011. Ascension Health Alliance 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 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 accords 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:</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the persons living in poverty and other vulnerable persons.</li> <li>3. Cost of other programs for the persons living in poverty and other vulnerable persons includes 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.</li> <li>4. Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for persons living in poverty and other vulnerable persons, including health promotion and education, health clinics and screenings and medical research.</li> </ol> <p>Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care to persons living in poverty and community benefit programs is estimated 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.</p> |

Additional Data

Software ID:

Software Version:

EIN: 63-0931008

Name: St Vincent's Health System

990 Schedule H, Supplemental Information

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Section C. Supplemental Information for Part V, Section B.</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                                                                                                                                                                    |
| St Vincent's St Clair                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
| St Vincent's St Clair                                                                                                                                                                                                                                                                                                                                      | Part V, Section B, Line 5d <a href="https://www.stvhs.com/chassessment/svsc_community%20Assessment.pdf">https //www stvhs com/chassessment/svsc_community%20Assessment pdf</a> |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Vincent's Health System

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
63-0931008

Part I General Information on Grants and Assistance

1

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

☐ Yes ☒ No

2

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

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

| (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) Crimson Tide Sports Marketing<br>920 Paul W Bryant Drive<br>Tuscaloosa, AL 35401 | 20-1368758 |                                    | 108,125                  | 0                                 |                                                       |                                        | Sponsorship                        |
| (2) IMG College LLC<br>540 North Trade Street<br>Winston Salem, NC 27101             | 27-3646546 |                                    | 51,300                   | 0                                 |                                                       |                                        | Sponsorship                        |
| (3) Samford University<br>800 Lakeshore Drive<br>Birmingham, AL 35229                | 63-0312914 | 501(c)(3)                          | 26,750                   | 0                                 |                                                       |                                        | Sponsorship                        |
| (4) University of West Alabama<br>100 US 11<br>Livingston, AL 35470                  | 63-1074127 | 501(c)(3)                          | 25,000                   | 0                                 |                                                       |                                        | Sponsorship                        |
| (5) Troy University<br>University Avenue<br>Troy, AL 36082                           | 63-6067755 | 501(c)(3)                          | 20,000                   | 0                                 |                                                       |                                        | Sponsorship                        |
|                                                                                      |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                      |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                      |            |                                    |                          |                                   |                                                       |                                        |                                    |

2

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

3

3

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

2

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
St Vincent's Health System

Employer identification number  
63-0931008

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes   | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |       |    |
| <div><div>b</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1bYes |    |
| <div><div>2</div><div>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?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2Yes  |    |
| <div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>                                                                                                                           |       |    |
| <div><div>4</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |    |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4a    | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4bYes |    |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4c    | No |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |    |
| <div><div>5</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5a    | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5b    | No |
| <div><div>6</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6a    | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6b    | No |
| <div><div>7</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7     | No |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8     | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9     |    |

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

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

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

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

Part III Supplemental Information

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.

| Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 1a                     | St Vincent's Health System provides membership to The Summit Club and The Vestavia Country Club for one officer, as well as, Rotary and Kiwanis club memberships for one officer to facilitate networking and community benefit related to St Vincent's Health System. St Vincent's Health System provided travel to the Ascension Health Leadership Convocation in October 2013 for one officer and the spouse of the officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Part I, Line 3                      | Ascension Health, Inc., a related organization of St Vincent's Health System 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Part I, Line 4b                     | 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 organization that paid the salaries of the individuals listed in Schedule J, Part II, paid out of the supplemental nonqualified retirement plan in the amounts as noted: Terry Brannon - \$23,689; Jan Dicesare - \$24,945; Kidada Hawkins - \$2,687; Gregory L. James - \$19,991; Carol Maietta - \$13,166; Paula McCullough - \$14,551; Elizabeth Moore - \$3,048; John D. O'Neil - \$321,384; Nan M. Priest - \$121,185. |
| Part II Description of Compensation | Executive compensation, in keeping with Ascension Health's philosophy, is in line with the national average. Compensation may include short or long term incentive pay, deferred compensation, PTO (vacation/holiday) converted to cash, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



Additional Data

Software ID:  
Software Version:  
EIN: 63-0931008  
Name: St Vincent's Health System

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

| (A) Name                                                         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                                                                  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| John D O'Neil<br>President/CEO System                            | (i)  | 585,361                                            | 664,442                             | 344,689                  | 49,800                    | 24,548                  | 1,668,840                       | 321,384                                                    |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| David A Cauble<br>EVP/CFO                                        | (i)  | 392,664                                            | 49,577                              | 18,452                   | 7,650                     | 23,579                  | 491,922                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Nan M Priest EVP/CSO                                             | (i)  | 308,460                                            | 44,842                              | 132,803                  | 7,650                     | 16,359                  | 510,114                         | 121,185                                                    |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Vicki L Briggs<br>EVP/COO                                        | (i)  | 482,300                                            | 57,046                              | 39,520                   | 7,650                     | 25,322                  | 611,838                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Gregory L James Sr<br>VP/CMO                                     | (i)  | 390,591                                            | 40,479                              | 25,838                   | 7,650                     | 16,825                  | 481,383                         | 19,991                                                     |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Carol A Maietta Sr VP<br>HR/CLO                                  | (i)  | 243,957                                            | 27,661                              | 22,072                   | 7,650                     | 14,566                  | 315,906                         | 13,166                                                     |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Robert E Ray President<br>Rural Facilities                       | (i)  | 229,822                                            | 35,354                              | 6,735                    | 6,938                     | 16,233                  | 295,082                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Lloyd K Allen<br>President/COO<br>Ambulatory Health<br>Ntwk      | (i)  | 220,167                                            | 29,107                              | 7,847                    | 6,873                     | 23,661                  | 287,655                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Kidada Y Hawkins<br>VP/COO Rural<br>Facilities                   | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                  | (ii) | 135,061                                            | 26,697                              | 10,030                   | 3,250                     | 18,086                  | 193,124                         | 2,687                                                      |
| Wayne Carmello-Harper<br>SVP Mission<br>Integration              | (i)  | 256,881                                            | 19,990                              | 4,856                    | 7,218                     | 14,841                  | 303,786                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Terry M Brannon VP<br>Revenue Cycle                              | (i)  | 171,321                                            | 20,607                              | 28,834                   | 5,513                     | 19,447                  | 245,722                         | 23,689                                                     |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Jan Dicesare VP<br>Financial Operations                          | (i)  | 134,086                                            | 14,787                              | 29,993                   | 4,332                     | 10,969                  | 194,167                         | 24,945                                                     |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| James Flynn VP<br>Regional Growth                                | (i)  | 166,034                                            | 1,308                               | 10,619                   | 2,942                     | 15,275                  | 196,178                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Gina Anderson VP<br>Clinical Integration                         | (i)  | 175,818                                            | 32,737                              | 3,344                    | 5,736                     | 6,917                   | 224,552                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Elizabeth B Moore VP<br>Marketing                                | (i)  | 191,222                                            | 21,362                              | 13,669                   | 3,250                     | 14,409                  | 243,912                         | 3,048                                                      |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Paula H McCullough<br>end 113 Former VP<br>Patient Care Services | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                  | (ii) | 189,978                                            | 21,986                              | 26,954                   | 6,067                     | 16,680                  | 261,665                         | 14,551                                                     |
| Sharon Jones Exec<br>Dir Patient Care<br>Services                | (i)  | 118,981                                            | 0                                   | 2,171                    | 3,718                     | 11,617                  | 136,487                         | 0                                                          |
|                                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2013**  
Open to Public Inspection

Name of the organization  
St Vincent's Health System

Employer identification number  
63-0931008

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) Damon Briggs              | Son of Officer                                                  | 14,451                    | Compensation for Employment    |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013****Open to Public  
Inspection**Name of the organization  
St Vincent's Health System**Employer identification number**

63-0931008

**Return  
Reference****Explanation**Form 990, Part  
IV, Line 20b

Explanation of Attached Audited Financial Statements The financial statements of St Vincent's Health System, along with its subsidiaries, fall under the full scope audit of Ascension Health Alliance The activity of St Vincent's Health System is reported in the consolidated financial statements of Ascension Health Alliance No individual audit report for St Vincent's Health System is issued Therefore, the attached audited financial statements are of Ascension Health Alliance and Affiliates (which include the activity of St Vincent's Health System)

| 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 employment at St Vincent Health System related entities |

| Return Reference                     | Explanation                                                                |
|--------------------------------------|----------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 6 | St Vincent's Health System has a single corporate member, Ascension Health |

| Return Reference                      | Explanation                                                                                                                                                           |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 7a | St Vincent's Health System has a single corporate member, Ascension Health, who has the ability to elect members to the governing board of St Vincent's Health System |

| Return<br>Reference                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 7b | Ascension 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. Management presents the form to a designated committee of St. Vincent's Health System, to review and answer questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any board member questions. |

| Return<br>Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section B, line 12c | <p>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 meeting will decide if conflicts of interest exist. Each director, principal officer, and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the 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 status.</p> |

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI,<br>Section B,<br>line 15b | <p>In determining the compensation of the organization's CEO, the process, performed by Ascension Health, a related organization of St Vincent's Health System, included a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision. The Compensation Committee reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the committee minutes. The individual was not present when his compensation was decided. In determining compensation of other officers and key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Health System compensation committee reviewed and approved the compensation. In the review of the compensation, the other officers and key employees of the organization were compared to individuals at other hospitals in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.</p> |

| 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 of 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<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, line<br>11g | Other Purchased Services Program service expenses 782,703 Management and general expenses 5,783,126 Fundraising expenses 0 Total expenses 6,565,829 Consulting Fees Program service expenses 300 Management and general expenses 1,520,340 Fundraising expenses 0 Total expenses 1,520,640 TriMedx Purchased Services Program service expenses 694,751 Management and general expenses 0 Fundraising expenses 0 Total expenses 694,751 Physician Contracted Services Program service expenses 569,381 Management and general expenses 26,400 Fundraising expenses 0 Total expenses 595,781 Other Professional Fees Program service expenses 12,518 Management and general expenses 434,879 Fundraising expenses 0 Total expenses 447,397 Dietary Purchased Services Labor Program service expenses 370,647 Management and general expenses 2,900 Fundraising expenses 0 Total expenses 373,547 Other Program service expenses 1,050,168 Management and general expenses 620,088 Fundraising expenses 0 Total expenses 1,670,256 |

| Return Reference          | Explanation                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------------------|
| Form 990, Part XI, line 9 | Transfer to/from Affiliates 141,914,773 Transfer to Sponsor -235,806 Donor Restricted -8,644 Deferred Pension 69,204 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
St Vincent's Health System

Employer identification number  
63-0931008

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) St Vincent's St Clair LLC<br>2805 Dr John Haynes Drive<br>Pell City, AL 35125<br>63-1146531        | Hospital                | AL                                               | 28,348,340          | 10,614,841                | St Vincent's Health System       |
| (2) One Nineteen ASC LLC<br>810 St Vincents Drive<br>Birmingham, AL 35205<br>63-0931008                | Shell                   | AL                                               | 0                   | 0                         | St Vincent's Health System       |
| (3) St Vincent's Physician Alliance LLC<br>810 St Vincents Drive<br>Birmingham, AL 35205<br>45-4913277 | Shell                   | AL                                               | 0                   | 0                         | St Vincent's Health System       |
|                                                                                                        |                         |                                                  |                     |                           |                                  |
|                                                                                                        |                         |                                                  |                     |                           |                                  |
|                                                                                                        |                         |                                                  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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



Part III

Identification of Related Organizations Taxable as a Partnership

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

| (a)<br>Name, address, and EIN of<br>related organization                                                             | (b)<br>Primary activity  | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|------------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                      |                          |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                      | No |                                                                            | Yes                                       | No |                                |
| (1) St Vincent Outpatient Surgery<br>Services LLC<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>20-0708162 | Outpatient<br>Surgery    | AL                                                           | N/A                                    |                                                                                                            |                                 |                                          |                                          |    |                                                                            |                                           |    |                                |
| (2) St Vincent's Sleep Disorder Center<br>LLC<br><br>810 St Vincents Drive<br>Birmingham, AL 35202<br>63-1282288     | Sleep Disorder<br>Center | AL                                                           | 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)<br>Name, address, and EIN of<br>related organization                                                           | (b)<br>Primary activity  | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                    |                          |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) Vincentian Ventures of<br>North Alabama Inc<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>63-0965456 | Misc Healthcare Services | AL                                                        | St Vincent Health<br>System         | C                                                      | -9,778,459                      | 5,970,768                                 | 100 000 %                      |                                                        | No |
| (2) Ascension Ventures<br>Corporation<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>63-1217059           | Misc Healthcare Services | AL                                                        | St Vincent Health<br>System         | C                                                      | -2,402,248                      | 463,696                                   | 100 000 %                      |                                                        | No |
| (3) Eastside Ventures Inc<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>63-0846221                       | Misc Healthcare Services | AL                                                        | St Vincent Health<br>System         | C                                                      | -352,075                        | 3,160,843                                 | 100 000 %                      |                                                        | No |
|                                                                                                                    |                          |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                    |                          |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                    |                          |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                    |                          |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

Yes

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

Yes

Yes

No

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| See Additional Data Table           |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

Schedule R (Form 990) 2013

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

[illegible]

**Part VII**

**Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:  
Software Version:  
EIN: 63-0931008  
Name: St Vincent's Health System

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

| (a)<br>Name, address, and EIN of related organization                                                              | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                    |                         |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| (1) Ascension Health Alliance<br><br>PO Box 45998<br>St Louis, MO 631345998<br>45-3358926                          | National Health System  | MO                                                     | Section 501(c)<br>(3)         | Schedule A, Line<br>11a                                       | N/A                                 |                                                        | No |
| (1) Ascension Health<br><br>PO Box 45998<br>St Louis, MO 63145<br>31-1662309                                       | National Health System  | MO                                                     | Section 501(c)<br>(3)         | Schedule A, Line<br>11a                                       | Ascension Health Alliance           |                                                        | No |
| (2) St Vincent's Birmingham<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>63-0288864                     | Hospital                | AL                                                     | Section 501(c)<br>(3)         | Schedule A, Line 3                                            | St Vincent's Health System          | Yes                                                    |    |
| (3) St Vincent's Blount<br><br>150 Gilbreath Drive<br>Oneonta, AL 35121<br>63-0909073                              | Hospital                | AL                                                     | Section 501(c)<br>(3)         | Schedule A, Line 3                                            | St Vincent's Health System          | Yes                                                    |    |
| (4) St Vincent's East<br><br>50 Medical Park East Drive<br>Birmingham, AL 35235<br>63-0578923                      | Hospital                | AL                                                     | Section 501(c)<br>(3)         | Schedule A, Line 3                                            | St Vincent's Health System          | Yes                                                    |    |
| (5) American Sports Medicine Institute<br><br>2660 10th Avenue South No 505<br>Birmingham, AL 35205<br>63-0952490  | Sports Medicine         | AL                                                     | Section 501(c)<br>(3)         | Schedule A, Line 7                                            | St Vincent's Birmingham             | Yes                                                    |    |
| (6) Universal Health Services<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>63-0932323                   | Physician Group         | AL                                                     | Section 501(c)<br>(3)         | Schedule A, Line<br>11b                                       | St Vincent's Health System          | Yes                                                    |    |
| (7) St Vincent's Foundation of Alabama Inc<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>63-0868068      | Fundraising             | AL                                                     | Section 501(c)<br>(3)         | Schedule A, Line 7                                            | St Vincent's Health System          | Yes                                                    |    |
| (8) Seton Property Corporation of North Alabama<br><br>810 St Vincents Drive<br>Birmingham, AL 35205<br>23-7326976 | Real Estate             | AL                                                     | Section 501(c)<br>(2)         | N/A                                                           | St Vincent's Health System          | Yes                                                    |    |

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

| (a)<br>Name of other organization           | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining<br>amount involved |
|---------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| St Vincent's Birmingham                     | P                               | 44,670,791             | Journal Entry<br>Transaction                    |
| St Vincent's East                           | P                               | 26,829,334             | Journal Entry<br>Transaction                    |
| St Vincent's Blount                         | P                               | 2,513,894              | Journal Entry<br>Transaction                    |
| Universal Health Services                   | P                               | 117,461                | Journal Entry<br>Transaction                    |
| Vincentian Ventures of North Alabama Inc    | P                               | 3,097,034              | Journal Entry<br>Transaction                    |
| Seton Property Corporation of North Alabama | P                               | 552,037                | Journal Entry<br>Transaction                    |
| American Sports Medicine Institute          | P                               | 218,113                | Journal Entry<br>Transaction                    |
| Ascension Ventures Corporation              | P                               | 746,332                | Journal Entry<br>Transaction                    |
| Eastside Ventures Inc                       | P                               | 767,187                | Journal Entry<br>Transaction                    |
| Seton Property Corporation of North Alabama | K                               | 79,059                 | Journal Entry<br>Transaction                    |
| St Vincent's Foundation of Alabama Inc      | C                               | 175,784                | Journal Entry<br>Transaction                    |
| Ascension Health                            | Q                               | 72,563,609             | Journal Entry<br>Transaction                    |
| Seton Property Corporation of North Alabama | R                               | 1,095,164              | Journal Entry<br>Transaction                    |
| Ascension Health                            | C                               | 336,325                | Journal Entry<br>Transaction                    |
| American Sports Medicine Institute          | Q                               | 2,404,870              | Journal Entry<br>Transaction                    |
| Ascension Ventures Corporation              | Q                               | 4,708,483              | Journal Entry<br>Transaction                    |
| Eastside Ventures Inc                       | Q                               | 12,300,356             | Journal Entry<br>Transaction                    |
| Seton Property Corporation of North Alabama | Q                               | 37,222,441             | Journal Entry<br>Transaction                    |
| St Vincent's Blount                         | Q                               | 28,333,083             | Journal Entry<br>Transaction                    |
| St Vincent's East                           | Q                               | 255,827,032            | Journal Entry<br>Transaction                    |
| St Vincent's Birmingham                     | Q                               | 212,935,947            | Journal Entry<br>Transaction                    |
| Universal Health Services                   | Q                               | 9,160,274              | Journal Entry<br>Transaction                    |
| Vincentian Ventures of North Alabama Inc    | Q                               | 20,756,730             | Journal Entry<br>Transaction                    |

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

# Ascension

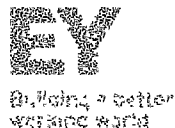
## Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

### Contents

|                                                                                                                        |    |
|------------------------------------------------------------------------------------------------------------------------|----|
| Report of Independent Auditors.....                                                                                    | 1  |
| Consolidated Financial Statements                                                                                      |    |
| Consolidated Balance Sheets .....                                                                                      | 3  |
| Consolidated Statements of Operations and Changes in Net Assets .....                                                  | 5  |
| Consolidated Statements of Cash Flows.....                                                                             | 7  |
| Notes to Consolidated Financial Statements.....                                                                        | 9  |
| Supplementary Information                                                                                              |    |
| Report of Independent Auditors on Supplementary Information .....                                                      | 66 |
| Schedule of Net Cost of Providing Care of Persons<br>Living in Poverty and Other Community Benefit Programs .....      | 67 |
| Credit Group Consolidated Balance Sheets as of June 30, 2014 and 2013 .....                                            | 68 |
| Credit Group Consolidated Statements of Operations and Changes in Net Assets<br>for the Years Ended June 30, 2014..... | 70 |
| Schedule of Credit Group Cash and Investments .....                                                                    | 72 |
| Schedule of Credit Group Statistical Information .....                                                                 | 73 |





## 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**

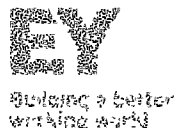
Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial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

### **Auditor's Responsibility**

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

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

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



## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of 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

# Ascension

## Consolidated Balance Sheets (Dollars in Thousands)

|                                                                                                                                    | June 30,      |               |
|------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
|                                                                                                                                    | 2014          | 2013          |
| <b>Assets</b>                                                                                                                      |               |               |
| Current assets                                                                                                                     |               |               |
| Cash and cash equivalents                                                                                                          | \$ 618,418    | \$ 753,555    |
| Short-term investments                                                                                                             | 109,081       | 113,825       |
| Accounts receivable, less allowance for doubtful accounts<br>(\$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          |
| <b>Liabilities and net assets</b>                              |               |               |
| 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 June 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 \$1 billion line of credit and issuing commercial paper. The commercial paper program is supported by the \$1 billion line of credit.

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

# Ascension

## 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<br>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     |
| Employee 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,<br>restructuring and nonrecurring losses, net                                                | 19,386,269          | 16,017,377    |
| Income from operations before self-insurance trust fund investment<br>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<br>and losses attributable to controlling interest                                            | 1,810,512           | 3,066,928     |

*Continued on next page*

# Ascension

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

|                                                                                                        | Year Ended June 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,<br>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*

# Ascension

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

|                                                                                                                                              | Year Ended June 30, |              |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------|
|                                                                                                                                              | 2014                | 2013         |
| <b>Operating activities</b>                                                                                                                  |                     |              |
| 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 gain on interest rate swaps                                                                                                         | (303)               | (303)        |
| Gain 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 in                                                                                                                       |                     |              |
| 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) in                                                                                                                       |                     |              |
| 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

# Ascension

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

|                                                               | Year Ended June 30, |                   |
|---------------------------------------------------------------|---------------------|-------------------|
|                                                               | 2014                | 2013              |
| <b>Investing activities</b>                                   |                     |                   |
| 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)         |
| <b>Financing activities</b>                                   |                     |                   |
| 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 in) 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                      | <u>\$ 618,418</u>   | <u>\$ 753,555</u> |

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



# Ascension

## 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.

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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:

|                         | <b>Year Ended June 30,</b> |             |
|-------------------------|----------------------------|-------------|
|                         | <b>2014</b>                | <b>2013</b> |
| Other revenue           | \$ 83,317                  | \$ 105,173  |
| Nonoperating gains, net | 5,539                      | 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.

## Ascension

### 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.

## Ascension

### 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:

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

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.

# Ascension

## 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:

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

## Ascension

### 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.



## Ascension

### 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.

# Ascension

## 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            |
|                                    | <u>100 %</u> | <u>100 %</u> |

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           |
|                                    | <u>100 %</u> | <u>100 %</u> |

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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                        | <u>(2,144,948)</u>         |
| Subtotal                                              | 2,750,795                  |
| Less: March 31, 2013 Investment in Via Christi Health | <u>(545,018)</u>           |
| Fair value of net assets                              | <u><u>\$ 2,205,777</u></u> |

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.

## Ascension

### 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.

|                                                                | <b>Year Ended<br/>June 30, 2013</b> |
|----------------------------------------------------------------|-------------------------------------|
| 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     | 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 pro forma 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.



## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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.

# Ascension

## 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.

|                                                                 | <b>June 30,</b> |               |
|-----------------------------------------------------------------|-----------------|---------------|
|                                                                 | <b>2014</b>     | <b>2013</b>   |
| 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 |

## Ascension

### 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.

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

## Ascension

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

#### 5. Cash and Investments (continued)

|                                                              | <b>Year Ended June 30,</b> |                   |
|--------------------------------------------------------------|----------------------------|-------------------|
|                                                              | <b>2014</b>                | <b>2013</b>       |
| 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                                     | <u>\$ 1,427,827</u>        | <u>\$ 684,076</u> |

#### 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.

## Ascension

### 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.



## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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.

# Ascension

## 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                |
|-------------------------------------------------------------------------|------------|-----------|-----------|----------------------|
| <b>June 30, 2014</b>                                                    |            |           |           |                      |
| Cash and cash equivalents                                               | \$ 351,934 | \$ 3,398  | \$ —      | \$ 355,332           |
| Short-term investments                                                  | 44,193     | 23,804    | 293       | 68,290               |
| Pooled short-term investment funds                                      | 302,436    | —         | —         | 302,436              |
| U S government, state, municipal<br>and agency obligations              | —          | 3,301,360 | —         | 3,301,360            |
| Corporate and foreign fixed<br>income securities                        | —          | 1,429,694 | 230,573   | 1,660,267            |
| Asset-backed securities                                                 | —          | 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                                                |            |           |           | <u>516,046</u>       |
| Cash and investments                                                    |            |           |           | <u>\$ 16,054,754</u> |
| Securities lending collateral, in other<br>current assets               | \$ —       | \$ 3,341  | \$ —      | \$ 3,341             |
| Benefit plan assets, in other<br>noncurrent assets                      | 235,991    | —         | 40,749    | 276,740              |
| Interest rate swaps, in other noncurrent assets                         | —          | 69,883    | —         | 69,883               |
| Investments sold, not yet purchased, in other<br>noncurrent liabilities | —          | 178,732   | —         | 178,732              |
| Interest rate swaps, included in<br>other noncurrent liabilities        | —          | 189,659   | —         | 189,659              |

# Ascension

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

### 6. Fair Value Measurements (continued)

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.

|                                                                                                                                                                                                     | Short-term investments | U S Government, State, and Agency Obligations | 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------|-----------------------------------------------|-------------------------|-------------------|--------------------------------------|--------------|-----------------------------------------|---------------------|
| <b>Year Ended</b>                                                                                                                                                                                   |                        |                                               |                                               |                         |                   |                                      |              |                                         |                     |
| <b>June 30, 2014</b>                                                                                                                                                                                |                        |                                               |                                               |                         |                   |                                      |              |                                         |                     |
| Beginning balance                                                                                                                                                                                   | \$ 238                 | \$ 5,829                                      | \$ 391,287                                    | \$ 117,033              | \$ 2,163          | \$ 799,414                           | \$ 2,857,114 | \$ 831,182                              | \$ 35,662           |
| Total realized and unrealized gains (losses)                                                                                                                                                        |                        |                                               |                                               |                         |                   |                                      |              |                                         |                     |
| Included in income from operations                                                                                                                                                                  | —                      | 3                                             | 178                                           | 1                       | 8,287             | —                                    | (11)         | 8                                       | —                   |
| Included in nonoperating gains (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.

# Ascension

## 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    | Level 2    | Level 3   | Total                |
|----------------------------------------------------------------------|------------|------------|-----------|----------------------|
| <b>June 30, 2013</b>                                                 |            |            |           |                      |
| 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              |
| U.S. 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                                                          | —          | —          | 2,857,114 | 2,857,114            |
| Commodities funds and other investments                              | 5,762      | (6,061)    | 831,182   | 830,883              |
| Assets not at fair value                                             |            |            |           | <u>518,233</u>       |
| Cash and investments                                                 |            |            |           | <u>\$ 15,023,827</u> |
| 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              |

# Ascension

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

### 6. Fair Value Measurements (continued)

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.

|                                                                                                                                                                                                     |    | Short-term investments | U S Government, State, and Agency Obligations | 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------|-----------------------------------------------|-----------------------------------------------|-------------------------|-------------------|--------------------------------------|-------------|-----------------------------------------|---------------------|
| <b>Year Ended</b>                                                                                                                                                                                   |    |                        |                                               |                                               |                         |                   |                                      |             |                                         |                     |
| <b>June 30, 2013</b>                                                                                                                                                                                |    |                        |                                               |                                               |                         |                   |                                      |             |                                         |                     |
| 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 operations                                                                                                                                                                  |    | —                      | 16                                            | 242                                           | 10                      | 1,489             | —                                    | 123         | (45)                                    | —                   |
| Included in nonoperating gains (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.

## Ascension

### 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.

|                                                                                                                                                                                                                                                            | June 30,   |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
|                                                                                                                                                                                                                                                            | 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                         | \$ 393,425 | \$ 408,605 |
| Variable rate demand bonds, subject to a 7-day put provision, payable through November 2039, interest (0.06% June 30, 2014) set at prevailing market rates                                                                                                 | 224,225    | 225,665    |
| 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 5.454% and 5.544%, respectively, through maturity                 | 307,300    | 307,300    |
| 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 market index plus a spread through November 2016               | 153,800    | 153,800    |
| Fixed rate put bonds (converted from an indexed put bond made 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 November 2016 | 153,690    | 153,690    |
| Fixed rate serial and term bonds payable in installments through November 2051, interest at 3.00% to 5.25%                                                                                                                                                 | 1,154,320  | 1,207,490  |
| Fixed rate serial and term bonds payable in installments through November 2039, interest at 5.00% swapped to variable rates over the life of the bonds                                                                                                     | 585,290    | 587,360    |
| Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from August 2014 through June 2021, interest at 0.90% to 5.00% through the purchase dates                                                                                    | 1,221,920  | 1,224,750  |



# Ascension

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

### 7. Long-Term Debt (continued)

|                                                                                                                                                               | June 30,  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
|                                                                                                                                                               | 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 | \$ 55,100 | \$ 56,060 |
| Fixed rate serial mode bonds payable through 2027 with purchase dates through November 2019, interest at 0.32% to 5.00%                                       | 445,435   | 446,515   |
| Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture                                                            |           |           |
| 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    |

# Ascension

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

### 7. Long-Term Debt (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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                                                                                                                                                                                                                                                                                                                                                                  | 358,415      | 368,260      |
| Total hospital revenue bonds under the Ascension Health Alliance 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                                                                                                                                                                                                                                                                                                                                              | \$ 4,994,913 | \$ 5,278,304 |

# Ascension

## 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                     | <u>\$ 4,994,913</u> | <u>\$ 5,278,304</u> |

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:

|                     | Ascension<br>Health<br>Alliance<br>MTIs | Alexian<br>Brothers<br>Health<br>System<br>MTI | Mercy<br>Regional<br>Health<br>Center,<br>Inc. MTI | The Howard<br>Young<br>Medical<br>Center, Inc.<br>MTI | St. John<br>Health<br>System<br>MTI | Ministry<br>Health<br>Care MTI | Other Debt        | Total               |
|---------------------|-----------------------------------------|------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|-------------------------------------|--------------------------------|-------------------|---------------------|
| Year ending June 30 |                                         |                                                |                                                    |                                                       |                                     |                                |                   |                     |
| 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               | <u>\$ 5,119,505</u>                     | <u>\$ 153,710</u>                              | <u>\$ 24,040</u>                                   | <u>\$ 19,185</u>                                      | <u>\$ 407,550</u>                   | <u>\$ 358,415</u>              | <u>\$ 153,991</u> | <u>\$ 6,236,396</u> |

## Ascension

### 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

## Ascension

### 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

## Ascension

### 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.

## Ascension

### 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:

|                                    | <b>June 30,</b>     |                     |
|------------------------------------|---------------------|---------------------|
|                                    | <b>2014</b>         | <b>2013</b>         |
| Ascension Health Alliance MTI      | \$ 2,128,757        | \$ 2,128,757        |
| Alexian Brothers Health System MTI | 39,220              | 47,220              |
| Ministry Health Care MTI           | 192,950             | 270,880             |
| St. John Health System MTI         | 100,000             | 125,000             |
| Total                              | <u>\$ 2,460,927</u> | <u>\$ 2,571,857</u> |

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:

|                                    | <b>June 30, 2014</b> |                   | <b>June 30, 2013</b> |                   |
|------------------------------------|----------------------|-------------------|----------------------|-------------------|
|                                    | <b>Asset</b>         | <b>Liability</b>  | <b>Asset</b>         | <b>Liability</b>  |
| Ascension Health Alliance MTI      | \$ 66,981            | \$ 169,031        | \$ 73,846            | \$ 174,413        |
| Alexian Brothers Health System MTI | —                    | 1,934             | —                    | 2,685             |
| Ministry Health Care MTI           | 2,902                | 17,938            | 2,804                | 16,492            |
| St. John Health System MTI         | —                    | 756               | —                    | 956               |
| Total                              | <u>\$ 69,883</u>     | <u>\$ 189,659</u> | <u>\$ 76,650</u>     | <u>\$ 194,546</u> |

## Ascension

### 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:

|                                    | <b>June 30, 2014</b>       |                              | <b>June 30, 2013</b>       |                              |
|------------------------------------|----------------------------|------------------------------|----------------------------|------------------------------|
|                                    | <b>Net Fair<br/>Value</b>  | <b>Collateral<br/>Posted</b> | <b>Net Fair<br/>Value</b>  | <b>Collateral<br/>Posted</b> |
| Ascension Health Alliance MTI      | <b>\$ (102,050)</b>        | <b>\$ —</b>                  | <b>\$ (100,567)</b>        | <b>\$ —</b>                  |
| Alexian Brothers Health System MTI | <b>(1,934)</b>             | <b>—</b>                     | <b>(2,685)</b>             | <b>—</b>                     |
| Ministry Health Care MTI           | <b>(15,036)</b>            | <b>16,218</b>                | <b>(13,688)</b>            | <b>23,024</b>                |
| St. John Health System MTI         | <b>(756)</b>               | <b>—</b>                     | <b>(956)</b>               | <b>—</b>                     |
| <b>Total</b>                       | <b><u>\$ (119,776)</u></b> | <b><u>\$ 16,218</u></b>      | <b><u>\$ (117,896)</u></b> | <b><u>\$ 23,024</u></b>      |

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.



## Ascension

### 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.

# Ascension

## 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.

|                                                        | <b>Year Ended June 30,</b> |              |
|--------------------------------------------------------|----------------------------|--------------|
|                                                        | <b>2014</b>                | <b>2013</b>  |
| 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.

# Ascension

## 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:

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

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

|                                          | <b>Year Ended June 30,</b> |                    |
|------------------------------------------|----------------------------|--------------------|
|                                          | <b>2014</b>                | <b>2013</b>        |
| 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              |
|                                          | <u>\$ (28,069)</u>         | <u>\$ (75,057)</u> |

|                                                | <b>Year Ended June 30,</b> |                     |
|------------------------------------------------|----------------------------|---------------------|
|                                                | <b>2014</b>                | <b>2013</b>         |
| <b>Components of net periodic benefit cost</b> |                            |                     |
| Service cost                                   | \$ 51,176                  | \$ 119,018          |
| Interest cost                                  | 343,781                    | 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                      | <u>\$ (162,886)</u>        | <u>\$ (117,514)</u> |

## Ascension

### 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:

|                                                                      | <b>June 30,</b> |             |
|----------------------------------------------------------------------|-----------------|-------------|
|                                                                      | <b>2014</b>     | <b>2013</b> |
| Weighted-average discount rate                                       | <b>4.35%</b>    | 4.88%       |
| Weighted-average rate of compensation increase                       | <b>3.81%</b>    | 3.81%       |
| Weighted-average expected long-term rate of<br>return on plan assets | <b>8.30%</b>    | 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.

## Ascension

### 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:

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

## Ascension

### 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.

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

## Ascension

### 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.

|                                                            | Level 1    | Level 2   | Level 3   | Total               |
|------------------------------------------------------------|------------|-----------|-----------|---------------------|
| <b>June 30, 2014</b>                                       |            |           |           |                     |
| Short-term investments                                     | \$ 191,495 | \$ 399    | \$ –      | \$ 191,894          |
| Derivatives receivable                                     | 7          | 15,245    | 19,404    | 34,656              |
| U S government, state, municipal<br>and agency obligations | –          | 1,704,131 | –         | 1,704,131           |
| Corporate and foreign fixed<br>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              |            |           |           |                     |
| 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                                                      |            |           |           | <u>7,764,184</u>    |
| 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             |
| Total                                                      |            |           |           | <u>299,069</u>      |
| Fair value of plan assets                                  |            |           |           | <u>\$ 7,465,115</u> |

# Ascension

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

### 9. Retirement Plans (continued)

|                                                            | Level 1    | Level 2   | Level 3   | Total               |
|------------------------------------------------------------|------------|-----------|-----------|---------------------|
| <b>June 30, 2013</b>                                       |            |           |           |                     |
| Short-term investments                                     | \$ 324,803 | \$ 20,331 | \$ —      | \$ 345,134          |
| Derivatives receivable                                     | 1,078      | 337       | 21,059    | 22,474              |
| U S government, state, municipal<br>and agency obligations | —          | 1,671,493 | 1,266     | 1,672,759           |
| Corporate and foreign fixed<br>income securities           | 25,843     | 566,812   | 53,729    | 646,384             |
| Asset-backed securities                                    | —          | 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                                                      |            |           |           | <u>7,434,009</u>    |
| Derivatives 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                                                      |            |           |           | <u>691,625</u>      |
| Fair value of plan assets                                  |            |           |           | <u>\$ 6,742,384</u> |



# Ascension

## 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:

|                                                                                     | Net<br>Derivatives | U.S.<br>Government,<br>State,<br>Municipal<br>and Agency<br>Obligations | Corporate<br>and Foreign<br>Fixed<br>Income<br>Securities | Asset-<br>Backed<br>Securities | Equity<br>Securities | Private<br>Equity and<br>Real<br>Estate<br>Funds | Hedge<br>Funds | Commodities<br>Funds and<br>Other<br>Investments |
|-------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------|----------------------|--------------------------------------------------|----------------|--------------------------------------------------|
| <b>June 30, 2014</b>                                                                |                    |                                                                         |                                                           |                                |                      |                                                  |                |                                                  |
| Beginning balance                                                                   | \$ (227,929)       | \$ 1,266                                                                | \$ 53,729                                                 | \$ 22,838                      | \$ 2,936             | \$ 747,864                                       | \$1,452,190    | \$ 271,282                                       |
| Total actual return on assets                                                       | 123,117            | 23                                                                      | 5,784                                                     | 1,182                          | 353                  | 70,779                                           | 105,507        | 21,672                                           |
| Purchases, issuances, and settlements                                               | (108,811)          | (1,289)                                                                 | (9,038)                                                   | 16,599                         | (351)                | 91,337                                           | (109,423)      | 2,609                                            |
| Transfers into (out of) Level 3                                                     | 230,047            | —                                                                       | (2,625)                                                   | (16,539)                       | 107                  | —                                                | —              | —                                                |
| Ending balance                                                                      | \$ 16,424          | \$ —                                                                    | \$ 47,850                                                 | \$ 24,080                      | \$ 3,045             | \$ 909,980                                       | \$1,448,274    | \$ 295,563                                       |
| Actual return on plan assets relating to<br>plan assets still held at June 30, 2014 | \$ 16,515          | \$ —                                                                    | \$ 2,823                                                  | \$ 869                         | \$ 555               | \$ 56,528                                        | \$ 146,882     | \$ (20,343)                                      |

|                                                                                     | Net<br>Derivatives | U.S.<br>Government,<br>State,<br>Municipal<br>and Agency<br>Obligations | Corporate<br>and Foreign<br>Fixed<br>Income<br>Securities | Asset-<br>Backed<br>Securities | Equity<br>Securities | Private<br>Equity and<br>Real<br>Estate<br>Funds | Hedge<br>Funds | Commodities<br>Funds and<br>Other<br>Investments |
|-------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------|----------------------|--------------------------------------------------|----------------|--------------------------------------------------|
| <b>June 30, 2013</b>                                                                |                    |                                                                         |                                                           |                                |                      |                                                  |                |                                                  |
| Beginning balance                                                                   | \$ 8,174           | \$ 1,903                                                                | \$ 28,308                                                 | \$ 14,243                      | \$ 1,514             | \$ 546,165                                       | \$1,187,124    | \$ 282,320                                       |
| Acquisitions                                                                        | —                  | —                                                                       | —                                                         | —                              | —                    | 37,048                                           | —              | 9,994                                            |
| Total actual return on assets                                                       | (154,133)          | 130                                                                     | (171)                                                     | (89)                           | 5                    | 54,153                                           | 147,977        | (21,032)                                         |
| Purchases, issuances, and settlements                                               | (122,486)          | (767)                                                                   | 31,994                                                    | 20,384                         | 1,417                | 98,174                                           | 156,513        | —                                                |
| Transfers into (out of) Level 3                                                     | 40,516             | —                                                                       | (6,402)                                                   | (11,700)                       | —                    | 12,324                                           | (39,424)       | —                                                |
| Ending balance                                                                      | \$ (227,929)       | \$ 1,266                                                                | \$ 53,729                                                 | \$ 22,838                      | \$ 2,936             | \$ 747,864                                       | \$1,452,190    | \$ 271,282                                       |
| Actual return on plan assets relating to<br>plan assets still held at June 30, 2013 | \$ (280,606)       | \$ 59                                                                   | \$ (2,202)                                                | \$ (115)                       | \$ 227               | \$ 54,968                                        | \$ 147,248     | \$ (21,024)                                      |

## Ascension

### 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                            | 2,499,041 |

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

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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.

## Ascension

### 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                | <u>\$ 889,400</u> |

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.

## Ascension

### 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.

|                      | <b>Future<br/>Payments<br/>Where the<br/>System is<br/>Lessee</b> | <b>Future Receipts<br/>Where the<br/>System is<br/>Sublessor/<br/>Lessor</b> | <b>Net Future<br/>Payments<br/>(Receipts)</b> |
|----------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------|
| 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                | <u>\$ 889,400</u>                                                 | <u>\$ 471,189</u>                                                            | <u>\$ 418,211</u>                             |

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.



## Ascension

### 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.

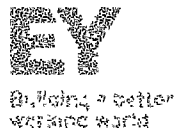
The System entered into agreements with sponsors for support through January 2017. The System's obligation under these agreements totals \$31,000 at June 30, 2014, and is included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheet.

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 | <b>\$ 29,240</b> |
| St. Vincent de Paul Series 2000A debt guarantee        | <b>28,300</b>    |
| Other guarantees and commitments                       | <b>36,200</b>    |

## Supplementary Information



Ernst & Young LLP  
1000 Pennsylvania Avenue, N.W.  
Washington, D.C. 20004-2902  
Tel: 202 412 2000  
Fax: 202 412 2001  
www.ey.com

## 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.

*Ernst & Young LLP*

September 11, 2014

## Ascension

### 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:

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

Ascension  
Credit Group<sup>1</sup> Financial Statements  
Consolidated Balance Sheets  
(Dollars in Thousands)

|                                                                                                                                    | June 30,                    |                             |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                                                                                    | 2014                        | 2013                        |
| <b>Assets</b>                                                                                                                      |                             |                             |
| Current assets                                                                                                                     |                             |                             |
| Cash and cash equivalents                                                                                                          | \$ 414,489                  | \$ 413,891                  |
| Short-term investments                                                                                                             | 60,957                      | 73,881                      |
| Accounts receivable, less allowance for doubtful accounts<br>(\$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                                                                                                               | <u>3,912,068</u>            | <u>3,909,332</u>            |
| 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                                                                                                                 | <u>3,215,793</u>            | <u>3,176,516</u>            |
| Total assets                                                                                                                       | <u><u>\$ 28,396,330</u></u> | <u><u>\$ 27,091,893</u></u> |

*Continued on next page*

<sup>1</sup>The 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.

Ascension

Credit Group<sup>1</sup> Financial Statements

Consolidated Balance Sheets (continued)

(Dollars in Thousands)

|                                                               | June 30,      |               |
|---------------------------------------------------------------|---------------|---------------|
|                                                               | 2014          | 2013          |
| <b>Liabilities and net assets</b>                             |               |               |
| 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 liabilities                      | 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 <sup>2</sup>                                            | 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 <sup>3</sup>                         | 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 |

<sup>2</sup>Includes \$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

<sup>3</sup>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)

# Ascension

## 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 <sup>4</sup>                                                                                                       | 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     |

*Continued on next page*

<sup>4</sup>Includes 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.

# Ascension

## 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                                                          |                     |              |
| 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,<br>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 <sup>5</sup>                              | 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                                                               | —                   | 11,868       |
| Other                                                                                                  | 2,109               | 3,040        |
| Increase in temporarily restricted net assets, controlling interest                                    | 14,903              | 15,980       |
| Permanently restricted net assets, controlling interest                                                |                     |              |
| Contributions                                                                                          | 10,290              | 2,581        |
| Investment return                                                                                      | 635                 | 1,744        |
| Contributions from business combinations                                                               | —                   | 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 |

<sup>5</sup>Includes 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



## Ascension

### 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                                                 | \$ 414,489                 | \$ 413,891                  |
| Short-term investments                                                    | 60,957                     | 73,881                      |
| Long-term investments                                                     | 14,970,497                 | 13,778,749                  |
| Subtotal                                                                  | <u>15,445,943</u>          | <u>14,266,521</u>           |
| 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                                           | <u>15,301,757</u>          | <u>14,006,251</u>           |
| 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 | <u>12,320,945</u>          | <u>11,314,654</u>           |
| 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                       | <u><u>\$11,126,144</u></u> | <u><u>\$ 10,204,734</u></u> |

# Ascension

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

|                         | For the Year Ended<br>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 |
| Medicare – traditional and managed | 22%      | 22%  |
| Medicaid – traditional and managed | 9        | 8    |
| Commercial and other managed care  | 46       | 43   |
| Self-Pay and other                 | 23       | 27   |
|                                    | 100%     | 100% |

# **St. Vincent's St. Clair Community Health Improvement Plan**

## **Defined Need: More or Better Community Recreation Facilities**

### **1. St. Vincent's Wellness Services**

St. Vincent's St. Clair will examine current relationships with local fitness centers as well as internally determine resources such as fitness/wellness instructors that could supplement community efforts to improve recreation access.

### **2. Community Partnerships**

St. Vincent's Health System will explore community partnerships that will improve access to recreation facilities in the greater St. Vincent's St. Clair service area. This will include projects such as: rubberized track installation at Odenville High School, park and public access in Springville, and potential YMCA or Wellness facility.

St. Vincent's St. Clair will work to refer patients and community members to existing community recreation facilities and classes to raise awareness of active lifestyle resources.

St. Vincent's St. Clair, along with local resources, the Veterans Administration and Jefferson State Community College, will examine the feasibility and need for walking/biking trails around the area in close proximity to all three facilities.

## **Defined Need: Good Nutrition/Obesity Prevention Services**

### **1. Parish Health Initiative**

St. Vincent's Health System is currently working with Catholic parishes that serve the Hispanic Community through assessing health needs and addressing preventive health concerns. This program plans to work in the St. Clair County region as well and work is underway to explore potential sites at parishes local to the area. The program consists of a congregational health assessment and training of health ambassadors within the parish to lead programs addressing health concerns such as nutrition and obesity among others (heart health, diabetes, hypertension, etc). Special nutrition education takes place with youth of the parish while parents participate in preventive health programming.

### **2. St. Vincent's Health System Wellness Programs/Services**

St. Vincent's Health System Wellness Services is actively involved in promotion of nutrition education and wellness screenings at community events in St. Clair County.

Current involvement includes screenings at: Margaret Friendship Festival, St. Clair Veteran's Resource Fair, St. Clair County Health Fair (with a collaboration of local health agencies), a Health and Wellness fair at Quintard Mall, a continuing education day with Lakeside Hospice, a women's conference at First Baptist Church South, Pell City; Family Matters event in Lincoln and the Pell City Block Party.

St. Vincent's Health System will reach out to offer nutrition education for schools in the St. Vincent's St. Clair service region.

Healthy messages – A school year's worth of subscription to healthy messages is sent to local St. Clair County Schools and are read each school day during morning announcements. All are health related and a majority address obesity and nutrition. All St. Clair County Schools are eligible to receive these free messages which are offered on an annual basis.

St. Vincent's Wellness Services host Breakfast with the Doctor, a program open to the community on a variety of topics. Plans are to expand and increase this program to educate more community members on health issues such as obesity, nutrition, diabetes and heart health.

St. Vincent's St. Clair serves as a site for Scale Back Alabama and expects to continue this initiative to reduce obesity and promote weight loss. St. Vincent's will work to increase participation in this event to show an increase in weight loss efforts in the community.

### **3. Local Farmer's Market**

St. Vincent's St. Clair will explore the possibility of offering support and expansion to the local farmer's market to promote healthy eating and fresh food access.

### **4. Community Partnerships**

St. Vincent's St. Clair will continue to strengthen community partnerships with organizations that address nutrition and obesity prevention. County Extension Services offer various classes and referral processes will be developed for patient education.

### **5. Athletic Training/Sports Program Support**

St. Vincent's Health System has a commitment to leadership in encouraging school sports programs and professional athletic trainers on site at local schools. Among those served in St. Clair County include: Springville High School and St. Clair High School.

## **Defined Need: Cardiac Health Education**

### **1. St. Vincent's Health System Heart Day Initiative**

Each year, St. Vincent's Health System hosts Heart Day at each facility. This is to address cardiac health in an affordable way. Four screenings are provided: blood pressure, lipid profile, EKG and metabolic profile at low cost (\$40). At St. Vincent's St. Clair, 250 patients were screened at the 2013 event and expansion of the available number to be screened is expected to increase. A cardiologist is on site to provide for urgent needs and patients receive results and follow up care/information via St. Vincent's Dial-A-Nurse program.

### **2. Go Red Initiatives**

St. Vincent's Health System works closely with the American Heart Association to educate the community during February, heart month. Each facility hosts "Go Red" events and educational opportunities. Screenings are also offered to raise awareness of heart health and signs/symptoms of heart failure. Dial-A-Nurse provides constant education for individuals who call with questions or symptoms in need of triage.

### **3. Impact Program**

The St. Vincent's Health System Impact Program, active at all four facilities, works with Congestive Heart Failure (CHF) patients to address education and prevention of need for emergency services. Program provides follow up to coordinate physician office visits, transportation (when needed) and medication education.

### **4. Community Publications**

St. Vincent's Health System circulates 19,000 health information publications in the St. Clair community quarterly. These include physician-written articles, resource information and timely health information for readers. St. Vincent's Health System will continue to focus on health issues, especially those related to nutrition, obesity prevention and other defined health priorities for St. Vincent's St. Clair's service area.

## **Defined Need: Hypertension/Stroke Prevention**

### **1. St. Vincent's Wellness Services**

As part of St. Vincent's Wellness Services, routine blood pressure screenings are performed to assist community members in recognizing and identifying symptoms of hypertension and stroke.

### **2. Dispensary of Hope**

Dispensary of Hope is a program rooted in Nashville, Tennessee that collects and redistributes pharmaceuticals to the uninsured at no cost to the patient. St. Vincent's Birmingham has been a site for several years. Expansion plans are underway to expand sites to areas closer to patient access, such as St. Vincent's St. Clair. This will assist uninsured patients to obtain temporary medication supplies to control chronic conditions such as high blood pressure while they applied for Patient Assistance Programs to continue medication access.

## **Defined Need: Mental Health Support/Treatment**

### **1. St. Vincent's East Behavioral Health Unit Referrals**

St. Vincent's St. Clair refers patients with mental health needs to St. Vincent's East Behavioral Health Unit, due to expand in the next year to include more beds to accommodate a growing need.

### **2. Jeremiah's Hope Academy**

Jeremiah's Hope Academy, a healthcare career training academy, has recognized the growing need for trained mental health care providers and recently expanded program offerings to include Mental Health Technician training. This two-term training (24 weeks) prepares students for the national certification by the American Association of Psychiatric Technicians. As the need for quality healthcare providers in the mental health field increases, St. Vincent's is working to increase the availability of skilled mental health providers to care for these patients.

### **3. Sponsored and Supported**

St. Vincent's Health System partners with local non-profit organizations working in line with our mission, vision and values to support efforts to increase the health and well-being of the community. Ann's New Life Center for Women and ARC of St. Clair County are two of these organizations. St. Vincent's Health System provides support to Ann's New Life Center for Women and ARC of St. Clair County as supported organizations and these organizations provide direct services to clients with mental health needs. Ann's New Life Center for Women has as its mission: "to meet the physical, emotional and spiritual needs of women in crisis." ARC of St. Clair County "advocates for individuals with disabilities who need support services to be as independent as possible."

St. Vincent's Health System also partners with the YWCA who operates a confidential domestic violence shelter in St. Clair County.

### **4. Community Partnerships**

St. Vincent's Health System works with local community resources to provide referrals when appropriate, especially to VA resources. We also participate in local events that offer a variety of available resources to our community.