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Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

TO PROVIDE CHRIST-LIKE HEALING TO THE COMMUNITY THROUGH EDUCATION, TREATMENT, AND HEALTH SERVICES

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 234,887,769 including grants of \$ 1,219,664) (Revenue \$ 284,517,803)

SINCE 1900, ST BERNARDS HAS SERVED AS OUR COMMUNITY'S TRUSTED PROVIDER OF COMPREHENSIVE, COMPASSIONATE HEALTHCARE WITH OUR DEDICATED AND EXPERIENCED EMPLOYEES, ADVANCED TECHNOLOGY, AND THE LARGEST MEDICAL STAFF IN THE REGION, ST BERNARDS IS THE MEDICAL CENTER OF CHOICE TODAY, AS WELL AS IN THE FUTURE, ST BERNARDS WILL CONTINUE TO PUT PATIENTS AND COMMUNITY NEEDS FIRST BY FOCUSING ON QUALITY, SAFETY, COST CONTROL, SERVICE, AND DIVERSITY DURING FISCAL YEAR 2014, \$32,884,056 WAS SPENT FOR COMMUNITY BENEFIT AND 259,633 PERSONS WERE SERVED THROUGH HEALTH SCREENINGS, DONATIONS, EDUCATIONAL CLASSES, AND VOLUNTEER EFFORTS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)




















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

4e

Total program service expenses

234,887,769

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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		No
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	Yes	
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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	11	
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	11	
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	No
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	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization HARRY HUTCHISON 225 E JACKSON JONESBORO, AR 72401 (870) 207-4100	

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SISTER LILLIAN MARIE RETTER CHAIRPERSON	1 0 1 0	X		X				0	0	0
(2) SISTER EILEEN SCHNEIDER OSB MEMBER	1 0 1 0	X						0	0	0
(3) SISTER MONICA SWIRCZYNSKI OSB SECRETARY	1 0 1 0	X		X				0	0	0
(4) SISTER LISA O'CONNELL OSB MEMBER	1 0 1 0	X		X				0	0	0
(5) WARREN SHULL MEMBER	1 0 1 0	X						0	0	0
(6) STEVE COX MEMBER	1 0 1 0	X						0	0	0
(7) OH CLOPTON MD MEMBER	1 0 1 0	X						0	0	0
(8) BRIAN HYNEMANN MEMBER	1 0 1 0	X						0	0	0
(9) JOHN FREEMAN MEMBER	1 0 1 0	X						0	0	0
(10) GUY PATTESON CONVENER	1 0 1 0	X		X				0	0	0
(11) MARK DUCKWORTH MEMBER	1 0 1 0	X						0	0	0
(12) GARY WOODWARD CHIEF OF STAFF	1 0 1 0	X		X				0	0	0
(13) SISTER ANNE MARIE FERREICHER MEMBER	1 0 1 0	X						0	0	0
(14) DR STEVEN LOCKE CHIEF OF STAFF	1 0 1 0	X		X				0	0	0
(15) MICHAEL GIVENS ADMINISTRATOR	40 0 40 0			X				225,352	0	8,686
(16) HARRY HUTCHISON CFO	1 0 40 0			X				0	236,048	6,541
(17) CHRIS BARBER PRESIDENT/CEO	1 0 40 0			X				0	411,831	26,186

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,326,210	647,879	94,982

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 52

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THERAPY PROVIDERS OF ARK LLC, 505 EAST MATTHEWS SUITE 205 JONESBORO AR 72403	PHYSICAL THERAPY	6,374,708
EMCARE INC, 7032 COLLECTION CENTER DRIVE CHICAGO IL 60693	PHYSICIANS SERVICES	2,715,219
CARDIOLOGY ASSOCIATES OF JONESBORO, 201 E OAK AVE JONESBORO AR 71401	PHYSICIANS SERVICES	972,495
PHILIPS HEALTHCARE, 22100 BOTHELL EVERETT HWY BOTHELL WA 98041	EQUIP MAINTENANCE	962,741
CLOPTON CLINIC OF JONESBORO, 300 CARSON JONEBORO AR 72401	PHYSICIANS SERVICES	950,414

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►51

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	711,437			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	157,388			
	g	Noncash contributions included in lines 1a-1f \$	161,723			
	h	Total. Add lines 1a-1f	868,825			
Program Service Revenue	2a	PATIENT REVENUE	Business Code 621110	272,403,178	272,403,178	
	b	MEDICAID ASSESSMENT FEE	621110	12,036,344	12,036,344	
	c	SENIOR HEALTH SERVICES	621110	78,281	78,281	
	d	REFERENCE LAB	621500	1,629,859	1,629,859	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	286,147,662			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	998,615	0	0	998,615
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real 432,095	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)	432,095	0		
	d	Net rental income or (loss)	432,095	0	0	432,095
	7a	Gross amount from sales of assets other than inventory	(i) Securities 18,046,748	(ii) Other 1,282,054		
	b	Less cost or other basis and sales expenses	17,545,256	1,283,133		
	c	Gain or (loss)	501,492	-1,079		
	d	Net gain or (loss)	500,413	0	0	500,413
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue	Business Code			
	11a	EHR INCOME	900099	2,881,967		2,881,967
	b	CAFETERIA/FOOD	900099	1,634,155		1,634,155
	c	HEALTHSOUTH REHAB K-1	900099	3,466,889	3,457,505	9,384
	d	All other revenue		5,813,811	125,869	774,924
	e	Total. Add lines 11a-11d		13,796,822		
	12	Total revenue. See Instructions		302,744,432	288,101,177	2,404,783
						11,369,647

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,219,664	1,219,664		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	423,397		423,397	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	86,641,688	64,798,113	21,843,575	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,076,370	4,544,433	1,531,937	
9	Other employee benefits.	8,748,278	6,542,715	2,205,563	
10	Payroll taxes.	6,264,545	4,685,166	1,579,379	
11	Fees for services (non-employees):				
a	Management.	585,876	438,169	147,707	
b	Legal.	392,026	293,191	98,835	
c	Accounting.	245,389	183,523	61,866	
d	Lobbying.	13,162	9,844	3,318	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	167,775	125,477	42,298	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	31,237,892	23,362,385	7,875,507	
12	Advertising and promotion.	71,829	53,720	18,109	
13	Office expenses.	5,768,603	4,314,258	1,454,345	
14	Information technology.	1,890,153	1,413,619	476,534	
15	Royalties.	0			
16	Occupancy.	6,382,599	4,773,457	1,609,142	
17	Travel.	594,997	444,990	150,007	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	52,903	39,565	13,338	
20	Interest.	61,344	45,878	15,466	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	12,436,685	9,301,224	3,135,461	
23	Insurance.	1,392,505	1,041,435	351,070	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	70,661,945	70,661,945		
b	BAD DEBT EXPENSE	24,199,313	24,199,313		
c	EQUIPMENT RENTAL	5,930,101	4,435,040	1,495,061	
d	PATIENT SERVICES	4,852,454	3,629,083	1,223,371	
e	All other expenses	5,791,743	4,331,562	1,460,181	
25	Total functional expenses. Add lines 1 through 24e.	282,103,236	234,887,769	47,215,467	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		43,626,205	1	37,967,125
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		20,522,980	4	24,980,446
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,150,906	8	3,295,661
	9	Prepaid expenses and deferred charges		2,076,148	9	2,758,845
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a222,578,550			
	b	Less accumulated depreciation	10b149,561,770	77,360,149	10c	73,016,780
	11	Investments—publicly traded securities		49,000,316	11	50,147,072
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,131,036	15	6,455,399
	16	Total assets. Add lines 1 through 15 (must equal line 34)		202,867,740	16	198,621,328
Liabilities	17	Accounts payable and accrued expenses		19,868,135	17	23,026,561
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		2,523,415	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		36,851,349	25	36,083,332
	26	Total liabilities. Add lines 17 through 25		59,242,899	26	59,109,893
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		141,812,150	27	136,440,915
	28	Temporarily restricted net assets		1,812,691	28	3,070,520
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		143,624,841	33	139,511,435
	34	Total liabilities and net assets/fund balances		202,867,740	34	198,621,328

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	302,744,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	282,103,236
3	Revenue less expenses Subtract line 2 from line 1	3	20,641,196
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,624,841
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-24,754,602
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	139,511,435

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization ST BERNARDS HOSPITAL INC	Employer identification number 71-0290019
--	--

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)

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

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

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

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

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

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

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

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

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

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

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

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)

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

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

(i)

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

(ii)

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

(iii)

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

Provide the following information about the supported organization(s)

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

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

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	

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*.**

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
ST BERNARDS HOSPITAL INC

Employer identification number
71-0290019

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

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

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

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

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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 (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		25,029
j	Total. Add lines 1c through 1i.			31,529
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
FORM 990, SCHEDULE C, PAGE 3, PART II-B, LINE 1I	PERCENTAGE OF DUES TO VARIOUS PROFESSIONAL ASSOCIATIONS ALLOCABLE TO LOBBYING EXPENSES \$25,029

[illegible]

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.

Name of the organization ST BERNARDS HOSPITAL INC	Employer identification number 71-0290019
--	--

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)

Yes

No

b

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

3b

Yes

No

4

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

Part VI Land, Buildings, and Equipment. 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		4,994,751		4,994,751
b Buildings		103,340,076	63,337,819	40,002,257
c Leasehold improvements		653,067	233,339	419,728
d Equipment		109,022,926	83,891,609	25,131,317
e Other		4,567,730	2,099,003	2,468,727
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				73,016,780

Schedule D (Form 990) 2013

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.

1	Total revenue, gains, and other support per audited financial statements	1	278,545,119
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	278,545,119
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	24,199,313
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	24,199,313
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	302,744,432

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.

1	Total expenses and losses per audited financial statements	1	257,903,923
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	257,903,923
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	24,199,313
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	24,199,313
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	282,103,236

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
FORM 990, SCHEDULE D, PART X, LINE 2	THE MEDICAL CENTER HAS BEEN RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILIAR PROVISION OF STATE LAW AS SUCH, IT IS REQUIRED TO FILE IRS FORM 990 ON AN ANNUAL BASIS. THE MEDICAL CENTER IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR INCOME TAX RETURNS FILED FOR YEARS BEFORE 2011. THE MEDICAL CENTER IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE PET CENTER IS ORGANIZED AS AN ARKANSAS LIMITED LIABILITY COMPANY, WHICH IS NOT DIRECTLY SUBJECT TO INCOME TAXES UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAWS. THEREFORE, TAXABLE INCOME OR LOSS IS REPORTED TO THE INDIVIDUAL PARTNERS FOR INCLUSION IN THEIR RESPECTIVE TAX RETURNS, AND NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.
FORM 990, SCHEDULE D, PART XI, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$24,199,313
FORM 990, SCHEDULE D, PART XII, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$24,199,313

[illegible]

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 BERNARDS HOSPITAL INC

Employer identification number
71-0290019

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 <div><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities</div>		
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 <div>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 <div><input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div></div> <div>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 <div><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 _____ %</div></div> <div>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</div>	3a Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
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?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a Yes	
b	If "Yes," did the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		62,604	10,207,495		10,207,495	3 960 %
b Medicaid (from Worksheet 3, column a)		38,110	38,343,931	17,663,573	20,680,358	8 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		100,714	48,551,426	17,663,573	30,887,853	11 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	77,630	311,553	21,553	290,000	0 110 %
f Health professions education (from Worksheet 5)	2	19	67,441		67,441	0 030 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	81,260	1,630,560		1,630,560	0 630 %
j Total Other Benefits	22	158,909	2,009,554	21,553	1,988,001	0 770 %
k Total. Add lines 7d and 7j	22	259,623	50,560,980	17,685,126	32,875,854	12 750 %

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						
2Economic development						
3Community support	1	10	8,202		8,202	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	1	10	8,202		8,202	

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?

1Yes

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.

224,199,313

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.

36,049,828

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).

5110,328,305

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

693,379,060

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

716,949,245

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?

9aYes

No

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.

9bYes

No

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?
2

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

												Other (Describe)	Facility reporting group
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital					
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 BERNARDS MEDICAL CENTER

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

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input checked="" type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input checked="" type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST BERNARDS MED CTR BEHAVIORAL HLTH

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) 3

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

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in 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 type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" 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? **34**

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

Part VI

Supplemental Information

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
FORM 990, SCHEDULE H, PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE IN THE AMOUNT OF \$24,199,313 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) ("TOTAL FUNCTIONAL EXPENSES"), BUT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7	THE AMOUNTS ON LINE 7A AND 7B WERE CALCULATED USING THE COST TO CHARGE RATIO

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 4	BAD DEBT FOOTNOTE TO FINANCIAL STATEMENTS THE MEDICAL CENTER PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS AS A SERVICE TO THE PATIENT, THE MEDICAL CENTER BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT SCHEDULE H, PART III, LINE 2 WAS DETERMINED USING THE OVERALL COST TO CHARGE RATIO FOR THE MOST RECENT "AS FILED" MEDICARE COST REPORT THE AMOUNT REPORTED ON SCHEDULE H, PART III, LINE 3 WAS DETERMINED BY ANALYZING ACCOUNTS THAT HAVE BEEN DENIED FINANCIAL ASSISTANCE DUE TO A LACK OF DOCUMENTATION MANY TIMES WE ARE UNABLE TO GET PATIENTS WHO WE THINK WOULD QUALIFY FOR CHARITY TO COMPLETE OUR CHARITY APPLICATION OFTEN TIMES WE DON'T CLASSIFY SOMEONE AS CHARITY WHO WOULD EASILY QUALIFY IF THEY WOULD JUST COMPLETE THE PAPER WORK SOMETIMES, DUE TO FAULTY ADDRESSES, WE CANNOT CONTACT THESE PATIENTS TO ATTEMPT TO QUALIFY THEM AS CHARITY THERE IS A SIGNIFICANT AMOUNT OF BAD DEBT THAT IS, IN REALITY, CHARITY

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 8	THE AMOUNTS WERE PULLED FROM THE MOST RECENT "AS FILED" MEDICARE COST REPORT THE ORGANIZATION FOLLOWS CHA COMMUNITY BENEFIT GUIDELINES AND DOES NOT COUNT MEDICARE SHORTFALL AS COMMUNITY BENEFIT

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 9B	ACCOUNTS WHICH ARE DEEMED UNCOLLECTIBLE ARE REFERRED TO AN OUTSIDE AGENCY FOR COLLECTING AN ACCOUNT IS CONSIDERED UNCOLLECTIBLE WHEN THE GUARANTOR HAS HAD SUFFICIENT NOTICE AND TIME TO PAY A BILL OR MAKE ARRANGEMENTS TO PAY A BILL, BUT HAS FAILED TO DO SO MEDICARE BAD DEBT IS DEFINED ACCORDING TO CENTERS FOR MEDICARE AND MEDICAID SERVICES GUIDELINES

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 3	ALL REGISTRATION AREAS HAVE OUR FINANCIAL ASSISTANCE NOTICE EITHER ON THE REGISTRATION DESK, ON THE WALL AT REGISTRATION OR IN A DISPLAY CASE IN REGISTRATION THIS INCLUDES, GENERAL ADMISSIONS, RADIOLOGY, ER (ALSO EVERY ROOM IN THE ER), DIALYSIS, RADIATION ONCOLOGY AND HEARTCARE CENTER, IMAGING CENTER AND WOUND CENTER UPON REGISTRATION, IF REGISTERED AS A SELF PAY, A FINANCIAL APPLICATION AUTOMATICALLY PRINTS AND IS GIVEN TO THE PATIENT APPLICATIONS ALONG WITH SBHC ENVELOPES ARE DISPLAYED AT THE DESK FOR ANYONE TO PICK UP INFORMATION AND TELEPHONE NUMBERS ARE ON THE BACK OF ALL OUR STATEMENTS AND LETTERS THAT GO OUT TO PATIENTS A THIRD PARTY LOOKS AT ALL INPATIENTS THAT ARE SELF PAY AND CONTACTS THE PATIENT TO SEE IF THEY WOULD BE ELIGIBLE FOR MEDICAID, CHARITY, OR ANY OTHER ASSISTANCE OUR FINANCIAL ASSISTANCE APPLICATION AND PHONE NUMBER ARE ALSO AVAILABLE ON OUR WEB SITE WWW.STBERNARDS.INFO AND FINANCIAL ASSISTANCE INFORMATION IS PRINTED ON EACH STATEMENT MAILED TO PATIENTS

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 4	ST BERNARDS HEALTHCARE (SBHC), A NOT-FOR-PROFIT HEALTH SYSTEM, IS GUIDED BY A COMMUNITY-BASED CHARITABLE MISSION. ALTHOUGH THE ORGANIZATION'S FIRST PRIORITY IS TO PROVIDE QUALITY HEALTHCARE, AS A CORPORATE LEADER, SBHC RECOGNIZES THE POSITIVE AND CRITICAL IMPACT OF ITS COMMUNITY HEALTH INITIATIVES FOR THE RESIDENTS OF NORTHEAST ARKANSAS AND SOUTHEAST MISSOURI. THE SERVICE AREA IS DEFINED AS 23 COUNTIES, 17 IN ARKANSAS AND SIX IN MISSOURI. THE COUNTIES HAVE BEEN DIVIDED INTO PRIMARY, SECONDARY AND TERTIARY SERVICES BASED ON ADMISSIONS BY COUNTY. OF THE 23 COUNTIES, 18 COUNTIES ARE HEALTH PROFESSIONAL SHORTAGE AREAS AND 22 COUNTIES INCLUDE MEDICALLY UNDERSERVED AREAS OR MEDICALLY UNDERSERVED POPULATIONS. BASED ON 2000 CENSUS DATA, THE TOTAL SERVICE AREA POPULATION IS ESTIMATED AT 623,552 IN 2007 WITH A FORECASTED POPULATION OF 626,470 BY 2014. THE MEDIAN HOUSEHOLD INCOME FOR THE PRIMARY SERVICE AREA IS \$33,701 WHICH IS APPROXIMATELY 86% OF THE ARKANSAS MEDIAN INCOME LEVEL AT \$39,079 AND IS 66% OF THE UNITED STATES MEDIAN HOUSEHOLD INCOME AT \$49,297. BOTH THE SECONDARY AND TERTIARY SERVICE AREAS FALL BELOW THAT OF THE PRIMARY SERVICE AREA. ST BERNARDS HEALTHCARE ADDRESSES COMMUNITY HEALTH NEEDS BY IMPLEMENTING HEALTH PROMOTION, PREVENTION INTERVENTION, AND HEALTHCARE SERVICES TO THE UNINSURED, UNDERINSURED, AND UNDERSERVED POPULATIONS IN OUR PRIMARY SERVICE AREAS.

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5	THE HOSPITAL COORDINATES THE ARKANSAS HOSPITAL PREPAREDNESS PROGRAM FOR THE NORTHEAST REGION OF THE STATE THE PURPOSE IS TO ENHANCE THE CAPACITIES AND CAPABILITIES OF HEALTHCARE SYSTEMS AND FOR EXERCISING AND IMPROVING PREPAREDNESS PLANS FOR ALL-HAZARDS INCLUDING PANDEMIC INFLUENZA THE COUNTIES WITHIN THE REGION ARE CLAY, CRAIGHEAD, CRITTENDEN, CROSS, GREENE, LAWRENCE, LEE, MISSISSIPPI, MONROE, PHILLIPS, POINSETT, PRAIRIE, RANDOLPH AND ST FRANCIS COUNTIES THE REGION PARTICIPATES IN TESTING AND USING THE TANDBERGS VIDEO CONFERENCING SYSTEM THE REGION WORKS WITH ADH TO COORDINATE AND ENSURE MAINTENANCE OF THE LINE FOR THE TANDBERGS THE REGION USES EMSYSTEMS EMRESOURCE FOR HOSPITAL BED TRACKING ST BERNARDS PROVIDES A BIOTERRORISM PREPAREDNESS COORDINATOR WHO SERVES AS A CENTRAL POINT OF CONTACT FOR EMERGENCY PREPAREDNESS ACTIVITIES OF THE ARKANSAS DEPARTMENT OF HEALTH & HUMAN SERVICES THE HOSPITAL CONDUCTS BIOTERRORISM TRAINING AND EDUCATION ACTIVITIES FOR HOSPITAL STAFF AND OTHER EMERGENCY MEDICAL RESPONDERS THE HOSPITAL PARTICIPATES IN REGIONAL DRILLS AND TESTING OF HAM & AWIN RADIOS AND THE FACILITY MUST BE 100% NIMS COMPLIANT THE HOSPITAL COORDINATES WITH LOCAL OEM, EMS, PUBLIC HEALTH, COMMUNITY HEALTH CENTERS, LONG TERM HEALTH CARE, INCLUDING NURSING HOMES, AND OTHERS AS APPROPRIATE

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 6	SBHC SYSTEM FOCUSES ITS ENERGIES AND RESOURCES ON PARTNERSHIPS THAT HAVE THE GREATEST POTENTIAL FOR A POSITIVE IMPROVEMENT IN THE HEALTH AND QUALITY OF LIFE FOR INDIVIDUALS AND COMMUNITIES AREAS WHERE CONSIDERABLE ACTIVITY IS EXPENDED INCLUDE - COMMUNITY HEALTH EDUCATION, PREVENTION, EARLY DETECTION, AND INTERVENTION ACTIVITIES THAT WOULD REDUCE THE INCIDENCE AND SERIOUSNESS OF ILLNESS, THEREBY MINIMIZING THE NEED FOR PREVENTABLE AND EXPENSIVE MEDICAL INTERVENTIONS - CHRONIC DISEASE MANAGEMENT ACTIVITIES, WHICH, WHEN DONE EFFECTIVELY, MINIMIZE THE NEED FOR MEDICAL INTERVENTIONS - PROACTIVE HEALTH GRANT PROGRAMS THAT FUND COMMUNITY BASED HEALTH PROGRAMS AND INITIATIVES - INCREASING ACCESS TO HEALTH COVERAGE FOR ELIGIBLE RESIDENTS IN PROGRAMS SUCH AS AR KIDS FIRST - INCREASING ACCESS TO HEALTHCARE SERVICES FOR THOSE IN NEED REGARDLESS OF ABILITY TO PAY - COLLABORATIVE PARTNERSHIPS THAT SUPPORT THE PURPOSE OF INCREASING INDIVIDUAL AND COMMUNITY CAPACITY TO ACHIEVE THE HEALTHY COMMUNITY VISION - HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - DONATIONS OF FOOD, SURPLUS EQUIPMENT AND STAFF TIME TO ORGANIZATIONS ADDRESSING THE HEALTH NEEDS OF THE COMMUNITY - PARTNERSHIPS WHICH MOTIVATE RESIDENTS TO GIVE BACK TO THEIR COMMUNITIES TO MOVE THE COMMUNITY CLOSER TO THE HEALTHY COMMUNITY VISION

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, LINE 14	ST BERNARDS MEDICAL CENTER INCLUDES A COPY OF THE FINANCIAL ASSISTANCE POLICY IN THE DISCHARGE PACKET GIVEN TO SELF PAY PATIENTS

Additional Data

Software ID:
Software Version:
EIN: 71-0290019
Name: ST BERNARDS HOSPITAL INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, LINE 7	
FORM 990, SCHEDULE H, PART V, LINE 14G	THE FOLLOWING STATEMENT APPLIES TO BOTH LICENSED HOSPITAL FACILITIES LISTED IN PART V, SECTION A SOCIAL WORKERS PROVIDE THE POLICY TO PATIENTS THEY WORK WITH
FORM 990, SCHEDULE H, PART V, LINE 22	THE FOLLOWING STATEMENT APPLIES TO ALL THREE LICENSED HOSPITAL FACILITIES LISTED IN PART V , SECTION A SELF PAY PATIENTS RECEIVE AN AUTOMATIC DISCOUNT GROSS CHARGES ARE BILLED TO INSURANCE PATIENT OWES DIFFERENCE IN ALLOWED AND PAID
FORM 990, SCHEDULE H, PART V, LINE 18	THE FOLLOWING STATEMENT APPLIES TO ALL THREE LICENSED HOSPITAL FACILITIES LISTED IN PART V , SECTION A ATTEMPTS MADE TO CONTACT THE PATIENT PRIOR TO PLACING WITH COLLECTIONS (PHONE CALLS, STATEMENTS/LETTERS)

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

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)
ST BERNARD'S IMAGING CENTER 1144 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
REFERENCE LAB 300 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
DIALYSIS 540 EAST WASHINGTON JONESBORO,AR 72401	IMAGING CENTER
ST BERNARD'S BEHAVIORAL HEALTH UNIT 2712 EAST JOHNSON AVE JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY 225 EAST JACKSON JONESBORO,AR 72401	IMAGING CENTER
ST BERNARD'S WOUND HEALING CENTER 505 EAST MATTHEWS SUITE 201 JONESBORO,AR 72401	IMAGING CENTER
ST BERNARD'S HOME HEALTH 1726A MARIE CIRCLE JONESBORO,AR 72401	IMAGING CENTER
ST BERNARD'S HOSPICE 1726 MARIE CIRCLE JONESBORO,AR 72401	IMAGING CENTER
ST BERNARDS SENIOR HEALTH CLINIC 303 EAST MATTHEWS SUITE 202 JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY SPORTS MEDICINE 1416 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
DIALYSIS - WYNNE 310 S FALLS BLVD WYNNE,AR 72396	IMAGING CENTER
FLO & PHIL JONES HOSPICE HOUSE 1148 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY ASUSPORTS MEDICINE 333 STADIUM BLVD JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY PARKER ROAD 1001 PARKER ROAD JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY PARAGOULD 400 LINWOOD PARAGOULD,AR 72450	IMAGING CENTER

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)
PHYSICAL THERAPY SPEECH THERAPY 225 EAST JACKSON JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY - OCCUPATIONAL 4334 EAST HIGHLAND SUITE C JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY TRUMANN 1300 INDUSTRIAL DR TRUMANN,AR 72472	IMAGING CENTER
CENTER FOR WEIGHT LOSS HMR 1416 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY INDUSTRIAL REHAB 4334 EAST HIGHLAND SUITE C JONESBORO,AR 72401	IMAGING CENTER
PRE-ADMISSION TESTING 105 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
PHYSICAL THERAPY MANILA 3644 W STATE HWY 18 MANILA,AR 72442	IMAGING CENTER
ST BERNARDS BEHAVIORAL COUNSELING CENTE 615A EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
CARDIAC REHABILITATION 1416 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
DIABETES MANAGEMENT CENTER 1416 EAST MATTHEWS JONESBORO,AR 72401	IMAGING CENTER
ST BERNARD'S PET CENTER LLC PO BOX 13267 MAUMELLE,AR 72113	IMAGING CENTER
WOUND HEALING - PARAGOULD 4000 LINWOOD PARAGOULD,AR 72450	IMAGING CENTER
WOUND HEALING- WALNUT RIDGE 1309 WEST MAIN ST WALNUT RIDGE,AR 72476	IMAGING CENTER
INFUSION CENTER- PARAGOULD 4000 LINWOOD PARAGOULD,AR 72450	IMAGING CENTER
PRE-ADMISSION TESTING -PMP 4000 LINWOOD PARAGOULD,AR 72450	IMAGING CENTER

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)
LABS- MANILA 3644 W STATE HEY 18 MANILA,AR 72442	IMAGING CENTER
RADIOLOGY-MANILA 3644 W STATE HWY 18 MANILA,AR 72442	IMAGING CENTER
PRE-ADMISSION TESTING-MANILA 3644 W STATE HWY 18 MANILA,AR 72442	IMAGING CENTER
WOUND HEALING CENTER- MANILA 3644 W STATE HEY 18 MANILA,AR 72442	IMAGING CENTER

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST BERNARDS HOSPITAL INC

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
71-0290019

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) AHEC - UAMS 223 EAST JACKSON JONESBORO, AR 72401	71-6046242	501(C)(3)	1,050,000		N/A	N/A	GENERAL SUPPORT
(2) ARKANSAS HOSPITAL ASSOCIATION 419 NATURAL RES DR LITTLE ROCK, AR 72205	71-0664952	501(C)(3)	54,951		N/A	N/A	GENERAL SUPPORT
(3) ARKANSAS STATE UNIVERSITY 2713 PAWNEE STREET UNIVERSITY, AR 72467	71-6000556	501(C)(3)	20,296		N/A	N/A	GENERAL SUPPORT
(4) ARKANSAS METHODIST PO BOX 339 PARGOULD, AR 72451	71-0230218	501(C)(3)	94,417		N/A	N/A	GENERAL SUPPORT

2

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

4

3

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

Part III

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

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

Part IV

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	THE ORGANIZATION MAKES ONE TIME GRANTS TO ORGANIZATIONS QUALIFYING AS A CHARITY IN THE U S BASED ON APPLICATIONS RECEIVED BY THE ORGANIZATION GRANTS ARE FOR A SPECIFIC PURPOSE OR USE AND POST GRANT MONITORING IS PERFORMED ON AN AS NEEDED BASIS

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST BERNARDS HOSPITAL INC

Employer identification number
71-0290019

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input 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 type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" 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 checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)BRENDA MILLION VP CHIEF NURSING OFFICER	(i) (ii)	172,459 0	0 0	522 0	0 0	6,541 0	179,522 0	0 0
(2)BENJAMIN SHAW HOSPITALIST	(i) (ii)	334,147 0	30,000 0	160 0	0 0	8,686 0	372,993 0	0 0
(3)DON HOWARD INTENSIVIST	(i) (ii)	453,768 0	0 0	182 0	0 0	8,686 0	462,636 0	0 0
(4)MICHAEL GIVENS ADMINISTRATOR	(i) (ii)	225,184 0	0 0	168 0	0 0	8,686 0	234,038 0	0 0
(5)HARRY HUTCHISON CFO	(i) (ii)	0 235,319	0 0	0 729	0 0	0 6,541	0 242,589	0 0
(6)CHRIS BARBER PRESIDENT/CEO	(i) (ii)	0 388,643	0 0	0 23,188	0 17,500	0 8,686	0 438,017	0 0
(7)DR SHANE SPEIGHTS VP-MEDICAL AFFAIRS	(i) (ii)	385,320 0	20,101 0	60 0	4,149 0	8,302 0	417,932 0	0 0
(8)DR CHRISTOPHER BROWN HOSPITALIST	(i) (ii)	321,765 0	25,000 0	11,237 0	0 0	8,411 0	366,413 0	0 0
(9)DR KASEY HOLDER HOSPITALIST	(i) (ii)	321,083 0	25,000 0	54 0	492 0	8,302 0	354,931 0	0 0

Part IIISupplemental 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
FORM 990, SCHEDULE J, PART II, COLUMN D	THE INCREASE OF THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PENSION PLAN IS NOT CALCULATED ON AN INDIVIDUAL EMPLOYEE BASIS BUT RATHER ON THE EMPLOYEE GROUP TAKEN AS A WHOLE. THE INCREASE IN EACH INDIVIDUAL'S BALANCE WOULD HAVE TO BE ESTIMATED USING ASSUMPTIONS UNIQUE TO THAT INDIVIDUAL RATHER THAN THE PLAN AS A WHOLE. THIS INFORMATION IS NOT AVAILABLE AT THIS TIME. HOWEVER, WE BELIEVE THE INCREASE TO EACH INDIVIDUAL'S ACCOUNT WOULD NOT MATERIALLY CHANGE THE COMPENSATION REPORTED. WE WILL WORK WITH OUR ACTUARY TO DETERMINE THE ANNUAL INCREASE IN FUTURE PERIODS.

Additional Data

Software ID:
Software Version:
EIN: 71-0290019
Name: ST BERNARDS HOSPITAL INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRENDA MILLION VP CHIEF NURSING OFFICER	(i)	172,459	0	522	0	6,541	179,522	0
	(ii)	0	0	0	0	0	0	0
BENJAMIN SHAW HOSPITALIST	(i)	334,147	30,000	160	0	8,686	372,993	0
	(ii)	0	0	0	0	0	0	0
DON HOWARD INTENSIVIST	(i)	453,768	0	182	0	8,686	462,636	0
	(ii)	0	0	0	0	0	0	0
MICHAEL GIVENS ADMINISTRATOR	(i)	225,184	0	168	0	8,686	234,038	0
	(ii)	0	0	0	0	0	0	0
HARRY HUTCHISON CFO	(i)	0	0	0	0	0	0	0
	(ii)	235,319	0	729	0	6,541	242,589	0
CHRIS BARBER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	388,643	0	23,188	17,500	8,686	438,017	0
DR SHANE SPEIGHTS VP- MEDICAL AFFAIRS	(i)	385,320	20,101	60	4,149	8,302	417,932	0
	(ii)	0	0	0	0	0	0	0
DR CHRISTOPHER BROWN HOSPITALIST	(i)	321,765	25,000	11,237	0	8,411	366,413	0
	(ii)	0	0	0	0	0	0	0
DR KASEY HOLDER HOSPITALIST	(i)	321,083	25,000	54	492	8,302	354,931	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

▶Information about Schedule M (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 BERNARDS HOSPITAL INC

Employer identification number
71-0290019

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		7,959	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other▶ (MOBILE RADIO)	X	1	34,247	FMV
26 Other▶ (BATTERY PACKS/ PAPER CARTRIDGE)	X	1	45,311	FMV
27 Other▶ (20 BED MOBILE HOSPITAL)	X	1	58,706	FMV
28 Other▶ (SOFTWARE)	X	1	15,500	FMV

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2013

**Open to Public
Inspection**

Name of the organization
ST BERNARDS HOSPITAL INC

Employer identification number

71-0290019

Return Reference	Explanation
FORM 990, PART III, SECTION A, LINE 4A	ST BERNARDS MEDICAL CENTER (SBMC) BEGAN SERVING THE CITIZENS OF NORTHEAST ARKANSAS IN THE YEAR 1900 THROUGH ITS MISSION OF PROVIDING CHRIST-LIKE-HEALING TO THE COMMUNITY THROUGH EDUCATION, TREATMENT, AND HEALTH SERVICES IT IS THE SAFETY NET PROVIDER FOR A 23 COUNTY AREA THAT INCLUDES SOUTHEAST MISSOURI IN ACCORDANCE WITH ITS STATED MISSION AND VALUES OF PROVIDING CHRIST-LIKE HEALING SBMC IS COMMITTED TO PROVIDING HEALTHCARE SERVICES REGARDLESS OF A PERSON'S ABILITY TO PAY CHARITY IS A CORE COMPONENT OF THE MISSION OF THE OLIVETAN BENEDICTINE SISTERS AND ITS HEALTHCARE MINISTRY IN THE FISCAL YEAR WHICH ENDED SEPTEMBER 30, 2014, SBMC PROVIDED \$8,906,000 IN CHARITY CARE THE TOTAL AMOUNT OF QUANTIFIABLE COMMUNITY BENEFITS PROVIDED BY ST BERNARDS MEDICAL CENTER WAS \$32,884,056 IN FISCAL YEAR 2014 THROUGH 259,633 ENCOUNTERS WITH INDIVIDUALS INVOLVING HEALTH SCREENINGS, EDUCATION, DONATIONS, AND VOLUNTEER ACTIVITIES IN PROVIDING EDUCATION, TREATMENT AND HEALTHCARE SERVICES SBMC BELIEVES FINANCIAL MATTERS ARE SECONDARY TO THE RENDERING OF THESE SERVICES NO PERSON WHO SEEKS THESE SERVICES WILL BE TURNED AWAY SBMC PROVIDES DIRECT FINANCIAL ASSISTANCE (CHARITY) USING A SLIDING SCALE BASED UPON INCOME LEVELS OF THE CURRENT FEDERAL INCOME POVERTY GUIDELINES AS ESTABLISHED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PATIENTS WHO HAVE NO INSURANCE WILL RECEIVE A DISCOUNT FROM CHARGES AND SBMC DOES NOT TAKE LEGAL ACTION AGAINST ANY DEBTOR FOR SERVICES PROVIDED THROUGH ITS MISSION IN FISCAL YEAR 2014 SBMC PROVIDED 74,588 PATIENT DAYS OF CARE 36,795 PATIENT DAYS WERE PROVIDED TO THE ELDERLY WHILE 10,361 WERE PROVIDED TO THE MEDICALLY INDIGENT OR WHO HAD MEDICAID COVERAGE 59,413 PATIENTS WERE SEEN IN THE SBMC EMERGENCY ROOM DURING THE SAME TIME PERIOD TODAY, AS WELL INTO THE FUTURE, SBMC WILL CONTINUE TO PUT PATIENTS AND COMMUNITY NEEDS FIRST BY FOCUSING ON QUALITY, SAFETY, COST CONTROL, SERVICE, AND DIVERSITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 6, 7a, & 7b	ST BERNARDS HEALTHCARE, INC IS THE SOLE MEMBER OF ST BERNARDS MEDICAL CENTER THE MEMBER RESERVES POWER OVER THE FOLLOWING ACTS A ANY AGGREGATE BORROWING BY THE CORPORATION OF FUNDS IN EXCESS OF \$1 MILLION FOR ANY SINGLE TRANSACTION OR PROJECT B ANY PURCHASE, SALE, LEASE, DISPOSITION, EXCHANGE, GIFT PLEDGE, OR MORTGAGE OF REAL ESTATE PROPERTY VALUED IN EXCESS OF \$1 MILLION C ANY VARIANCE WITH CONGREGATIONL POLICY, PHILOSOPHY, OR ETHICS OF THE MEMBER D ANY AMENDMENT, ALTERATION, OR REPEAL OF THE BYLAWS E THE POWER OF THE MEMBER TO REMOVE ANY MEMBER OF THE GOVERNING BOARD IF IN THE SOLE DISCRETION OF MEMBER THE GOVERNING BOARD MEMBER ACTS AT VARIANCE WITH CONGREGATIONAL POLICY, PHILOSOPHY, OR THE ETHICS OF THE MEMBER ALL OF THE DESCRIBED MATTERS SHALL BE SUBJECT TO APPROVAL BY A MAJORITY VOTE OF THE MEMBERS OF THE COUNCIL OF OLIVETAN BENEDICTINE SISTERS, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE FOLLOWING PERSONS OR GROUPS: CONTROLLER OF ST. BERNARDS HEALTHCARE, INC., VICE PRESIDENT OF FINANCE OF ST. BERNARDS HEALTHCARE, INC., PRESIDENT/CEO OF ST. BERNARDS HEALTHCARE, INC., LEGAL COUNSEL, AND THE AUDIT COMMITTEE OF ST. BERNARDS HEALTHCARE, INC. PRIOR TO FILING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS AND ABOVE ANNUALLY SUBMIT A WRITTEN STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST MANAGEMENT INVESTIGATES ANY POTENTIAL CONFLICTS AND TAKES APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT LEGAL COUNSEL ALSO REVIEWS ANY POTENTIAL CONFLICTS OF INTEREST AND ADVISES MANAGEMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	THE BOARD OF DIRECTORS SELECTS DIRECTORS TO SERVE ON THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE APPROVES THE INITIAL SALARY AND ANY SUBSEQUENT SALARY ADJUSTMENTS OF ALL MANAGEMENT THE COMPENSATION COMMITTEE OBTAINS AN INDEPENDENT SALARY SURVEY FROM INTEGRATED HEALTHCARE STRATEGIES ON AN ANNUAL BASIS FOR USE IN DETERMINING THE APPROPRIATE SALARY RANGES FOR MANAGEMENT THE COMPENSATION COMMITTEE PRESENTS THE INFORMATION TO THE BOARD FOR APPROVAL IN 2014, AHA AND RASCO SURVEYS WERE COMPLETED FOR COMPENSATION RELATING TO ALL MANAGEMENT PERSONNEL AND ALL OTHER EMPLOYEES OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	ALL OPERATING AGREEMENTS OF JOINT VENTURE ARRANGEMENTS IN WHICH THE ORGANIZATION PARTICIPATES CONTAIN A CLAUSE THAT SAFEGUARDS THE ORGANIZATION'S EXEMPT STATUS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER TO AFFILIATE \$(27,000,157) CHANGE IN THE PENSION LIABILITY \$ 987,726 CHANGE IN INTEREST IN NET ASSETS OF ST BERNARDS DEVELOPMENT FOUNDATION, INC \$ 1,257,829 ----- ----- TOTAL \$(24,754,602)

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST BERNARDS HOSPITAL INC

Employer identification number
71-0290019

Part I

Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PET CENTER LLC PO BOX 13267 MAUMELLE, AR 72113 71-0876911	P E T SCANS	AR	SBHI	RELATED	87,480	921,683		No	0		No	51 000 %
(2) ALLCARE OF ARKANSAS 225 EAST JACKSON JONESBORO, AR 72401 20-3315907	HEALTHCARE	AR	NA					No	0		No	
(3) OUTPATNT SRGRY CTR 1100 E MATTHEWS JONESBORO, AR 72401 74-3052826	HEALTHCARE	AR	NA					No	0		No	
(4) PAIN CENTER LLC 505 EAST MATTHEWS STE 103 JONESBORO, AR 72401 33-1048492	PAIN MGT	AR	NA					No	0		No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

1a Yes

1b Yes

1c Yes

1d

1e

1f Yes

1g Yes

1h

1i

1j Yes

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r

1s

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST BERNARDS PET CENTER	A	27,300	FMV
(2) ST BERNARDS PET CENTER	F	76,500	FMV
(3) ST BERNARDS PET CENTER	L	185,344	FMV

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: 71-0290019

Name: ST BERNARDS HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ST BERNARDS HEALTHCARE INC (SBHCI) 225 EAST JACKSON JONESBORO, AR 72401 71-0853900	SUPPORT	AR	501 (C) (3)	11A	OBS		No
(1) OLIVETAN BENEDICTINE SISTERS INC PO DRAWER 130 JONESBORO, AR 72403 71-0654621	CONVENT	AR	501 (C) (3)	N/A	NA		No
(2) ST BERNARDS COMM HOSPITAL 310 SOUTH FALLS BLVD WYNNE, AR 72396 71-0835247	HEALTHCARE	AR	501 (C) (3)	3	SBHCI		No
(3) ST BERNARDS VILLAGE INC 225 EAST JACKSON JONESBORO, AR 72401 71-0805203	HOUSING	AR	501 (C) (3)	9	SBHCI		No
(4) BENEDICTINE MANOR I 225 EAST JACKSON JONESBORO, AR 72401 20-8030553	HOUSING	AR	501 (C) (3)	7	VILLAGE		No
(5) BENEDICTINE MANOR II 225 EAST JACKSON JONESBORO, AR 72401 20-8030603	HOUSING	AR	501 (C) (3)	7	VILLAGE		No
(6) JONESBORO REAL ESTATE HOLDINGS INC 225 EAST JACKSON JONESBORO, AR 72401 71-0835010	REAL ESTATE	AR	501 (C) (2)		SBHCI		No
(7) TOTAL LIFE HEALTHCARE 700 EAST WASHINGTON AVE JONESBORO, AR 72401 26-0262745	HEALTHCARE	AR	501 (C) (3)	9	SBHCI		No
(8) ST BERNARDS DEVELOPMENT FOUNDATION 400 EAST STREET JONESBORO, AR 72401 71-0563245	SUPPORT	AR	501 (C) (3)	7	OBS		No
(9) MATTHEWS MEDICAL MILE 225 EAST JACKSON JONESBORO, AR 72401 27-3865388	ADVERTISING	AR	501 (C) (3)	9	SBHCI		No
(10) AUX TO ST BERNARDS MEDICAL CENTER 225 E JACKSON JONESBORO, AR 72401 71-0493824	FUNDRAISING	AR	501 (C) (3)	11A	SBHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
REGIONAL HEALTHCARE HOLDINGS INC PO BOX 9320 JONESBORO, AR 72403 73-1650896	HOLDING COMPANY	AR	NA	C CORP					No
JONESBORO ANESTHESIA INC 221 HUGHES STE C JONESBORO, AR 72401 02-0644209	ANESTHESIOLOGY	AR	NA	C CORP					No
HEART SURGERY ASSOCIATION PO BOX 9320 JONESBORO, AR 72403 20-0120406	HEALTHCARE	AR	NA	C CORP					No
MID SOUTH NEUROSURGERY PO BOX 9320 JONESBORO, AR 72403 20-1345149	NEUROSURGERY	AR	NA	C CORP					No
JONESBORO NEUROSURGERY CLINIC PO BOX 9320 JONESBORO, AR 72403 20-5938180	NEUROSURGERY	AR	NA	C CORP					No
DOCTORS HEALTH GROUP PO BOX 9320 JONESBORO, AR 72403 71-0788355	HEALTHCARE	AR	NA	C CORP					No
REGIONAL HEALTHCARE SERVICES PO BOX 9320 JONESBORO, AR 72403 71-0780305	HEALTHCARE	AR	NA	C CORP					No
SURGICAL ASSOCIATES OF JONESBORO PO BOX 9320 JONESBORO, AR 72403 26-3827817	HEALTHCARE	AR	NA	C CORP					No
HEALTHCARE MEDICAL GROUP INC PO BOX 9320 JONESBORO, AR 72403 71-0792539	HEALTHCARE	AR	NA	C CORP					No
THE HEARTCARE CENTER INC 225 EAST JACKSON JONESBORO, AR 72401 20-2061837	HEALTHCARE	AR	NA	C CORP					No
JONESBORO PLASTIC SURGERY 800 S MAIN STREET JONESBORO, AR 72401 27-1450995	PLASTIC SURGERY	AR	NA	C CORP					No
OB-GYN ASSOC OF JONESBORO 800 S MAIN STREET JONESBORO, AR 72401 27-2717909	OB-GYN	AR	NA	C CORP					No
CARDIOLOGY ASSOCIATES OF JONESBORO 800 S MAIN ST JONESBORO, AR 72401 27-3757274	CARDIOLOGY	AR	NA	C CORP					No
CLOPTON CLINIC OF JONESBORO INC 800 S MAIN ST JONESBORO, AR 72401 27-3722124	HEALTHCARE	AR	NA	C CORP					No
CANCER CARE ASSOCIATES INC 800 S MAIN STREET JONESBORO, AR 72401 80-0864692	HEALTHCARE	AR	NA	C CORP					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ST BERNARDS ORTHOPEDIC ASSOCIATES INC 800 S MAIN STREET JONESBORO, AR 72401 46-2738617	HEALTHCARE	AR	NA	C CORP					No

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**

Auditor's Report and Consolidated Financial Statements

September 30, 2014 and 2013



**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
September 30, 2014 and 2013

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Independent Auditor's Report

Board of Governors
St. Bernards HealthCare, Inc.
Jonesboro, Arkansas

We have audited the accompanying consolidated financial statements of St. Bernards Hospital, Inc. d/b/a St. Bernards Medical Center (a subsidiary of St. Bernards HealthCare, Inc.) and its subsidiaries (the Medical Center), which comprise the consolidated balance sheets as of September 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 consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Bernards Hospital, Inc. d/b/a St. Bernards Medical Center (a subsidiary of St. Bernards HealthCare, Inc.) and its subsidiaries as of September 30, 2014 and 2013, and the results of their operations and changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in *Note 1* to the financial statements, the 2013 consolidated statement of cash flows was restated. Our opinion is not modified with respect to this matter.

BKD, LLP

Little Rock, Arkansas
January 13, 2015

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Consolidated Balance Sheets
September 30, 2014 and 2013

Assets

	2014	2013
Current Assets		
Cash	\$ 38,384,747	\$ 43,939,141
Patient accounts receivable, net of allowance 2014 – \$18,684,804, 2013 – \$19,224,502	25,165,658	20,843,345
Supplies	3,295,665	5,150,906
Prepaid expenses and other	2,762,670	2,085,710
Accounts receivable, other	1,319,508	1,090,002
Estimated third-party payer receivable	341,483	339,323
Due from affiliates	20,792	520,600
	<hr/>	<hr/>
Total current assets	71,290,523	73,969,027
	<hr/>	<hr/>
Assets Limited as to Use		
Internally designated	49,839,254	48,692,931
Other	307,818	307,385
	<hr/>	<hr/>
	50,147,072	49,000,316
	<hr/>	<hr/>
Property and Equipment, at Cost		
Land and land improvements	7,896,993	7,212,410
Buildings and leasehold improvements	103,993,143	103,524,401
Equipment	110,566,686	106,014,624
Construction in progress	1,665,488	785,100
	<hr/>	<hr/>
	224,122,310	217,536,535
Less accumulated depreciation	149,904,967	138,756,783
	<hr/>	<hr/>
	74,217,343	78,779,752
	<hr/>	<hr/>
Other Assets		
Interest in net assets of St. Bernards Development Foundation, Inc	3,070,520	1,812,691
Interest in subsidiaries and equity investees	1,422,341	1,072,202
Other assets	258,107	278,419
	<hr/>	<hr/>
	4,750,968	3,163,312
	<hr/>	<hr/>
Total assets	<u><u>\$ 200,405,906</u></u>	<u><u>\$ 204,912,407</u></u>

Liabilities and Net Assets

	2014	2013
Current Liabilities		
Current maturities of long-term debt	\$ 196,406	\$ 2,713,847
Accounts payable	10,672,145	7,730,078
Accrued expenses	12,432,400	12,199,646
Estimated third-party payable	4,872,025	5,225,755
Due to affiliates	2,980	174,999
Total current liabilities	28,175,956	28,044,325
Pension Liability	30,775,330	31,035,449
Long-term Debt	1,069,948	1,283,935
Asset Retirement Obligations	432,997	415,146
Total liabilities	60,454,231	60,778,855
Net Assets		
Unrestricted		
St Bernards Medical Center	136,711,265	142,071,519
Noncontrolling interests	169,890	249,342
Total unrestricted net assets	136,881,155	142,320,861
Temporarily restricted net assets	3,070,520	1,812,691
Total net assets	139,951,675	144,133,552
Total liabilities and net assets	\$ 200,405,906	\$ 204,912,407

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Consolidated Statements of Operations and Changes in Net Assets
Years Ended September 30, 2014 and 2013

	2014	2013
Unrestricted Revenues, Gains and Other Support		
Patient service revenue (net of contractual allowances and discounts)	\$ 274,001,685	\$ 276,649,435
Provision for uncollectible accounts	(24,616,657)	(29,977,654)
Net patient service revenue less provision for uncollectible accounts	249,385,028	246,671,781
Provider assessment revenue and other	24,701,537	26,961,792
Total unrestricted revenues, gains and other support	274,086,565	273,633,573
Expenses		
Salaries and wages	87,065,085	85,354,997
Employee benefits	21,018,563	20,576,630
Professional fees	30,393,247	29,116,019
Supplies and other	107,439,720	109,965,482
Depreciation and amortization	12,662,883	12,463,277
Interest	104,011	143,049
Total expenses	258,683,509	257,619,454
Operating Income	15,403,056	16,014,119
Other Income		
Investment return	1,500,512	1,495,287
Equity in earnings of equity investee	3,516,258	1,379,706
Other	316,399	395,682
Total other income	5,333,169	3,270,675
Excess of Revenues Over Expenses	\$ 20,736,225	\$ 19,284,794

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Consolidated Statements of Operations and Changes in Net Assets (Continued)
Years Ended September 30, 2014 and 2013

	2014	2013
Unrestricted Net Assets		
Excess of revenues over expenses	\$ 20,736,225	\$ 19,284,794
Distributions to noncontrolling interests	(163,500)	(98,000)
Change in pension liability, net of periodic pension cost	987,726	2,185,877
Contributions received for purchase of property and equipment	149,511	165,000
Transfer to affiliate	(27,149,668)	(18,350,000)
	<u>(5,439,706)</u>	<u>3,187,671</u>
Increase (decrease) in unrestricted net assets		
Temporarily Restricted Net Assets		
Change in interest in net assets of St. Bernards Development Foundation, Inc	1,257,829	242,754
	<u>1,257,829</u>	<u>242,754</u>
Increase in temporarily restricted net assets		
Change in Net Assets	(4,181,877)	3,430,425
Net Assets, Beginning of Year	<u>144,133,552</u>	<u>140,703,127</u>
Net Assets, End of Year	<u><u>\$ 139,951,675</u></u>	<u><u>\$ 144,133,552</u></u>

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Consolidated Statements of Cash Flows
Years Ended September 30, 2014 and 2013

	2014	2013 (Restated - Note 1)
Operating Activities		
Change in net assets	\$ (4,181,877)	\$ 3,430,425
Items not requiring (providing) cash		
Depreciation and amortization	12,662,883	12,463,277
Provision for uncollectible accounts	24,616,657	29,977,654
Net realized and unrealized gains on investments	(482,810)	(169,091)
Change in interest in net assets of St. Bernards Development Foundation, Inc	(1,257,829)	(242,754)
Transfers to affiliates	27,149,777	18,350,000
Equipment transfers to affiliates	-	27,601
Undistributed earnings of equity investees	(3,516,258)	(1,379,706)
Loss on sale of property and equipment	1,079	10,694
Contributions received for purchase of property and equipment	(149,511)	(165,000)
Change in pension liability	(260,119)	(1,123,507)
Changes in		
Patient accounts receivable, net	(28,938,970)	(27,639,344)
Prepays, due to (from) affiliates and supplies	1,276,564	(1,544,219)
Accounts payable and accrued expenses	3,020,189	3,391,909
Estimated third-party payer settlements	(355,890)	(88,243)
Distributions to noncontrolling interest	163,500	98,000
Net cash provided by operating activities	<u>29,747,385</u>	<u>35,397,696</u>
Investing Activities		
Purchases of investments	(18,046,746)	(23,602,744)
Proceeds from disposition of investments	17,382,800	12,634,680
Capital expenditures	(7,909,837)	(4,558,509)
Investment in equity investee	(1,396,500)	(159,000)
Distributions from equity investee	4,513,249	648,234
Proceeds from sale of property and equipment	1,079	4,000
Other investing activities	49,370	128,970
Net cash used in investing activities	<u>(5,406,585)</u>	<u>(14,904,369)</u>

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Consolidated Statements of Cash Flows (Continued)
Years Ended September 30, 2014 and 2013

	2014	2013
Financing Activities		
Principal payments on long-term debt	\$ (2,731,428)	\$ (2,525,206)
Proceeds from contributions for purchase of property and equipment	149,511	165,000
Transfers to affiliates	(27,149,777)	(18,350,000)
Distributions to noncontrolling interest	(163,500)	(98,000)
	<u>(29,895,194)</u>	<u>(20,808,206)</u>
Decrease in Cash	(5,554,394)	(314,879)
Cash, Beginning of Year	<u>43,939,141</u>	<u>44,254,020</u>
Cash, End of Year	<u><u>\$ 38,384,747</u></u>	<u><u>\$ 43,939,141</u></u>
Supplemental Cash Flows Information		
Capital lease obligation incurred for property and equipment	\$ -	\$ 1,527,988
Interest paid (related party and third-party debt)	\$ 125,894	\$ 156,500
Change in accounts payable related to property and equipment purchases	\$ (154,632)	\$ 256,838
Contributions of property and equipment (to) from parent	\$ -	\$ (27,601)

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Notes to Consolidated Financial Statements
September 30, 2014 and 2013

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

St. Bernards Hospital, Inc. d/b/a St. Bernards Medical Center (the Medical Center) is operated by the Olivetan Benedictine Sisters and is a subsidiary of St. Bernards HealthCare, Inc. (SBHC). The Medical Center is an acute care hospital located in Jonesboro, Arkansas, that serves patients primarily from Craighead County and surrounding areas in northeast Arkansas. The Medical Center has controlling interest in PET Center, LLC (the PET Center), which provides patients with imaging services. All material intercompany accounts and transactions between the Medical Center and the PET Center have been eliminated in consolidation.

Noncontrolling Interest

Noncontrolling interest represents a 49% interest in the PET Center not owned by the Medical Center. Losses attributable to the noncontrolling interest are allocated to the noncontrolling interest even if the carrying amount of the noncontrolling interest is reduced below zero. Any changes in ownership that do not result in a loss of control will be prospectively accounted for as net asset transactions.

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Notes to Consolidated Financial Statements
September 30, 2014 and 2013

Changes in consolidated unrestricted net assets attributable to the controlling financial interest of the Medical Center and the noncontrolling interest are:

	Total	Controlling Interest	Noncontrolling Interest
Balance October 1, 2012	\$ 139,133,190	\$ 138,835,003	\$ 298,187
Excess of revenues over expenses	19,284,794	19,235,639	49,155
Contribution received for purchase of property	165,000	165,000	-
Change in pension liability, net of periodic pension cost	2,185,877	2,185,877	-
Transfer to affiliates	(18,350,000)	(18,350,000)	-
Distributions to noncontrolling interests	(98,000)	-	(98,000)
Increase in unrestricted net assets	3,187,671	3,236,516	(48,845)
Balance September 30, 2013	\$ 142,320,861	\$ 142,071,519	\$ 249,342
Excess of revenues over expenses	20,736,225	20,652,177	84,048
Contribution received for purchase of property	149,511	149,511	-
Change in pension liability, net of periodic pension cost	987,726	987,726	-
Transfers to affiliates	(27,149,668)	(27,149,668)	-
Distributions to noncontrolling interests	(163,500)	-	(163,500)
Increase (decrease) in unrestricted net assets	(5,439,706)	(5,360,254)	(79,452)
Balance September 30, 2014	\$ 136,881,155	\$ 136,711,265	\$ 169,890

The changes in temporarily restricted net assets related only to the controlling interest.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Notes to Consolidated Financial Statements
September 30, 2014 and 2013

Cash

At September 30, 2014, the Medical Center's cash accounts exceeded federally insured limits by approximately \$37,394,934. The financial institutions had pledged collateral, held by a third party, in the name of the Medical Center sufficient to insure the excess amounts at September 30, 2014.

At September 30, 2014 and 2013, the Medical Center had repurchase agreements with a financial institution in the amount of approximately \$5,350,000.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. The investment in equity investee is reported on the equity method of accounting. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions.

Assets Limited as to Use

Assets limited as to use include: (1) assets set aside by the board of governors for future capital improvements over which the board retains control and may, at its discretion, subsequently use for other purposes; and (2) assets held by the trustee.

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Notes to Consolidated Financial Statements
September 30, 2014 and 2013

For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The provision for uncollectible accounts decreased approximately \$5,361,000 during 2014. The main reason for the decrease in the provision was that the Medical Center served fewer uninsured patients since the inception of the Arkansas Private Option, which is further described in *Note 18*.

It is the Medical Center's practice to outsource the collection of self-pay patient accounts to a third-party collection agency after no more than 90 days from the date of discharge.

Supplies

The Medical Center states supply inventories at the lower of cost, determined using the first-in, first-out method, or market.

Property and Equipment

Property and equipment are stated at cost and are depreciated on a straight-line basis over the estimated useful life of each asset. Leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Land improvements	8–25 years
Buildings	10–40 years
Leasehold improvements	3–25 years
Equipment	3–20 years

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Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

The Medical Center capitalizes interest costs as a component of construction in progress, based on the weighted-average rates paid for long-term borrowing. Any capitalized interest recorded during the years ended September 30, 2014 and 2013, was not material to the consolidated financial statements.

Long-Lived Asset Impairment

The Medical Center evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

There were no asset impairments recorded during the years ended September 30, 2014 and 2013.

Interest in Net Assets of St. Bernards Development Foundation, Inc.

St. Bernards Development Foundation, Inc. (the Foundation) and the Medical Center are financially interrelated organizations. The Foundation seeks private support for and holds net assets on behalf of the Medical Center. The Medical Center accounts for its interest in the net assets of the Foundation (the Interest) in a manner similar to the equity method. The changes in the Interest are included in change in net assets. Transfers of assets between the Foundation and the Medical Center are recognized as increases or decreases in the Interest.

Temporarily Restricted Net Assets

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose.

Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments.

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Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Self-Insurance

The Medical Center has elected to self-insure certain costs related to employee health and accident benefit programs. Costs resulting from noninsured losses are charged to expense when incurred.

Income Taxes

The Medical Center has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. As such, it is required to file IRS Form 990 on an annual basis. The Medical Center is no longer subject to U.S. federal income tax and state income tax examinations by tax authorities for income tax returns filed for years before 2011. The Medical Center is subject to federal income tax on any unrelated business taxable income.

The PET Center is organized as an Arkansas limited liability company, which is not directly subject to income taxes under the provisions of the Internal Revenue Code and applicable state laws. Therefore, taxable income or loss is reported to the individual partners for inclusion in their respective tax returns, and no provision for federal and state income taxes has been included in the accompanying consolidated financial statements.

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Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include distributions to noncontrolling interest; changes in pension liability, net of periodic pension cost; permanent transfers to and from affiliates for other than goods and services; and contributions of long-lived assets (including assets acquired using contributions that, by donor restriction, were to be used for the purpose of acquiring such assets).

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period beginning date.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare & Medicaid Services (CMS). Payment under both programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Medical Center recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

The Medical Center recorded approximately \$2,882,000 of revenue related to year two requirements in 2014, which is included in other operating revenues in the consolidated statement of operations and changes in net assets. The Medical Center did not record any revenue in 2013 related to EHR incentive payments. As of September 30, 2014, the Medical Center has recorded cumulative revenues of approximately \$6,999,000 related to EHR incentive payments.

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Reclassifications

A reclassification was made to change the presentation of transfers to affiliates in the 2013 consolidated statement of cash flows from operating activities to financing activities. This reclassification had no effect on the change in net assets. The following financial statement line items for fiscal year 2013 were affected by the reclassification:

	As Restated	As Previously Reported	Effect of Change
Statement of Cash Flows			
Cash flows provided by operating activities	\$ 35,397,696	\$ 17,047,696	\$ 18,350,000
Cash flows used by financing activities	\$ (20,808,206)	\$ (2,458,206)	\$ (18,350,000)

Note 2: Net Patient Service Revenue

Third-Party Payer Agreements

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Medical Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. This provision for bad debts is presented on the consolidated statements of operations and changes in net assets as a component of net patient service revenue.

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. These payment arrangements include:

Medicare—Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge and procedure, respectively. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient skilled nursing services are paid at prospectively determined rates that are based on the patients' acuity. Certain inpatient nonacute services and defined medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Medical Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. All cost reports have been finalized through September 30, 2011.

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Medicaid—Inpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology, subject to certain cost limitations. The Medical Center is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicaid fiscal intermediary. Outpatient services rendered to Medicaid program beneficiaries are reimbursed based on fee schedules. All cost reports have been finalized through September 30, 2009.

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonable possible that recorded estimates will change materially in the near term.

Blue Cross—The Medical Center has entered into several payment arrangements with Blue Cross and its related entities. These arrangements include fixed payments per admission and discounts from standard charges.

The Medical Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the years ended September 30, 2014 and 2013, was approximately:

	2014	2013
Medicare	\$ 154,763,014	\$ 157,042,135
Medicaid	17,860,946	15,485,724
Other-third party payers	94,200,149	78,321,247
Self-pay	7,177,576	25,800,329
	<u>\$ 274,001,685</u>	<u>\$ 276,649,435</u>

Upper Payment Limit Provisions

In addition, the Medical Center receives supplemental Medicaid funds under the Arkansas Medicaid program's Upper Payment Limit (UPL) provisions. Based on its status as a private hospital, the Medical Center was eligible to receive additional Medicaid payments equal to 100% of the gap between Medicare and Medicaid payments for equivalent patients. Under the UPL provisions, the Medical Center receives a portion of total allocated funds based on discharges, which significantly reduced payments received under the UPL program. Total funds received under this program, net of required matching funds paid by the Medical Center, were approximately \$1,358,000 and \$1,346,000 in 2014 and 2013, respectively, and are recorded under net patient service revenue.

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Provider Assessment Program

The Medical Center participates in a provider assessment program, which is part of the Arkansas State Medicaid Plan. This program assesses a fee of no more than 5.5% on the net patient service revenue of private hospitals and allocates the proceeds to supplement Medicaid payments. The federal government matches the assessment amount at a rate of approximately 3 to 1, and these amounts are allocated to private hospitals in Arkansas based on each hospital's share of the total of the private hospitals' Medicaid discharges and outpatient Medicaid payments. Based on its status as a private hospital, the Medical Center participates in this program and records the assessed fees and supplemental payments as expenses and revenues in the period incurred or earned, respectively.

Amounts recorded as provider assessment taxes paid under the program for the years ended September 30, 2014 and 2013, were approximately \$2,882,000 and \$3,359,000, respectively.

Amounts recorded as provider assessment tax receipts under this program for the years ended September 30, 2014 and 2013, were approximately \$12,036,000 and \$13,777,000, respectively.

The amounts received are reported as a component of revenues, gains and other support in the consolidated statements of operations and changes in net assets, and the amounts paid are reported as a component of supplies and other expense for the years ended September 30, 2014 and 2013.

Note 3: Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at September 30, 2014 and 2013, is:

	<u>2014</u>	<u>2013</u>
Medicare	52%	57%
Medicaid	12%	6%
Other third-party payers	35%	35%
Patients	<u>1%</u>	<u>2%</u>
	<u>100%</u>	<u>100%</u>

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Note 4: Investments and Investment Return

Assets Limited as to Use

	2014	2013
Internally designated for capital improvements		
Certificates of deposit	\$ 13,156,997	\$ 12,396,673
Repurchase agreements	5,350,000	5,350,000
Money market accounts	2,037,264	849,254
Mortgage-backed securities	6,447,917	6,535,463
U.S. Treasury obligations	1,412,102	2,244,437
Corporate bonds	10,967,581	11,614,822
Municipal bonds	282,465	200,469
Foreign government obligations	2,680,562	1,579,717
Mutual funds	-	316,726
Equity securities		
Health care	889,646	957,112
Manufacturing	943,179	1,007,956
Consumer	921,191	533,229
Financial	1,340,855	1,230,698
Technology	788,477	728,618
Energy	1,899,900	1,842,637
Other	546,371	1,052,745
Interest receivable	174,747	252,375
	<u>49,839,254</u>	<u>48,692,931</u>
Other		
Certificates of deposit	<u>307,818</u>	<u>307,385</u>
	<u>307,818</u>	<u>307,385</u>
Total investments	<u><u>\$ 50,147,072</u></u>	<u><u>\$ 49,000,316</u></u>

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Total investment return is comprised of the following:

	2014	2013
Interest and dividend income	\$ 1,017,702	\$ 1,326,196
Realized and unrealized gains	<u>482,810</u>	<u>169,091</u>
	<u><u>\$ 1,500,512</u></u>	<u><u>\$ 1,495,287</u></u>

Note 5: Investment in Equity Investees

The Medical Center owned 44.22% interest in HealthSouth Rehabilitation Hospital of Jonesboro, LLC, which was formed in 2013. In November 2013, the Medical Center purchased additional interest in HealthSouth Rehabilitation Hospital of Jonesboro, LLC resulting in a 50% ownership interest. Financial position and results of operations of this investee are summarized below:

	2014	2013
Current assets	\$ 5,991,169	\$ 5,303,372
Property and other long-term assets, net	11,609,572	12,454,863
Intangible assets	<u>23,721,630</u>	<u>25,089,791</u>
Total assets	<u>41,322,371</u>	<u>42,848,026</u>
Current liabilities	3,691,296	3,112,822
Long-term debt	<u>11,000,799</u>	<u>11,392,366</u>
Total liabilities	<u>14,692,095</u>	<u>14,505,188</u>
Members' equity	<u><u>\$ 26,630,276</u></u>	<u><u>\$ 28,342,838</u></u>
Revenues	\$ 26,098,778	\$ 14,748,427
Net income	\$ 7,391,889	\$ 2,896,819

The Medical Center's recorded balance differs significantly from what is shown on the equity investee's financials. This difference is due to intangible assets not recorded in the Medical Center's financial statements that the Medical Center contributed to the equity investee and that the Medical Center has excluded from their recorded investment in the equity investee.

The Medical Center owns a 50% interest in AMMC/SBMC Management, LLC. The financial position and results of operations of this investee are immaterial.

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Note 6: Interest in the Net Assets of St. Bernards Development Foundation, Inc.

St. Bernards Development Foundation, Inc. was established to solicit contributions principally for funding a portion of the Medical Center's capital improvements. Funds are distributed to the Medical Center, as determined by the Foundation Board of Directors. The Medical Center's interest in the net assets of the Foundation is reported in the consolidated balance sheets and was \$3,070,520 and \$1,812,691 at September 30, 2014 and 2013, respectively.

Note 7: Professional Liability Claims

The Medical Center purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Medical Center also purchases excess umbrella liability coverage, which provides additional coverage above the basic policy limits up to the amount specified in the umbrella policy.

Based upon the Medical Center's claims experience, an accrual had been made for the Medical Center's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy, amounting to approximately \$755,000 as of September 30, 2014 and 2013. It is reasonably possible that this estimate could change materially in the near term. Since the Medical Center is a charitable nonprofit institution, legal counsel has advised that the Medical Center would be immune from any amount above its insurance limits.

Note 8: Long-term Debt

	<u>2014</u>	<u>2013</u>
Note payable, bank (A)	\$ -	\$ 2,523,415
Capital lease (B)	1,266,354	1,474,367
	<u>1,266,354</u>	<u>3,997,782</u>
Less current maturities	<u>196,406</u>	<u>2,713,847</u>
	<u>\$ 1,069,948</u>	<u>\$ 1,283,935</u>

(A) Due on demand; however if no demand is made, due July 1, 2014; payable \$2,620,354 annually, including interest at 3.25%. This note was paid off during 2014.

(B) At imputed interest of 3.09%, due through April 2020; collateralized by equipment.

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Property and equipment include the following under capital lease:

	<u>2014</u>
Equipment	\$ 1,527,989
Less accumulated depreciation	<u>218,284</u>
	<u><u>\$ 1,309,705</u></u>

Aggregate annual maturities and sinking fund requirements of long-term debt and payments on capital lease obligations at September 30, 2014, are:

	<u>Capital Lease Obligations</u>
2015	\$ 250,680
2016	250,680
2017	250,680
2018	250,680
2019	250,680
Thereafter	<u>125,339</u>
	1,378,739
Less amount representing interest	<u>112,385</u>
Present value of future minimum lease payments	1,266,354
Less current maturities	<u>196,406</u>
Noncurrent portion	<u><u>\$ 1,069,948</u></u>

Note 9: Temporarily Restricted Net Assets

Temporarily restricted net assets reflect the interest in net assets of St. Bernards Development Foundation, Inc. (*Note 6*) and were \$3,070,520 and \$1,812,691 at September 30, 2014 and 2013, respectively.

During 2014 and 2013, the Foundation made donations to the Medical Center for the purchase of property and equipment in the amounts of \$149,111 and \$165,000, respectively. Because these funds were spent during 2014 and 2013, they are not reported as restricted.

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Note 10: Charity Care

In support of its mission, the Medical Center voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue. In addition, the Medical Center provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts that are less than established charges for the services provided to the recipients, and many times the payments are less than the cost of rendering the services provided.

The costs of charity care provided under the Medical Center's charity care policy were approximately \$8,906,000 and \$12,997,000 for 2014 and 2013, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

In addition to uncompensated charges, the Medical Center also commits significant time and resources to endeavors and critical services, which meet otherwise unfilled community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screening and assessments, prenatal education and care, support for the elderly, community educational services and various support groups.

Note 11: Functional Expenses

The Medical Center provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	<u>2014</u>	<u>2013</u>
Health care services	\$ 211,325,320	\$ 209,719,812
General and administrative	<u>47,358,189</u>	<u>47,899,642</u>
	<u>\$ 258,683,509</u>	<u>\$ 257,619,454</u>

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Note 12: Pension Plans

Defined Benefit Plan

The Medical Center has a noncontributory defined benefit pension plan (the Plan) covering substantially all employees hired on or before April 1, 2011. The Medical Center's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Medical Center may determine to be appropriate from time to time. Benefits are based on years of service and compensation. Benefits are vested 100% upon completion of five years of service. No benefits are vested prior to the completion of five years of service. Contributions to the Plan are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future. The Medical Center expects to contribute \$5,000,000 to the Plan in 2015.

The Medical Center uses a September 30 measurement date for the plan. Information about the Plan's funded status follows:

	2014	2013
Benefit obligation	\$ 91,417,226	\$ 84,112,668
Fair value of Plan assets	<u>60,641,896</u>	<u>53,077,219</u>
Funded status	<u><u>\$ (30,775,330)</u></u>	<u><u>\$ (31,035,449)</u></u>

Noncurrent liabilities of \$30,775,330 and \$31,035,449 were recognized in the consolidated balance sheets at September 30, 2014 and 2013, respectively.

Amounts recognized in unrestricted net assets not yet recognized as components of net periodic benefit cost consist of:

	2014	2013
Net loss	\$ (26,726,115)	\$ (27,879,106)
Prior service cost	\$ (80,840)	\$ (121,259)

The accumulated benefit obligation for the Plan was \$79,917,562 and \$72,402,036 at September 30, 2014 and 2013, respectively.

The estimated net loss and prior service cost that are expected to be amortized from unrestricted net assets to net periodic benefit cost over the next fiscal year are \$1,758,000 and \$80,840, respectively.

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Other significant balances and costs are:

	2014	2013
Employer contributions	\$ 5,000,001	\$ 5,000,000
Benefits paid	\$ 3,227,174	\$ 2,772,656
Benefit cost	\$ 5,727,606	\$ 6,150,992

The following amounts have been recognized in the consolidated statements of operations and changes in net assets for the years ended September 30, 2014 and 2013:

	2014	2013
Amounts arising during the period		
Net loss	\$ (1,249,158)	\$ (228,307)
Amounts included as components of net periodic benefit cost of the period		
Net prior loss	2,196,465	2,371,351
Net prior service cost	40,419	42,833
	<u>\$ 987,726</u>	<u>\$ 2,185,877</u>

Significant assumptions include:

	2014	2013
Weighted-average assumptions used to determine benefit obligations:		
Discount rate – benefit obligation	5.25%	5.50%
Rate of compensation increase	4.00%	4.00%
Weighted-average assumptions used to determine benefit costs:		
Discount rate	5.50%	6.00%
Expected return on Plan assets	6.25%	6.25%
Rate of compensation increase	4.00%	4.25%

The Medical Center has estimated the long-term rate of return on Plan assets based primarily on historical returns on Plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information.

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The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of September 30:

2015	\$ 2,944,000
2016	3,141,000
2017	3,495,000
2018	3,873,000
2019	4,169,000
2020–2024	27,617,000

Plan assets are held by a bank-administered trust fund, which invests the Plan assets in accordance with the provisions of the Plan agreement. The Plan agreement permits investment in common stocks, corporate bonds and debentures, U.S. government securities, certain insurance contracts, real estate and other specified investments, based on certain target allocation percentages. The finance committee of the board of governors may revise the target allocation percentages as the financial needs of the Plan and the outlook for capital markets changes.

Asset allocation is primarily based on a strategy to provide stable earnings while still permitting the Plan to recognize potentially higher returns through investment in equity securities. The target asset allocation percentages for both 2014 and 2013 were as follows:

Domestic equity securities	Not to exceed 50%
Convertible securities	Not to exceed 10%
International equity securities	Not to exceed 20%
Cash and cash equivalents	Not to exceed 10%
Domestic fixed income securities	At least 40%

At September 30, 2014 and 2013, Plan assets by category were as follows:

	2014	2013
Domestic equity securities	45%	45%
International equity securities	19%	18%
Cash and cash equivalents	7%	6%
Domestic fixed income securities	23%	29%
Insurance contracts and other	6%	2%
	<u>100%</u>	<u>100%</u>

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Pension Plan Assets

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include money market funds, mutual funds, equity securities and foreign equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics or discounted cash flows. Level 2 plan assets include cash surrender value of life insurance policies.

In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3 of the hierarchy and include alternative investments in several private equity funds. Alternative investments are valued based on the net asset value reported by the investment managers.

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The fair values of the Medical Center's pension plan assets at September 30, 2014 and 2013, by asset class are as follows:

Asset Class	Total Fair Value	2014 Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market accounts	\$ 4,394,580	\$ 4,394,580	\$ -	\$ -
Equity securities				
Foreign	6,447,066	6,447,066	-	-
Technology	1,464,943	1,464,943	-	-
Services	2,393,606	2,393,606	-	-
Consumer goods	490,381	490,381	-	-
Health care	1,182,362	1,182,362	-	-
Financial	1,334,209	1,334,209	-	-
Basic materials	652,296	652,296	-	-
Industrial goods	699,185	699,185	-	-
Conglomerates	158,395	158,395	-	-
Mutual funds				
Intermediate-term bond	10,480,114	10,480,114	-	-
Exchange-traded stock	9,912,817	9,912,817	-	-
Balanced	3,627,092	3,627,092	-	-
World bond	2,186,804	2,186,804	-	-
High yield	3,395,451	3,395,451	-	-
Foreign large value	3,950,929	3,950,929	-	-
Global real estate	986,001	986,001	-	-
Cash surrender value of life insurance	1,131,306	-	1,131,306	-
Private equity fund	5,754,359	-	-	5,754,359
Total	<u>\$ 60,641,896</u>	<u>\$ 53,756,231</u>	<u>\$ 1,131,306</u>	<u>\$ 5,754,359</u>

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Notes to Consolidated Financial Statements
September 30, 2014 and 2013

The fair values of the Medical Center's pension plan assets at September 30, 2013, by asset class are as follows:

Asset Class	Total Fair Value	2013 Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market accounts	\$ 3,087,267	\$ 3,087,267	\$ -	\$ -
Equity securities				
Foreign	4,668,961	4,668,961	-	-
Technology	975,807	975,807	-	-
Services	1,733,314	1,733,314	-	-
Consumer goods	839,639	839,639	-	-
Health care	1,154,156	1,154,156	-	-
Financial	1,225,708	1,225,708	-	-
Basic materials	786,963	786,963	-	-
Industrial goods	1,060,894	1,060,894	-	-
Conglomerates	177,903	177,903	-	-
Mutual funds				
Intermediate-term bond	9,968,809	9,968,809	-	-
Exchange-traded stock	9,452,527	9,452,527	-	-
Balanced	1,003,807	1,003,807	-	-
World bond	2,084,885	2,084,885	-	-
High yield	3,205,436	3,205,436	-	-
Foreign large value	3,786,564	3,786,564	-	-
Global real estate	922,883	922,883	-	-
Cash surrender value of life insurance	1,140,632	-	1,140,632	-
Private equity fund	5,801,064	-	-	5,801,064
Total	<u>\$ 53,077,219</u>	<u>\$ 46,135,523</u>	<u>\$ 1,140,632</u>	<u>\$ 5,801,064</u>

**St. Bernards Hospital, Inc. d/b/a
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Notes to Consolidated Financial Statements
September 30, 2014 and 2013

Following is a reconciliation of beginning and ending Plan assets fair value measurements using significant unobservable (Level 3) measurements:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Alternative Investment
Balance at September 30, 2012	\$ 3,505,106
Actual return on Plan assets relating to assets still held at the reporting date	495,958
New investments	<u>1,800,000</u>
Balance at September 30, 2013	<u>5,801,064</u>
Actual return on Plan assets relating to assets still held at the reporting date	2,173,399
Redemption	<u>(2,220,104)</u>
Balance at September 30, 2014	<u><u>\$ 5,754,359</u></u>

**St. Bernards Hospital, Inc. d/b/a
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Pension Plan Alternative Investments

The fair value of the alternative investments has been estimated using the net asset value per share of the investment. The alternative investments held at September 30, 2014 and 2013, consisted of the following:

	2013			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
CA Cored Fixed Income (A)	\$ 1,338,322	\$ -	n/a	n/a
Aiden Focused Global Macro (B)	2,288,524	-	monthly-quarterly	15-90
Pine Grove Institutional (C)	2,174,218	-	monthly-quarterly	30-90
	<u>\$ 5,801,064</u>	<u>\$ 0</u>		

	2014			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
CA Cored Fixed Income (A)	\$ 1,047,726	\$ -	n/a	n/a
Aiden Focused Global Macro (B)	2,251,658	-	monthly-quarterly	15-90
Pine Grove Institutional (C)	2,454,975	-	monthly-quarterly	30-90
	<u>\$ 5,754,359</u>	<u>\$ 0</u>		

- (A) This fund primarily invests in residential mortgage-backed securities. Redemptions were suspended in May 2009 and the fund filed for Chapter 11 Bankruptcy in October 2011.
- (B) This fund primarily invests in other investment funds. As of December 31, 2011, the fund did not own any investments in investment funds for which redemptions have been suspended by the investment manager of the investment funds.
- (C) This fund invests substantially all of its assets in private investment funds (commonly referred to as hedge funds) managed by a range of alternative investment managers that employ a variety of investment strategies, including, but not limited to, credit and event-oriented investing, hedged credit, convertible arbitrage, long/short equity (low net exposure) and merger arbitrage. The fund has submitted full redemption notices and has received a major portion of the redemption proceeds. The remaining redemption proceeds are expected to be distributed upon sale of underlying investments.

**St. Bernards Hospital, Inc. d/b/a
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Notes to Consolidated Financial Statements
September 30, 2014 and 2013

Defined Contribution Plan

The Medical Center also offers a defined contribution plan to substantially all employees. As of September 30, 2012, the Medical Center does not make contributions to this plan. However, for employees hired on or after April 2, 2011, beginning on January 1, 2013, the Medical Center will match 75% of employee contributions up to 6% of compensation. In addition, the Medical Center will contribute an additional 1% of compensation if the employee contributed at least 1% and was employed on the last day of the plan year, which is September 30, 2013. Defined contribution expense was \$228,615 and \$88,622 for 2014 and 2013, respectively.

Note 13: Related Party Transactions

Certain transactions between affiliates resulted in amounts receivable from or payable to affiliates. These balances are reported as follows on September 30:

	2014	2013
Current Assets		
Accounts receivable, other	\$ 4,492	\$ -
Due from affiliates	\$ 20,792	\$ 520,600
Current Liabilities		
Accounts payable	\$ 543,469	\$ 493,870
Change in Net Assets		
Contribution of or received for property and equipment from affiliates (A)	\$ 149,511	\$ 165,000
Transfers to affiliates	\$ (27,149,668)	\$ (18,350,000)

- (A) Contribution of property and equipment for a hospice house was received from the Foundation (See *Note 9*).

**St. Bernards Hospital, Inc. d/b/a
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Notes to Consolidated Financial Statements
September 30, 2014 and 2013

Allocated Expenses

Certain services are performed by SBHC for the benefit of its affiliates (including the Medical Center). These services include accounting, data processing, purchasing, personnel and other administrative functions. Costs allocated to the Medical Center for services provided by SBHC totaled \$14,771,837 and \$13,796,279 during 2014 and 2013, respectively. These expenses are included in professional fees on the consolidated statement of operations.

Clinic Support

The Medical Center provides computer equipment and support to an affiliate. The Medical Center received \$394,642 and \$779,309 in revenues from this affiliate for 2014 and 2013, respectively. This support is included in other operating revenues on the consolidated statement of operations.

Note 14: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

**St. Bernards Hospital, Inc. d/b/a
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Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2014 and 2013:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value		
September 30, 2014				
Money market accounts	\$ 2,037,264	\$ 2,037,264	\$ -	\$ -
Mortgage-backed securities	6,447,917	-	6,447,917	-
Repurchase agreements	5,350,000	-	5,350,000	-
U S Treasury obligations	1,412,102	1,412,102	-	-
Corporate bonds	10,967,581	10,967,581	-	-
Municipal bonds	282,465	-	282,465	-
Foreign government obligations	2,680,562	1,238,663	1,441,899	-
Equity securities				
Health care	889,646	889,646	-	-
Manufacturing	943,179	943,179	-	-
Consumer	921,191	921,191	-	-
Financial	1,340,855	1,340,855	-	-
Technology	788,477	788,477	-	-
Energy	1,899,900	1,899,900	-	-
Other	546,371	546,371	-	-
	<u>36,507,510</u>			
Financial instruments not measured at fair value				
Certificates of deposit	13,464,815			
Interest receivable	<u>174,747</u>			
	<u>13,639,562</u>			
Total investments	<u>\$ 50,147,072</u>			

**St. Bernards Hospital, Inc. d/b/a
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		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fair Value				
September 30, 2013				
Money market accounts	\$ 849,255	\$ 849,255	\$ -	\$ -
Mortgage-backed securities	6,535,463	-	6,535,463	-
Repurchase agreements	5,350,000	-	5,350,000	-
U S Treasury obligations	2,244,437	2,244,437	-	-
Corporate bonds	11,614,822	11,614,822	-	-
Mutual funds	316,726	316,726	-	-
Municipal bonds	200,469	-	200,469	-
Foreign government obligations	1,579,717	-	1,579,717	-
Equity securities				
Health care	957,112	957,112	-	-
Manufacturing	1,007,956	1,007,956	-	-
Consumer	533,229	533,229	-	-
Financial	1,230,698	1,230,698	-	-
Technology	728,618	728,618	-	-
Energy	1,842,637	1,842,637	-	-
Other	1,052,744	1,052,744	-	-
	<u>36,043,883</u>			
Financial instruments not measured at fair value				
Certificates of deposit	12,704,058			
Interest receivable	<u>252,375</u>			
	<u>12,956,433</u>			
Total investments	<u>\$ 49,000,316</u>			

Money market accounts and certificates of deposit listed above are included in internally designated for capital improvements and other assets limited as to use as detailed in *Note 4*

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Notes to Consolidated Financial Statements
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Following is a description of the inputs and valuation methodologies used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended September 30, 2014.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market accounts, equity securities, U.S. Treasury obligations, mutual funds and corporate bonds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Such securities are classified in Level 2 of the valuation hierarchy. Level 2 securities include municipal bonds, mortgage-backed securities, repurchase agreements and foreign government obligations. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Medical Center held no Level 3 securities at September 30, 2014 or 2013.

Fair Value of Financial Instruments

The following table presents estimated fair values of the Medical Center's financial instruments and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2014 and 2013:

	2014		2013	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Financial assets				
Cash	\$ 38,384,747	\$ 38,384,747	\$ 43,939,141	\$ 43,939,141
Internally designated	\$ 49,839,254	\$ 49,839,254	\$ 48,692,931	\$ 48,692,931
Other assets limited as to use	\$ 307,818	\$ 307,818	\$ 307,385	\$ 307,385
Beneficial interest in net assets of St. Bernards Development Foundation, Inc	\$ 3,070,520	\$ 3,070,520	\$ 1,812,691	\$ 1,812,691

**St. Bernards Hospital, Inc. d/b/a
St. Bernards Medical Center**
Notes to Consolidated Financial Statements
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The following methods were used to estimate the fair value of all other financial instruments recognized in the accompanying consolidated balance sheets at amounts other than fair value:

Cash

The carrying amount approximates fair value.

Interest in Net Assets of St. Bernards Development Foundation, Inc.

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. The carrying amount does not differ materially from the fair value.

Long-term Debt

The carrying value approximates fair value.

Note 15: Asset Retirement Obligations

The Medical Center's conditional asset retirement obligations primarily relate to asbestos contained in buildings that the Medical Center owns. Environmental regulations exist in Arkansas that require the Medical Center to handle and dispose of asbestos in a special manner if a building undergoes major renovations or is demolished.

A summary of changes in asset retirement obligations since the date of adoption is included in the table below:

	<u>2014</u>	<u>2013</u>
Liability, beginning of year	\$ 415,146	\$ 398,031
Accretion expense	<u>17,851</u>	<u>17,115</u>
Liability, end of year	<u><u>\$ 432,997</u></u>	<u><u>\$ 415,146</u></u>

**St. Bernards Hospital, Inc. d/b/a
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Note 16: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Investigation

The Medical Center is the subject of an investigation regarding specific third-party payer program billing issues. Management has accrued an estimated amount that they believe approximates the probable liability associated with this issue based on information currently available. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Notes 1* and *7*.

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and *2*.

Estimated Amounts Due to Third-Party Payers

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

Admitting Physicians

The Medical Center is served by two major physician groups whose patients comprise approximately 43% of the Medical Center's gross patient service revenue for the years ended September 30, 2014 and 2013.

Self-Insurance

Under the Medical Center's insurance programs, coverage is obtained for catastrophic exposures as well as those risks required to be insured by law or contract. The Medical Center retains a significant portion of certain expected losses related primarily to workers' compensation and employee health. Provisions for losses expected under these programs are recorded based upon the Medical Center's estimates of the aggregate liability for claims incurred. The amount of actual losses incurred could differ materially from the estimates reflected in these consolidated financial statements.

**St. Bernards Hospital, Inc. d/b/a
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Notes to Consolidated Financial Statements
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Litigation

In the normal course of business, the Medical Center is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Medical Center's self-insurance program or by commercial insurance described in *Notes 1* and *7*; for example, allegations regarding employment practices or performance of contracts. The Medical Center evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Asset Retirement Obligations

Estimates related to the accrual for asset retirement obligations are described in *Note 15*. The actual amount of these obligations could differ materially from the estimates reflected in these consolidated financial statements.

Investments

The Medical Center invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

Pension Plan Assets

At September 30, 2014, the Medical Center's defined benefit pension plan's asset portfolio (the Portfolio) included cash surrender value of life insurance in the amount of approximately \$1,131,000 held by an insurance company in receivership. Management believes laws in the state of Arkansas provide security against potential losses relating to the failure of the insurance company.

In addition, the Portfolio includes an interest in a limited partnership that invests in collateralized debt obligations. This type of investment, which involves varying degrees and types of risk, is more susceptible to loss due to these risks. There is no public market for this type of investment.

The remainder of the Portfolio consists of various investment securities which are subject to the same risks discussed above under *Investments*.

It is reasonably possible that events could occur that would change the value of these investments.

**St. Bernards Hospital, Inc. d/b/a
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Pension Benefit Obligations

The Medical Center has a noncontributory defined benefit pension plan whereby it agrees to provide certain postretirement benefits to eligible employees. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date based on the entry age normal cost method. It is reasonably possible that events could occur that would materially change the estimated amount of this liability in the near term.

Note 17: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were available to be issued.

Note 18: *Patient Protection and Affordable Care Act*

The *Patient Protection and Affordable Care Act* (PPACA) has and will continue to substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation required the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional. The state of Arkansas has enacted a form of Medicaid expansion which uses the expansion funding to purchase private insurance policies on the health care exchanges for qualifying beneficiaries beginning January 1, 2014. This form of Medicaid expansion has been commonly referred to as the Arkansas Private Option. While hospitals may see improved reimbursement as previously uninsured patients gain coverage, the significance of the improvement remains unclear. In addition, the expansion must be reappropriated annually by the legislature.

PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of PPACA cannot currently be estimated, it is possible it will have a negative impact on the Medical Center's net patient service revenue. In addition, it is possible the Medical Center will experience payment delays and other operational challenges during PPACA's implementation.

Implementation Strategy

2014 - 2016



INTRODUCTION

As a result of the Affordable Care Act, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address identified needs. Compliance with section 501(r) of the Internal Revenue Code (IRC) requires that a tax-exempt hospital facility:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the significant community health needs identified through the assessment.
- Report how it is addressing the significant needs identified in the community health needs assessment and a description of significant needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment was initiated in January 2013 and ended in May 2013 at St. Bernards Medical Center. The Medical Center's defined community aligns closely with the boundaries of Craighead, Greene, Mississippi, Poinsett, Cross, Randolph, Clay and Lawrence Counties. Because the majority of the publicly available data used in the community health needs assessment is available at the county level rather than the zip code level, and because of the large number of zip codes included in the Medical Center's community, these eight counties will be used as a basis for presenting demographic and public health information about the community. The community health needs assessment took into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. The hospital facility made the community health needs assessment widely available to the public.

The results of the community health needs assessment were presented to the leadership team at St. Bernards Medical Center. Based on the results of the assessment, the leadership team identified six priority areas. These priority areas as well as the results of the community assessment were presented to the St. Bernards Medical Center Board for final approval. The Community Education Department at St. Bernards Medical Center was then charged with the development of the implementation plan in collaboration with various other departments within the medical center. The final implementation plan was presented to the St. Bernards Medical Center Board for final approval.

NEEDS ST. BERNARDS MEDICAL CENTER WILL DIRECTLY ADDRESS

The main purpose of the community health needs assessment is to help further the Medical Center's understanding of the health needs of the community. Through this assessment the needs of the community have been identified and prioritized so that St. Bernards Medical Center (the Medical Center) may adopt an implementation strategy to address specific needs of the community. The health needs identified were ranked based on the following questions: how important the issue is to the community, how many people are affected by the issue, what are the consequences of not addressing the issue, how prevalent was the issue, and does the issue effect vulnerable populations. The needs were scored and ranked accordingly. The top six areas of community health of community health needs will be addressed in St. Bernards Medical Centers' Implementation Strategy for years 2014 through 2016, after which, the next community health needs assessment will be performed. The six emerging community needs include:

- Obesity
- Uninsured Adults
- Diabetes
- Access to Clinics/Physicians
- Heart Disease
- Tobacco Use

St. Bernards Medical Center has an increased focus on health and wellness within our community and continues to invest in opportunities that better help our patients achieve their health goals rather than only treating acute and episodic problems. Our implementation strategy for 2014 to 2016 will focus on improving the health of the communities in which we serve as well as increasing access to health care for those less who otherwise would not be able to receive it. We feel, as our mission states, it is our duty to provide Christ-like healing to the community through education, treatment, and health services regardless of ability to pay. Our implementation strategy was created with our mission in mind. Through the community needs assessment it was evident the burden of chronic illness within in our community and across the state of Arkansas. In efforts to address the needs of the communities in which we serve, St. Bernards Medical Center offers their commitment to the items indicated within the implementation plan. We understand this plan to be a “living document” subject to ongoing revision and enhancement as deemed necessary by the needs of the communities. We also anticipate some overlap in our efforts. Many of the strategies and activities outlined address risk factors associate with multiple identified needs. For example, strategies to improve obesity will also help to improve the health of those with diabetes and heart disease as well. The St. Bernards Medical Center Community Implementation Plan for 2014-2016 outlines the problems, strategies, activities, and desired outcomes for each of the six priority health needs identified. It will be a collaborative effort of various departments within the medical center as well as community partners in implementing and achieving the desired outcomes indicated in the implementation plan.

PRIORITY AREA #1 - OBESITY

Problem:

- In 2012, the obesity prevalence in Arkansas was 34.5%. The fourth highest in the United States.
<http://www.cdc.gov/obesity/data/adult.html>

Why:

- Many Arkansas communities are characterized by unhealthy options when it comes to diet and physical activity.
<http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/arkansas-state-profile.pdf>

St. Bernards Programs/Services How	Description of Program How Specifically		Outcomes Immediate Long Term		Updates/Program Changes
St. Bernards Center for Weight Loss- HMR Weight Loss Program	Program Options: Medically supervised In clinic Meal Replacement Program: Support and Accountability with weekly class attendance, midweek check in with educator, medical appointments with physician as ordered and weekly weigh in's. HMR at Home Program: Self Directed kit with education and support materials. Quick start call with HMR Health Educator. HMR at Home with Phone Support: No medical supervision. Support and Accountability with weekly phone conference class. Midweek Check in with educator.		Participants are supported and educated through a medically supervised weight loss program	Decrease the prevalence of obesity in Northeast	In September 2014, the HMR program closed. The only HMR option currently offered is available at the St.Bernards Health and Wellness Café on the Mile. Individuals may purchase HMR products and follow the HMR at Home program.
					In November 2014, the St.Bernards Weight Loss Clinic located within the St.Bernards Health and Wellness began offering nutritional counseling for obesity and other health conditions utilizing the DietMaster Pro Software. Diet Master Pro enrollment for 2014-13 participants
St. Bernards Health and Wellness State of the art medical fitness facility that promotes health and wellness for the community through various programs and classes	Biggest Loser Competition supports local participants in weight loss through personal training and educational classes.		Participants are provided personal training and coaching to help they are losing weight.		Biggest Loser Competition was not offered in 2014.
	Fit4Life is a summer program provided to children that focuses on developing a healthy lifestyle		Children are given an opportunity to		Fit4Life grant funded program is no longer offered.

	through nutrition education and physical activity.	be active and learn how to live a healthy life		Kids Fit Camps are offered during the Summer months at the Health and Wellness. Summer enrollment for 2014-79 children.
	Silver Sneakers Programs provide physical activity options for the senior population.	Elders are provided with programs to meet their physical activity needs.		2014 Silver Sneaker memberships at the St. Bernards Health and Wellness were 286.

Community Education Department- Health Screenings	Free Health Screenings including: cholesterol, blood pressure, diabetes, weight, BMI, and health counseling by a registered nurse. <ul style="list-style-type: none"> - Free screening Friday once a month at the St. Bernards Health and Wellness - Free Community Screenings yearly in each of the counties assessed in the community health needs assessment. - Free Screenings at Businesses and Industries in Northeast Arkansas. 	Participants are made aware of their BMI and provided with education to help better their lifestyle	Health Screenings Month/Year County- Location-# attended Oct. 2013 Craighead-CWS- 32 Mississippi-Nibco-154 Craighead-NicePak- 71 Craighead-UPS-32 Craighead-Southern Pioneer-20 Poinsett-Roach Conveyor-70
	"Taking it to Heart" Lunch and Learns focusing on how to self manage chronic illness, specifically heart disease and diabetes and provided a heart healthy diabetic friendly lunch with a short nutrition lesson	Participants are educated on ways to self manage chronic illness which includes guidelines for weight loss and management.	Craighead-Frito Lay-70 Nov.2013 Craighead-Optus-44 Craighead-CWS-32 Craighead-Frito Lay-72 Dec. 2013 Craighead-CWS-19 Jan. 2014 Feb. 2014 Greene-Nidec-99 Craighead-Nabholz-18 Mar. 2014 Craighead-Westside PSD-23 Mississippi-Southworth-46 April 2014 Craighead-Health and Fitness Expo-1000
Bariatric Surgery Seminar	An informational session discussing various forms of weight loss surgery available.	Participants are educated on bariatric surgery and can decide if it is the right choice for their weight loss needs.	

			<p>May 2014 Craighead- Windmill Rice-29 Mississippi- Nibco-130</p> <p>June 2014 Craighead- Riceland Jonesboro-19 Poinsett- Riceland Waldenburg-31 Riceland- NewMadrid Mo.- 21 Craighead- Holy Angel Convent-13</p> <p>July 2014 Craighead- JMS-65</p> <p>August 2014 Craighead-NT church-17 Mississippi- JMS-88</p> <p>Sept. 2014 Craighead- PSA-200 Craighead- St. Bernards-884</p> <p>Oct. 2014 Craighead- UPS-37 Craighead- Southern Pioneer- 18 Craighead- NicePak-82 Mississippi- Nibco-81 Craighead- Great Dane-92</p> <p>Nov. 2014</p>
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			Poinsett- Roach Conveyor- 77 Craighead- Frito Lay-80 Cross-Senior Center-20 Dec. 2014 Cross-Senior Center-15 Lawrence- Midsouth-6 Jan. 2015
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PRIORITY AREA #2 – UNINSURED ADULTS

Problem:

- 25% of working-age Arkansans are uninsured
- Lack of insurance is a problem statewide, with 16.5% of our citizens reporting that they could not see a doctor due to cost.
- Health insurance coverage differs among people living in rural and urban communities, with those in rural areas less likely to have coverage.
<http://www.achi.net/HCR%20Docs/120905%20State%20All%20Co%20Fact%20Sheet%20FINAL.pdf>
- Covenant Medical Benefits has projected that as high as 90% of St. Bernards uninsured inpatients will be eligible for Private Option Medicaid beginning January 1, 2014, due to the changing healthcare laws

Why:

- Health insurance is integral to personal well-being and health. Compared with insured individuals, adults without health insurance have poorer health and greater risks.

<http://www.achi.net/HCR%20Docs/120905%20State%20All%20Co%20Fact%20Sheet%20FINAL.pdf>

St. Bernards Programs/Services How	Description of Program How Specifically		Outcomes Immediate Long Term		Updates/Program Changes
Enroll the Ridge	<p>Collaboration between St. Bernards Healthcare and Covenant Medical Benefits in the <i>Enroll the Ridge!</i> Enroll the ridge is an outreach, education, and enrollment project. This project unites St. Bernards Healthcare's deep community presence, reach, and success in coalition building with Covenant Medical Benefits' expertise in Medicaid and third party enrollment. Services include:</p> <ul style="list-style-type: none"> - Assisting uninsured patients with income below 138% FPL guideline to enroll in Private Option Medicaid (which includes retroactive enrollment.) - Assist uninsured patients with incomes over 138% FPL guideline to enroll in health insurance through the federal Marketplace. - Department of Human Services workers housed at Covenant Medical Benefits will provide follow-up services to application process. 		Uninsured individuals are being enrolled with an insurance option prior to seeking services at St. Bernards Medical Center.	Decrease the uninsured population in Northeast Arkansas and provide care to those who cannot otherwise afford it.	
340B Drug Program	The 340B Drug Pricing Program provides outpatient drugs to St. Bernards Medical Center at significantly reduced prices.		St. Bernards Medical Center is able to continue to provide care to the indigent population		

Pharmacy Assistance Program	<p>Patient Assistance Program is free to the patients of St. Bernards Medical Center and helps those in need enroll in manufacturer assistance programs for medications. Each self-pay patient that is treated at St. Bernards receives a consent form in their admission packet. Once this is signed, a software program is utilized that captures the patient by medication used. If there is a program for a medication being administered, pharmacy staff will fill out the appropriate paperwork for the patient, get the physician's signature, and send it onto the appropriate pharmaceutical company. Usually once approved, the patient is enrolled into the program for one year. Every 60 days refills are placed for the patient. Our pharmacy department also sends letters to our patients and to let them know what medications are eligible for manufacturer assistance programs. This program is not for "immediately needed" medications like antibiotics. This is for long-term maintenance medications.</p>	Those who are uninsured without ability to pay are able to receive long-term maintenance medications.	
Financial Assistance Program	<p>No person who seeks these financial assistance services is turned away. SBMC assists needy patients including the truly "indigent" who have no ability to pay and no outside payment sources, eligible patients whose resources or outside payment sources are not sufficient to adequately cover their care, and those who have the ability to pay but require the extension of credit. This assistance is accomplished by the following:</p> <ul style="list-style-type: none"> • Assessing the financial status of all self pay patients • Matching eligible individuals to payer sources • Establishing mechanisms for financing and discounts if eligible • Providing Financial Assistance if other avenues for payment are not feasible. 	Those who are uninsured without ability to pay are able to receive medical treatment.	
Hospitalist Discharge Clinic	The hospitalist discharge clinic will provide a means for the uninsured patient to have immediate follow up after discharge from the medical center.	Those who are uninsured without ability to pay are able to receive medical treatment following discharge from St. Bernards Medical Center.	

Expansion of St. Bernards Emergency Department	The St. Bernards Medical Center's Emergency Room will be expanded to provide additional capacity for treatment of the uninsured population who are seeking care. The Express Care within the Emergency Room will allow for the treatment of non-emergency patients.	Those who are uninsured without ability to pay are able to receive emergent and non-emergent care.	Expansion Completed.
Partnerships with Physicians to serve the uninsured population in rural areas	St. Bernards Medical Center will continue to collaborate and partner with rural communities in the region to recruit both physicians and mid-level providers that can care for the uninsured population within the region. St. Bernards Medical center will explore partnerships with federally funded clinics to support their outreach within the communities and to provide hospitalist support when their patients are admitted to the medical center.	Those who are uninsured without ability to pay are able to receive medical treatment	

PRIORITY AREA #3 - DIABETES**Problem:**

- In 2010, Arkansas reported an overall diabetes prevalence rate of 9.6%. The majority of counties in Arkansas (36) reported diabetes prevalence rates of 5 – 10%.
- The county with the highest rate of diabetes, Clay, reported a prevalence rate of 20.1%.

<http://publichealth.uams.edu/files/2012/06/Diabetes-Report-2013.pdf>

Why:

- Arkansans generally show high prevalence rates of common risk factors for diabetes, such as obesity, tobacco use, lack of physical activity, high cholesterol, and hypertension.
<http://publichealth.uams.edu/files/2012/06/Diabetes-Report-2013.pdf>
- In 2008, an estimated 248,000 Arkansas adults were diagnosed with diabetes. It is projected that another 124,000 adults living with diabetes were undiagnosed.
<http://www.healthy.arkansas.gov/programsServices/chronicDisease/diabetesPreventionControl/Documents/BurdenofDiabetesAR.pdf>

St. Bernards Programs/Services	Description of Program	Outcomes		Updates/Program Changes
How	How Specifically	Immediate	Long Term	
St. Bernards Diabetes Management Center, American Diabetes Association Certified Clinic Locations in Jonesboro and Wynne, AR.	Diabetes Self Management Training: Offers comprehensive diabetes education for both type 1 and type 2 diabetic patients. Includes both one-on-one education and group classes.	Participants are educated on how to self manage their diabetes illness.	Decrease the prevalence of diabetes in Northeast Arkansas	Wynne Clinic Closed in June 2014 Community Diabetes Academy: Piggott and Corning Oct. 2014 Jan. 2015- Forrest City and West Memphis Feb. 2015- Wynne

				and Harrisburg
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	Pre-diabetes educational Classes-one-session program designed for those who have been diagnosed with pre-diabetes or have a greater chance of developing diabetes.	Participants will identify their risk factors and learn how to make lifestyle changes to delay or prevent developing diabetes	Dietician removed from staff June 2014
	Gestational Diabetes education- teaches pregnant women how to control their diabetes and look forward to a healthy pregnancy and baby.	Women learn how to manage their diabetes for a healthy pregnancy.	
	Insulin Pump Therapy Training and Education	Participants and families are educated on how to safely live with an insulin pump and manage insulin pump therapy.	
	Abnormal weight gain counseling for children and adolescents- one-on-one counseling in which participants and families are educated on how to improve their health through nutrition, exercise, and behavior modifications	Participants will learn what it takes to prevent medical conditions associated with childhood obesity, including diabetes.	
	Medical Nutrition Therapy for diabetics provided by a Registered Dietician	Participants are educated on how to follow dietary guidelines for diabetes.	
	Monthly Diabetes Support Group	Participants are provided with support from others who have been diagnosed with diabetes and are able to learn more about managing their disease process.	
	Quarterly diabetic cooking class	Participants are given healthy cooking tips to better manage their diabetes.	

	Annual diabetes education provided to area school nurses.	School nurses are educated on how to manage the diabetic child, learn how to deal with diabetic emergencies, and recognize signs and symptoms of diabetes in children.	
Community Education Department- Health Screenings	Free Health Screenings including: cholesterol, blood pressure, diabetes, weight, BMI, and health counseling by a registered nurse. -Free screening Friday once a month at the St. Bernards Health and Wellness -Free Community Screenings yearly in each of the counties assessed in the community health needs assessment. -Free Screenings at Businesses and Industries in Northeast Arkansas.	Free screenings provide a means of early detection of diabetes.	Same as previous list.
	"Taking it to Heart" Lunch and Learns(LNL) focusing on how to self manage chronic illness, specifically heart disease and diabetes and provided a heart healthy diabetic friendly lunch with a short nutrition lesson	Participants are educated on ways to self manage chronic illness by means of lifestyle modifications and dietary guidelines.	Monthly LNL Month/Topic Oct. 2013 Breast Cancer Awareness Nov. 2013 Even Seniors get the blues Dec. 2013 Healthy Holiday Wins Jan. 2014 Easy Wins for Weight Loss Feb. 2014 Got Meds? Manage your medications Mar. 2014 Colorectal Cancer
St. Bernards Health and Wellness State of the art medical fitness facility that promotes health and wellness for the community through various programs and classes	Biggest Loser Competition supports local participants in weight loss through personal training and educational classes.	Participants are provided personal training and coaching to help they are losing weight which reduces risk factors for diabetes.	
	Fit4Life is a summer program provided to children that focuses on developing a healthy lifestyle through nutrition education and physical activity.	Children are given an opportunity to be active and learn how to live a healthy life which reduces risk factors for diabetes.	

			<p>April 2014 Health and Fitness Expo</p> <p>May 2014 Stroke Awareness</p> <p>June 2014 Managing Chronic Illness</p> <p>July 2014 Cardiovascular Emergencies</p> <p>August 2014 Hyper and Hypothyroidism</p> <p>Sept. 2014 Diabetes and Healthy Eating</p> <p>Oct. 2014 Breast Cancer Awareness</p> <p>Nov. 2014 Senior Health in Winter</p> <p>Dec. 2014 Seasonal Disorders</p> <p>Jan. 2015- Skinny on Exercise</p>
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	Silver Sneakers Programs provide physical activity options for the senior population.	Elders are provided with programs to meet their physical activity needs which helps with diabetic control and prevention of diabetes.	Dr. Francesca Wilkins recruited and working Oct. 2013
Recruitment of Endocrinologist to serve the diabetic population	Partnership with St. Bernards Clopton Clinic to recruit an Endocrinologist to provide care to the diabetic population in our region.	Access to specialized diabetes care is provided to patients within our region.	

PRIORITY AREA #4 – ACCESS TO CLINICS/PHYSICIANS

Problem:

- All of the counties included in the community health needs assessment, besides Craighead County, are considered Medically Underserved Areas
<http://www.healthy.arkansas.gov/programsServices/hometownHealth/Documents/MedicallyUnderserved.pdf>

Why:

- An adequate number of health care facilities and health care providers is vital for sustaining a community's health status.

St. Bernards Programs/Services	Description of Program		Outcomes	
	How	How Specifically	Immediate	Long Term
Physician recruitment		Collaborate with healthcare providers in our region on the recruitment of key physician vacancies.	The recruitment of additional primary care providers will provide additional access for patients with the region.	Increase access to care within Northeast Arkansas.
Access to specialty clinics		Develop partnerships with in the region to develop specialty clinics in specific counties to provide access to specialist's care.	Patients are able to receive care from specialists without having to travel to Jonesboro.	
Access development		Collaborate with communities and physicians to partner to provide additional access to underserved regions within our service area.	Access to care will be increased as these partnerships are formed.	

PRIORITY AREA #5- HEART DISEASE

Problem:

- Heart disease is the largest single killer of Arkansans. In 2011, almost a fourth (23.1%) of all Arkansas deaths was due to heart disease.

<http://www.healthy.arkansas.gov/programsServices/epidemiology/ChronicDisease/Documents/publications/HDSBurdenReport.pdf>

Why:

- Self-reported data among Arkansas adults indicate that the prevalence of five of the seven major modifiable risk factors for heart disease and stroke have increased over the last five to ten years in the state: high blood pressure, high blood cholesterol, diabetes, overweight and obesity, and inadequate consumption of fruits and vegetables. The prevalence for smoking and physical inactivity decreased during the last decade, but neither decline was statistically significant.

<http://www.healthy.arkansas.gov/programsServices/epidemiology/ChronicDisease/Documents/publications/HDSBurdenReport.pdf>

St. Bernards Programs/Services	Description of Program	Outcomes		Updates/Program Changes
How	How Specifically	Immediate	Long Term	
St. Bernards Community Education Department	“Taking it to Heart” Lunch and Learns focusing on how to self manage chronic illness, specifically heart disease and diabetes and provided a heart healthy diabetic friendly lunch with a short nutrition lesson	Participants are educated on ways to self manage chronic illness by means of lifestyle modifications and dietary guidelines.	Decrease the prevalence of heart disease in Northeast Arkansas.	Same as previous
	Women’s Heart Health Educational program provides women with educational information on how to recognize risk factors for heart disease, how to modify lifestyle to reduce risk for heart disease, and recognize signs and symptoms of heart disease in women.	Women are educated on heart disease and are able to reduce their risk factors for diabetes and recognize signs and symptoms of heart disease in women.		Same as previous
	Free Health Screenings including: cholesterol, blood pressure, diabetes, weight, BMI, and health counseling by a registered nurse. -Free screening Friday once a month at the St. Bernards Health and Wellness -Free Community Screenings yearly in each of the counties	Participants are screened for risk factors for heart disease and provided information on how to reduce their risk for heart disease.		Same as previous

	assessed in the community health needs assessment. -Free Screenings at Businesses and Industries in Northeast Arkansas.			
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	Heart Club Support Group	Provides ongoing education and support to those dealing with heart disease.	
	Healthy Heart 2 Mile Walk Run	Physical activity reduces risk factors for heart disease.	
	CPR and AED education to community members in Northeast Arkansas	Cardiac Arrest in the community can be treated immediately with CPR and AEDs when available.	
St. Bernards Health and Wellness State of the art medical fitness facility that promotes health and wellness for the community through various programs and classes	Biggest Loser Competition supports local participants in weight loss through personal training and educational classes.	Participants are provided personal training and coaching to help they are losing weight which reduces risk factor for heart disease.	
	Silver Sneakers Programs provide physical activity options for the senior population.	Elders are provided with programs to meet their physical activity needs which helps reduce risk factors for heart disease.	
Regional STEMI Program	Provides education to community on signs and symptoms of a heart attack and need to call 911 and get to the hospital immediately.	Participants are able to recognize signs and symptoms of heart disease and will receive early treatment.	
	Provides education to emergency medical professionals in Northeast Arkansas on STEMI recognition and management.	Emergency medical professionals will be competent to manage the emergency care of the patient presenting with STEMI.	

	Provides CME opportunities to physicians practicing in rural areas in Northeast Arkansas	Physicians practicing in rural areas will be competent to manage the emergency care of the patient with STEMI.	
	Provide leadership and oversight over the Regional Code STEMI Team.	Key community partners and medical professionals are brought together to coordinate the care of the STEMI patient.	
Specialty clinics to serve those with cardiovascular disease in rural areas.	Develop partnerships to provide specialty clinics for cardiology and electrophysiology to specific rural areas in Northeast Arkansas.	Provides access to cardiology services in medically underserved areas within Northeast Arkansas.	

PRIORITY AREA #5 – TOBACCO USE

Problem:

- In Arkansas, 14.5% of youth aged 12-17 years smoked a cigarette in the past month. Arkansas ranks 49th among the states on cigarette use.
- In Arkansas, 3% of current smokers who made a quit attempt in the past year called a quitline. Arkansas ranks 25th among the states.
http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/arkansas/index.htm
- Cigarette use among Arkansas adults is at 27%: the national average is only 21.2%.
- Smokeless tobacco use among Arkansas adults is at 7.1%: the national average is only 4.4%.
http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2012/states/arkansas/index.htm

Why:

- Residents of rural communities more likely to use tobacco products, to start at a younger age, to use more heavily and to be exposed to secondhand smoke at work and at home than their counterparts in cities and suburbs. Tobacco use is deeply rooted in the social environment in many rural communities.
- Factors include: media targeting rural communities and youth, local government is less likely to pass tobacco free policies, high tobacco use encourages high tobacco use, fewer cessation resources
<http://www.lung.org/assets/documents/publications/lung-disease-data/cutting-tobaccos-rural-roots.pdf>

St. Bernards Programs/Services	Description of Program	Outcomes	
How	How Specifically	Immediate	Long Term
Community Based Tobacco Prevention Program through St. Bernards Community Education Department and the Arkansas Department of Health Tobacco Prevention and Cessation Program.	Targeted media preventing youth initiation by encouraging school participation in events and activities such as promoting banners in schools, TPCP essay contest, billboard contests, twitter posts, and the Big Pitch Film Contest.	Youth are educated and made aware of the dangers of tobacco use through youth related activities.	Decrease in tobacco use among adults and youth in Northeast Arkansas.
	Youth activities preventing youth initiation through activities lead by St. Bernards Youth Leadership Board including AR Tobacco Free Kids Day, City Youth Programs, and Through with Chew Week.	Youth are lead and educated by their peers in activities focusing youth prevention of tobacco use.	
	Encourage and strengthen policies to eliminate exposure and promote quitting through Matthew Medical Mile city ordinance, comprehensive policies for daycares and churches, Smoke free cars/home education to parents, Law enforcement training, Earth Day project, and Park policy/enforcement.	Policies are strengthened to reduce tobacco use in the community.	
	Promoting cessation through media such as radio ads, newspaper ads and twitter.	Tobacco users are made aware of available cessation services.	
	Community education on cessation resources through health screenings, Great American Smokeout, Great American Spitout, Ask, Advise, Refer policies for St. Bernards clinics.	Tobacco users are made aware of cessations resources and provided refers to cessation programs.	
	Education on cessation resources for disparities (pregnant women) through promoting Ask, Advise, Refer policies for March of Dimes and Pregnancy Resource Center and by developing a 6 week pregnancy program targeting prevention of tobacco use during pregnancy.	Centers servicing pregnant women are promoting cessation services to their clients and education is provided to pregnant women on the dangers of tobacco use during pregnancy.	

	Education on cessation resources for veterans and community mental health clinics by participating in events such as Kick Butts Day activity for veterans and promoting ask, advise refer policies for 4 mental health clinics.	Veterans and those in the mental health field are made aware of the availability of cessation services.	
St. Bernards Community Education Department	Tobacco cessation educational classes are presented in community upon request.	Tobacco users are given tools to help successfully quit tobacco use.	

OTHER IDENTIFIED COMMUNITY HEALTH NEEDS

Although St. Bernards Medical Center (SBMC) recognizes the importance of all the needs identified by the community, SBMC will not directly design strategies for all these needs in the implementation plan. Priority was given to the six top identified needs as well as the health needs in which the medical center is most capable of directly influencing. The remaining identified needs were divided into needs St. Bernards will continue to address through programs and services offered by the medical center, needs St. Bernards will not directly address but will collaborate and support organizations with in the community in order to address these needs and needs St. Bernards will not be addressing.

Needs St. Bernards is addressing through programs and services offered through SBMC

Identified Need	Programs/Services
Drug Use	<ul style="list-style-type: none"> St. Bernards Intensive Outpatient Counseling Program
Elder Care	<ul style="list-style-type: none"> Benedictine Manor I and II St. Bernards Village St. Bernards Senior Life Centers St. Bernards Senior Health Clinic Center on Aging Northeast St. Bernards Day Place Total Life Healthcare St. Bernards Medipak Advantage Program Construction of the St. Bernards Villa and Alzheimer Unit Meals on Wheels
Health Education	<ul style="list-style-type: none"> Community Education Department offers educational classes on a variety of topic upon request St. Bernards Health and Fitness Expo is an event held annually servicing 10,000 community members and provides educational programs and information on various health topics. Kids on the Mile educational event held annually with a focus on health and wellness. Safe Sitter classes "Taking it to Heart Lunch" and Learns Megabody Adventure provides education on the human body, healthy eating, physical activity, and healthy behaviors for school age children

Cancer	<ul style="list-style-type: none"> • Comprehensive cancer treatment program • Care Navigators to assist patients through their cancer treatment. • Women's Health Mobile Mammography Unit provides free mammograms for those who cannot otherwise afford it. • Active participant in Race for the Cure • National Cancer Survivor Day Luncheon • Colorectal screening kits provided free of charge to participants of community health screenings • Prostate Screening held annually servicing approximately 300 men in the community.
Children in Poverty	<ul style="list-style-type: none"> • "Kids on the Mile" provides school supplies to kids who cannot otherwise afford them.
Mental Health	<ul style="list-style-type: none"> • St. Bernards Behavioral Health offers inpatient mental health treatment for adults and the geriatric populations
Preventable Hospital Stays	<ul style="list-style-type: none"> • Readmissions Team was created at St. Bernards Medical Center and is working on addressing this issue moving forward • Targeted goal of the Physician Clinical Efficiency Program
Low Birth Weight	<ul style="list-style-type: none"> • Neonatal Intensive Care Unit • St. Bernards supports March of Dimes • Lactation Program • Baby College • Community Educational Programs
Inadequate Social Support	<p>St. Bernards supports and offers support groups for the following populations</p> <ul style="list-style-type: none"> • Diabetes Support Group • Heart Club • Mercy Support Group - Bereavement Group
Cerebrovascular Disease	<ul style="list-style-type: none"> • Stroke Center of Excellence • Community Education Programs • Stroke education provided to emergency room personnel within Northeast Arkansas
Sexually Transmitted Diseases and Teen Birth Rate	<ul style="list-style-type: none"> • Community Education Programs on request
Pneumonia and Influenza	<ul style="list-style-type: none"> • Community Education Programs on request • Support the local health department in community wide influenza vaccination clinic
Bronchitis, Emphysema, & Asthma	<ul style="list-style-type: none"> • Community Education Programs on request

Needs addressed through collaboration and support of community organizations focused on addressing the need.

Identified Need	Collaborative Community Organization
Migrant Workers Health Care	<ul style="list-style-type: none"> St. Bernards supports Hispanic Community Services Inc. which addresses migrant workers health care. Support is given by service on the board of directors as well as monetary contributions.
Access to Recreational Activities	<ul style="list-style-type: none"> St. Bernards support the Miracle League of Jonesboro by providing monetary support.
Lack of Transportation	<ul style="list-style-type: none"> St. Bernards collaborates with and supports the JETS transportation system for the city of Jonesboro.
Access to Healthy Foods	<ul style="list-style-type: none"> St. Bernards supports the Food Bank of Northeast Arkansas which provides food assistance to those in need.

Needs St. Bernards will not address

St. Bernards has chosen not to address the following needs identified in the community health needs assessment.

- Motor Vehicle Crash Deaths
- Violent Crime Rate
- Unintentional Injuries