

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **LITTLE COMPANY OF MARY HOSPITAL
OF INDIANA, INC** Employer identification number **35-0985964**

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	X	
b If "Yes," was it a written policy?	X	
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.		
<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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?	X	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			1619663.		1619663.	.98%
b Medicaid (from Worksheet 3, column a)			13430682.	14450770.	-1020088.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			15050345.	14450770.	599,575.	.98%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1255940.		1255940.	.76%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			1255940.		1255940.	.76%
k Total. Add lines 7d and 7j			16306285.	14450770.	1855515.	1.74%

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group MEMORIAL HOSPITAL & HEALTH CARE CENTER

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 checked="" 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>11</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
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		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <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 to date):		
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 checked="" 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 checked="" 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 checked="" 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		X
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)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
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? \$ _____		

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Part V Facility Information (continued) MEMORIAL HOSPITAL & HEALTH CARE CENTER

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
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 checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input 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 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 on request		
g	<input 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?	X	
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 patient'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 Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
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 Part VI)		

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Part V Facility Information (continued) **MEMORIAL HOSPITAL & HEALTH CARE CENTER**

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21		X

If "Yes," explain in Part VI.

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

22	X	
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If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: A PATIENT MAY QUALIFY FOR PARTIAL FINANCIAL ASSISTANCE IF THE PATIENT'S HOUSEHOLD INCOME IS BETWEEN 200% AND 400% OF THE FEDERAL POVERTY GUIDELINES.

PART I, LINE 7G: THE ORGANIZATION DOES NOT PROVIDE ANY SUBSIDIZED HEALTH SERVICES ATTRIBUTABLE TO PHYSICIAN CLINICS.

PART II: DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES:
PROGRAMS WERE OFFERED AT LOW OR DISCOUNTED PRICES. SOME SERVICES SUCH AS SCREENING RESULT SESSIONS OR SUPPORT GROUPS WERE OFFERED FREE TO PARTICIPANTS. THE FOLLOWING IS A LIST OF SERVICES PROVIDED THROUGH THE HEALTH AND WELLNESS DEPARTMENT. HEALTH SCREENINGS INCLUDING WEIGHT, BMI, WAIST CIRCUMFERENCE, BLOOD PRESSURE, LIPID PROFILE, CHEMISTRY PANEL, TOBACCO STATUS, GLUCOSE, PSA AND COLON KITS 8,569 PARTICIPATED AT 100 DIFFERENT SCREENING EVENT LOCATIONS. 1490 PSA'S WERE PERFORMED WHICH INCLUDED THE ANNUAL PSA SCREENING FOR MEN 50 AND OLDER AND 588 COLON KITS WERE DISTRIBUTED. 235 BODY FAT ANALYSES AND 79 CARBON MONOXIDE SCREENINGS WERE PERFORMED. 71 NICOTINE SALIVA TESTS WERE CONDUCTED. HEALTH RISK

Part VI Supplemental Information

APPRAISALS WERE PROVIDED FOR PARTICIPANTS IN HEALTH SCREENINGS WITH 3257 COMPLETED.

4204 PARTICIPANTS ATTENDED SCREENING RESULT SESSIONS TO LEARN ABOUT THE IMPORTANCE OF THEIR SCREENING RESULTS AT THE VARIOUS WORK-SITES. THE LOW-COST SCREENING FEE INCLUDES THESE GROUP RESULTS SESSIONS. SMOKING CESSATION PROGRAMS AND PRESENTATIONS WERE PROVIDED FOR THE COMMUNITY AND COMPANY WORK-SITES AT NO COST FOR 158 PARTICIPANTS. SOME PARTICIPANTS THAT COMPLETED THE COURSE RECEIVED ONE WEEK OF NICOTINE PATCHES (16) THANKS TO A GRANT FROM THE DUBOIS COUNTY SUBSTANCE ABUSE COUNCIL AND MEMORIAL HOSPITAL SPONSORSHIP. AMERICAN CANCER SOCIETY AND THE INDIANA TOBACCO PREVENTION AND CESSATION COUNCIL ALSO PROVIDED EDUCATION MATERIALS AT NO CHARGE. MEMORIAL HOSPITAL PROVIDED STAFF TO PROMOTE AND TEACH THE CLASSES. TO DATE 8 REFERRALS HAVE BEEN MADE TO THE FREE INDIANA QUIT LINE. 12 PARTICIPANTS WERE TAUGHT A SERIES OF WEEKLY STRESS MANAGEMENT SKILLS THROUGH A WORKSITE-SPONSORED CLASS. 1,564 HOSPITAL EMPLOYEES AND LOCAL COMPANY PARTICIPANTS PARTICIPATED IN WELLNESS CHECK-INS TO MONITOR BLOOD PRESSURE AND WEIGHT ON A REGULAR BASIS AT THE WORK-SITE THROUGHOUT THE YEAR. 11 PARTICIPANTS WERE TAUGHT ABOUT WEIGHT LOSS MANAGEMENT IN RELATION TO DISEASE PREVENTION. CANCER EDUCATION INFORMATION AND HEALTH EDUCATION INFORMATION WAS DISTRIBUTED AT NO COST TO PARTICIPANTS AT SCREENINGS AND THROUGH EMPLOYEE WELLNESS PROGRAMS. CERVICAL CANCER INFORMATION HAS BEEN INCLUDED IN ALL SCREENING PACKETS IN 2013. NUTRITION AND HEALTH DISPLAYS WERE PROVIDED FOR 401 COMMUNITY PARTICIPANTS. MATERNITY CENTER PROGRAMS WERE OFFERED INCLUDING THE CHILDBIRTH AND CHILDBIRTH REFRESHER CLASSES, BREAST-FEEDING, GETTING READY FOR BABY BROTHER OR SISTER, PAPA PAGERS PARTICIPANTS AT NO CHARGE (76). THESE PROGRAMS ARE FREE TO THOSE DELIVERING THEIR BABIES AT MEMORIAL HOSPITAL. THE FERTILITY CARE (NATURAL FAMILY PLANNING) PROGRAM WAS OFFERED FOR COUPLES, WITH 17 SESSIONS

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Part VI Supplemental Information

PROVIDED FOR A SMALL FEE. PROGRAMS ARE AVAILABLE AT REDUCED RATE FOR THOSE UNABLE TO PAY FOR THE SERVICES.

MEDIC FIRST AID, CPR PROGRAMS, HEARTSAVER FIRST AID, AED, AND BLOOD BORNE PATHOGENS CLASSES, WERE PROVIDED FOR 655 INDUSTRY WORKERS, SCOUT TROUPS, SCHOOLS AND THE GENERAL PUBLIC FOR A FEE. THE LANGE-FUHS CANCER CENTER CONDUCTED THE MAN TO MAN PROGRAM, THE LOOK GOOD, FEEL BETTER PROGRAM, MEN'S GROUP AND WOMEN'S GROUP, AND THE CELEBRATE LIFE PROGRAM TO AREA CANCER PATIENTS AT NO COST. THE BARIATRIC FORUM AND SUPPORT GROUP WERE OFFERED MONTHLY AT NO COST. VARIOUS MEMORIAL HOSPITAL DEPARTMENTS PROVIDED FREE MONTHLY SUPPORT GROUPS FOR FAMILIES WITH ALZHEIMER'S DISEASE AND DEMENTIA, HEART DISEASE, AND PARKINSON'S DISEASE. THE DIABETES EDUCATION STAFF PROVIDED FREE MONTHLY SUPPORT GROUPS FOR THOSE WITH DIABETES. THE PASTORAL CARE DEPARTMENT PROVIDED TWO 5-WEEK FREE PROGRAMS FOR THOSE SUFFERING WITH GRIEF. SUPERSITTER (BABYSITTING) CLASSES WERE OFFERED FOR A FEE TO 34 YOUTH TO LEARN ABOUT SAFE BABYSITTING PRACTICES. SCHOOL TEEN HEALTH FAIRS AND COMMUNITY HEALTH FAIRS PRESENTED HEALTH INFORMATION AT NO COST TO THE PUBLIC FOR 483 YOUTH AND ADULTS, TEACHING THEM WAYS TO IMPROVE THEIR HEALTH.

577 PARTICIPANTS ATTENDED WELLNESS CLASSES AND LUNCH AND LEARN PROGRAMS SPONSORED BY THEIR EMPLOYER, INCLUDING MEMORIAL HOSPITAL EMPLOYEES AND OTHER COMMUNITY PROGRAMS OFFERED BY THE HOSPITAL. PROGRAMS WERE FREE TO HOSPITAL EMPLOYEES. COMPANIES PAID SMALL FEES FOR PRESENTATIONS.

24 PARTICIPATED IN THE EIGHT-MONTH CHOOSE 8 TO LOSE WEIGHT PROGRAM. OTHER PROGRAM SESSIONS WERE OFFERED TO THE PUBLIC ON NUTRITION AND WEIGHT LOSS WITH AN AVERAGE OF 24 PEOPLE PER WEEK ATTENDING AND A GROUP NUTRITION

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Part VI Supplemental Information

PRESENTATION FOR 105 PARTICIPANTS. 422 PARTICIPATED IN WEIGHT CHALLENGES AT LOCAL COMPANIES AND AT MEMORIAL HOSPITAL. EMPLOYEES OF MEMORIAL HOSPITAL PARTICIPATED FREE. THIS INCLUDED WEIGH IN AND OUT, NUTRITION HANDOUTS, AND SOME NUTRITION CLASSES.

MANY PARTICIPATED IN THE MONTHLY FITNESS CLASSES HELD AT THE HOSPITAL WITH AN AVERAGE OF 19 PEOPLE PER WEEK IN STEP CLASSES, 31 PER WEEK IN ZUMBA CLASSES, 15 PER WEEK IN CORE CLASSES, 34 PER WEEK IN GET FIT 55+ CLASSES, 17 PER WEEK IN YOGA CLASSES, 15 PER WEEK IN JAZZERCISE CLASSES, 8 PER WEEK IN PERSONAL TRAINING, 16 PER WEEK IN CARDIO HIT CLASSES, 18 PER WEEK IN POWER60 AEROBIC CLASSES, 15 PER WEEK IN CIRCUIT TRAINING, 44 PER WEEK IN CORPORATE FIT IT IN CLASSES, 42 PER WEEK IN OTHER CORPORATE AND ONSITE FITNESS CLASSES. FITNESS CLASS OFFERINGS VARIED EACH MONTH AND WERE FREE FOR HOSPITAL EMPLOYEES AND A LOW COST FOR THE COMMUNITY. PARTICIPANTS RECEIVED ONE FREE CLASS FOR EVERY 8 SESSIONS ATTENDED. 330 PARTICIPATED IN FREE FITNESS DEMONSTRATIONS. 22 ATTENDED A FREE NUTRITION PROGRAM FOR THE KIWANIS ORGANIZATION. 18 SCOUTS ATTENDED A FREE FIRST AID PROGRAM. 123 PARTICIPATED IN THE FREE FITNESS DEMONSTRATION HELD AT THE COMMUNITY ANNUAL SENIOR PARTNERSHIP EVENT. A HEALTH AND LIFELINE BOOTH WAS ALSO PROVIDED AT THE EVENT.

THE LIFELINE HOME EMERGENCY RESPONSE SYSTEM MAINTAINED BY THE HEALTH AND WELLNESS DEPARTMENT BEGAN THE FISCAL YEAR WITH 189 SUBSCRIBERS. A MONTHLY FEE IS CHARGED FOR USING THE LIFELINE UNITS. SERVICE CALLS, TEST CALLS, SUBSCRIBER/RESPONDER UPDATES, INSTALLATIONS, AND REPAIR CALLS ARE PROVIDED AS A PART OF THE MONTHLY FEE. THE SERVICE PROVIDES AN OPPORTUNITY FOR INDIVIDUALS TO STAY IN THEIR HOMES IN A SAFE ENVIRONMENT TO HELP MAINTAIN THEIR INDEPENDENCE. SUBSCRIBERS REFERRED THROUGH GENERATIONS RECEIVE

Part VI Supplemental Information

DISCOUNTED SERVICES.

FREE QUARTERLY WELLNESS TIPS HAVE BEEN PROVIDED FOR THE AREA CHAMBER OF COMMERCE AND OVER 125 LOCAL BUSINESSES AND ORGANIZATIONS TO SHARE WITH THEIR MEMBERS/EMPLOYEES.

COMMUNITY EDUCATION STAFF PARTICIPATED IN LOCAL COMMUNITY COMMITTEES INCLUDING THE DUBOIS COUNTY SUBSTANCE ABUSE COUNCIL, THE HOSPITAL ERGONOMIC COMMITTEE, THE DUBOIS COUNTY PARTNERSHIP SENIOR FOCUS COMMITTEE, LANGE-FUHS CANCER CENTER FUN DAY COMMITTEE, AND THE HOSPITAL CANCER COMMITTEE WITH OVER 39 HOURS OF STAFF TIME DONATED. ONSITE WELLNESS SERVICES WERE CONDUCTED MONTHLY FOR 6 COMPANIES, PROVIDING THEM WITH WELLNESS CLASSES, DISPLAYS, COACHING, WEIGHT AND BLOOD PRESSURE MONITORING, FITNESS PROGRAMS AT THE WORKSITE. A FEE IS CHARGED FOR THESE SERVICES WITH MANY PREPARATION HOURS, DOCUMENTATION HOURS AND TRAVEL TIME NOT BILLED.

THE COMMUNITY TRANSFORMATION GRANT FROM WELBORN BAPTIST FOUNDATION PROVIDES STAFF HOURS TO ADDRESS ISSUES OF REDUCING CHRONIC DISEASE IN THE COUNTY. IN-KIND CONTRIBUTIONS INCLUDE COMPUTER AND OFFICE SPACE ALONG WITH PAPER AND OFFICE SUPPLIES, POSTAGE, AND REFRESHMENTS FOR MEETINGS. ONE OF THE GOALS IS TO REACH A MILLION INDIVIDUALS TO EDUCATE THEM ON STROKE PREVENTION THROUGH THE CDC MILLION HEARTS CAMPAIGN. TO DATE, OVER 1200 PEOPLE HAVE SIGNED PLEDGES TO REDUCE THEIR RISK. ANOTHER GOAL IS TO HELP WORKSITES DEVELOP A CULTURE OF WELLNESS. 45 PEOPLE ATTENDED THE AREA-WIDE CORPORATE CHAMPION MEETING AND 8 MORE ATTENDED A LOCAL CITY CORPORATE CHAMPION MEETING. 15 PEOPLE ATTENDED THE FREE INITIAL LEADERSHIP TEAM MEETING AND 11 ATTENDED THE SECOND FREE MEETING WHERE FREE HEALTH

Part VI Supplemental Information

RESOURCES WERE SHARED. 60 PEOPLE ATTENDED THE FREE LEADERSHIP INSTITUTE. 85 TOBACCO QUIT NOW PACKETS WERE DISTRIBUTED TO PHYSICIANS AND ANOTHER 150 EMAILS WERE SENT INFORMING THE COMMUNITY ABOUT THE INDIANA QUIT LINE. 25 ATTENDED THE PATOKA VALLEY COOPERATIVE MEETING ABOUT THE GRANT AND INSERVICES ON TOBACCO AND THE QUIT LINE WERE PRESENTED TO 38 RESPIRATORY STAFF, 50 CNAS, AND 12 IN NURSING PRACTICE MANAGEMENT. MEMORIAL HOSPITAL OFFERS A FREE EMPLOYEE WELLNESS PROGRAM TO ITS 1,500 EMPLOYEES INCLUDING SCREENINGS TO EMPLOYEES, VOLUNTEERS, AND SPOUSES, HEALTH RISKS ASSESSMENTS, NATURAL FAMILY PLANNING UP TO 8 SESSIONS (2), MATERNITY CLASSES, WELLNESS COACHING (4), WEIGHT CHALLENGES (78), WEIGHT AND COACHING CHECK-INS WITH GOAL SETTING, FITNESS CLASSES (364 SESSIONS), WEIGH-INS (16), NUTRITION AND EXERCISE LOGS (266), REDUCTION IN BMI INCENTIVE (297), AND A VARIETY OF HEALTH INFORMATION THROUGHOUT THE YEAR.

PART II (CONT.)

AS A RESULT OF WELLNESS SERVICES, OTHER SUCCESSES INCLUDED INDIVIDUALS REDUCED OR ELIMINATED THE NEED FOR BLOOD PRESSURE MEDICINE, FOUND AND HAD APPOINTMENTS WITH A PHYSICIAN, GOT DIAGNOSED AND TREATED FOR HYPERTENSION, HIGH CHOLESTEROL, AND DIABETES. CHRONIC DISEASE PREVENTION IS A KEY OUTCOME OF MANY OF THE WELLNESS SERVICES.

PART III, LINE 4: SECTION A. FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE: SEE PAGE 8 AND 9 OF THE AUDITED FINANCIAL STATEMENTS FOOTNOTE 1 FOR FOOTNOTE "NEW ACCOUNTING PRONOUNCEMENT" AND PATIENT ACCOUNTS RECEIVABLE, ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS AND NET PATIENT SERVICE REVENUE". DURING 2013, THE CORPORATION ADOPTED ACCOUNTING STANDARDS UPDATE 2011-07,

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Part VI Supplemental Information

HEALTHCARE ENTITIES (TOPIC 954), "PRESENTATION AND DISCLOSURE OF PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTHCARE ENTITIES," WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO PRESENT THE PROVISION FOR BAD DEBTS RELATING TO PATIENT SERVICE REVENUE AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS RATHER THAN AS AN OPERATING EXPENSE. ALL PERIODS PRESENTED HAVE BEEN RECLASSIFIED TO CONFORM TO THIS PRESENTATION. THE CORPORATION'S ADOPTION OF THIS STANDARD HAD NO NET IMPACT ON ITS FINANCIAL POSITION, RESULTS OF OPERATIONS, OR CASH FLOWS.

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON THE CORPORATION'S EVALUATION OF ITS MAJOR PAYOR SOURCES OF REVENUE, THE AGING OF THE ACCOUNTS, HISTORICAL LOSSES, CURRENT ECONOMIC CONDITIONS, AND OTHER FACTORS UNIQUE TO ITS SERVICE AREA AND THE HEALTHCARE INDUSTRY. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PAYMENTS, THE CORPORATION 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) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE

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COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE
ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

PART III, SECTION A. BAD DEBT EXPENSE CONSIDERED COMMUNITY BENEFIT: NO
OTHER BAD DEBT AMOUNTS HAVE BEEN INCLUDED AS COMMUNITY BENEFIT. THE
HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY AND EDUCATES PATIENTS
WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS
REASON, THE ORGANIZATION BELIEVES IT ACCURATELY CAPTURES ALL CHARITY CARE
DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE
AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE
ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 8: THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE
ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN
PROVIDED FROM THE YEAR ENDED JUNE 30, 2013: HOSPITAL STATEMENT OF
REIMBURSABLE COST.

PART III, LINE 9B: THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY
INCLUDES PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED DURING THE
FOLLOW-UP PERIOD AFTER A PATIENT IS DISCHARGED AND INCLUDES SPECIFIC
INSTRUCTIONS FOR SELF-PAY WHO MAY QUALIFY FOR CHARITY CARE OR FINANCIAL
ASSISTANCE.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 3: THE ASSESSMENT INVOLVED REPRESENTATIVES FROM
45 ORGANIZATIONS AND COMMUNITIES HELPING TO IDENTIFY THE HEALTH NEEDS OF
DUBOIS COUNTY. THE COMMITTEE CONDUCTED A SERIES OF FOCUS GROUP MEETINGS
AND SURVEYS TO PROVIDE AN OPPORTUNITY AND FORUM FOR COMMUNITY

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REPRESENTATIVES TO PARTICIPATE IN IDENTIFYING HEALTH NEEDS.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 7: AT THIS TIME, WE HAVE NOT EXPANDED OPTIONS FOR UN- AND UNDERINSURED PATIENTS. WE CONTINUE TO PROVIDE SERVICES AT MEMORIAL FAMILY CARE BASED ON A SLIDING FEE SCHEDULE. ALSO, THE HOSPITAL CONTINUES TO PROVIDE FINANCIAL ASSISTANCE TO ALL PATIENTS BASED ON FAMILY INCOME. WE ARE NOT ACTIVELY RECRUITING A DERMATOLOGIST.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 20D: THE HOSPITAL FACILITY DETERMINED, DURING THE YEAR, THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE BY USING THE AVERAGE OF THE HOSPITAL'S TOP THREE (BY VOLUME) NEGOTIATED INSURANCE RATES.

MEMORIAL HOSPITAL & HEALTH CARE CENTER:

PART V, SECTION B, LINE 22: NON-MEDICALLY NECESSARY SERVICES INCLUDING COSMETIC PROCEDURES ARE NOT ELIGIBLE FOR DISCOUNTED CHARGES OR FINANCIAL ASSISTANCE.

PART VI, LINE 2: NEEDS ASSESSED:

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED EVERY THREE YEARS. THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH THE USE OF HOSPITAL COMMITTEES DEVELOPING STRATEGIC PLANS

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FOR THE HOSPITAL TO PROVIDE QUALITY CARE TO THE COMMUNITY MEMBERS.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

IF DURING PATIENT FINANCIAL SERVICES' FINANCIAL COUNSELING OR COLLECTION PROCESS, IT APPEARS THAT AN INDIVIDUAL MAY NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR SERVICES NOT COVERED BY A THIRD PARTY PAYOR, THEN A FINANCIAL DISCLOSURE FORM SHOULD BE COMPLETED BY THE PATIENT. IN ADDITION, OTHER MEMBERS OF THE HOSPITAL STAFF MAY IDENTIFY INDIVIDUALS WHO MAY QUALIFY FOR CHARITY CARE. THE INFORMATION IS FORWARDED TO THE PATIENT FINANCIAL SERVICES DEPARTMENT. APPROPRIATE SIGNAGE IS VISIBLE IN THE HOSPITAL AND ALL HOSPITAL-OWNED FACILITIES, SPECIFICALLY IN PATIENT ACCESS AREAS, CREATING AWARENESS FOR THE FINANCIAL ASSISTANCE PROGRAM AND THE FINANCIAL ASSISTANCE THAT IS AVAILABLE.

IN ADDITION THE HOSPITAL HAS ANNOUNCED A NEW PAYMENT PLAN WHICH ALLOWS PATIENTS TO PAY FOR THEIR HOSPITAL SERVICES AT 0% INTEREST OVER A 25-MONTH PERIOD. REGARDLESS OF INSURANCE COVERAGE, CREDIT HISTORY OR EMPLOYMENT, THE HOSPITAL WILL REFER PATIENTS AUTOMATICALLY TO THE CAREPAYMENT OPTION IF THEY HAVE A BALANCE ON THEIR HOSPITAL ACCOUNT TWO MONTHS AFTER RECEIVING THEIR FIRST STATEMENT. THROUGH A PRE-APPROVED APPLICATION PROCESS, THE PATIENT WILL RECEIVE A 0% INTEREST HOSPITAL-SPONSORED LOYALTY CARD WITH A MINIMUM OF 4% OF THE BALANCE OR \$25.

PART VI, LINE 4: DESCRIPTION OF COMMUNITY:

AS A REGIONAL HEALTH CENTER, THE STAFF PROVIDES A COMPREHENSIVE RANGE OF MEDICAL CARE FOR RESIDENTS OF DUBOIS AND SURROUNDING COUNTIES INCLUDING MORE THAN 7,700 INPATIENTS AND 230,000 OUTPATIENTS.

Part VI Supplemental Information

PART VI, LINE 5: OTHER COMMUNITY HEALTH PROMOTION:

THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING HEALTH OF THE
COMMUNITY THROUGH THE FOLLOWING: THE MAJORITY OF THE ORGANIZATION'S
GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S
PRIMARY SERVICE AREA. ANY SURPLUS FUNDS ARE APPLIED DIRECTLY OR INDIRECTLY
TO IMPROVE PATIENT CARE SERVICES. ALSO, THE ORGANIZATION OPERATES UNDER
THE PREMISE OF AN OPEN MEDICAL STAFF WITH REGARD TO QUALIFIED PHYSICIANS
IN THE 9 COUNTY COMMUNITY IT SERVES, HOWEVER IT DOES NOT ACTIVELY PURSUE
THOSE PHYSICIANS WHO HAVE NOT APPROACHED THE ORGANIZATION REGARDING THESE
PRIVILEGES.

PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM:

NOT APPLICABLE. THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE
SYSTEM.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN