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Form 990

## Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

## A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable	C Name of organization MERCY HOSPITAL SPRINGFIELD		D Employer identification number 44-0552485
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (314) 579-6100
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		
<input type="checkbox"/> Application pending	Springfield, MO 65804		G Gross receipts \$ 965,658,386
F Name and address of principal officer Scott Reynolds 1235 E Cherokee Springfield, MO 65804		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ► 0928	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ► www.mercy.net		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation 1987 M State of legal domicile MO

## Part I Summary

1 Briefly describe the organization's mission or most significant activities As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	5
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5	7,564
6 Total number of volunteers (estimate if necessary) . . . . .	6	725
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	4,957,971
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	14,674	848,647
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	964,661,323	959,869,606
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-426,897	234,679
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	4,472,241	4,627,783
	968,721,341	965,580,715

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	610	150
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	291,356,335	306,328,475
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	564,996,818	571,543,439
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	856,353,763	877,872,064
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	112,367,578	87,708,651

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	451,521,888	487,914,032
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	175,424,177	186,744,051
	276,097,711	301,169,981

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer Scott Reynolds Treasurer Type or print name and title	2014-05-09 Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► ERNST & YOUNG US LLP			Firm's EIN ►	
	Firm's address ► 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105			Phone no (314) 290-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1 Briefly describe the organization's mission**

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

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 C

Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or 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 \$ 828,334,559 including grants of \$ 150 ) (Revenue \$ 959,869,606 )

MERCY HEALTH SPRINGFIELD COMMUNITIES AND ITS SUBSIDIARIES PROVIDE HIGH-QUALITY, COMPASSIONATE, FAITH-BASED HEALTH CARE IN A VARIETY OF TRADITIONAL MEDICAL SETTINGS. THIS ORGANIZATION, AS PART OF MERCY HEALTH SPRINGFIELD COMMUNITIES, PROVIDES SERVICES TO THE COMMUNITIES WE SERVE, WITH PARTICULAR CONCERN FOR THE ECONOMICALLY POOR, IN THE WAY OF INPATIENT HOSPITAL SERVICES, OUTPATIENT SERVICES, EMERGENCY ROOM CARE, HOME HEALTH SERVICES, AND PHYSICIAN CLINIC OFFICE VISITS.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

**4d Other program services (Describe in Schedule O)**

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

**4e Total program service expenses ►** 828,334,559

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b> 43		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> Yes		
<b>2a</b> 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	<b>2a</b> 7,564		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b> Yes		
<b>4a</b> 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)?	<b>4a</b> No		
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b> No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b> No		
<b>a</b> 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?	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b> No		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b> No		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b> No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b> No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**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 to any question in this Part VI

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	5		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes		
<b>7a</b> 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?	<b>7a</b>	Yes		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No	
<b>b</b> 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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	No	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes	
<b>b</b> 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?	<b>16b</b>	Yes	

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 

Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 

Scott Reynolds 1235 E Cherokee Springfield, MO (314) 579-6100

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(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	Office	Key employee	Highest compensated	Former			
(1) Allphin MD Allan Physician & Board member	50 55 0	X						0	1,035,344	32,657
(2) Baker Ann Marie Board member	10 0 0	X						0	0	0
(3) Brau RSM Sr Annrene Board member	10 7 0	X						0	0	0
(4) Duff MD James Physician & Board member	50 55 0	X						0	263,541	21,646
(5) Gnesemer John Board member	10 0 0	X						0	0	0
(6) Guffey Jay CHIEF OPERATING OFFICER	50 0 10 0	X						406,068	0	85,389
(7) Hammons Brian Board member	10 0 0	X						0	0	0
(8) Hover MD Alexander R Sr VP Clinical Excellence	15 0 45 0	X						0	504,707	71,520
(9) McQuaery MD Fred G Sr VP Clinical Integration	15 0 45 0	X						0	1,070,718	107,972
(10) Ridder PhD Norm Board member	10 0 0	X						0	0	0
(11) Scarrow Alan Pres Springfield Clinic Cent	20 0 40 0	X						0	831,147	24,174
(12) Stangeland Stuart G COO Springfield Clinic	15 0 45 0	X						0	361,078	55,549
(13) Steele MD Robert PRES MERCY SPFD- START 3/1/13	15 0 45 0	X	X					519,764	3,714	42,724
(14) Swope Jon PRES CENTRAL COMM-START 3/1/13	10 0 50 0	X	X					0	758,712	230,689
(15) Knackstedt Chris CFO- through 12/31/12	20 0 40 0		X					0	1,087,038	83,106
(16) Reynolds Scott R VP-Finance	20 0 40 0		X					307,020	0	38,103
(17) Day Bradley Kim pres Central Comm thru 3/1/13	8 0 52 0			X				0	987,614	348,680

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

(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	
		Or director	Individual trustee	Instrumental Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) Hennessey III William Regional VP-Marketing/COMM	20 0 40 0				X			0	257,186	50,175
(19) Knodel Linda Chief nursing officer	60 0 0 0				X			324,919	0	45,077
(20) Luna MD Lance Chief medical officer	60 0 0 0				X			5,744	449,523	14,701
(21) Marion Tanya Regional VP-Human resources	16 0 44 0				X			0	232,635	43,308
(22) Merrigan Michael Regional VP-General Counsel	12 0 48 0				X			404	378,046	56,809
(23) Schibler Lynda VP-Mission	59 0 1 0				X			181,474	0	32,808
(24) Gillen Michael Pres Mercy Hsptl Lebanon	10 0 50 0					X		277,164	0	23,200
(25) Huckfeldt MD Roger E Medical director	60 0 0 0					X		229,269	0	22,583
(26) Norton Robert Reg VP-Facilities/SPPRT SRVCs	40 0 20 0					X		264,706	0	30,632
(27) Reid Andrew J VP-Cardiology	60 0 0 0					X		241,799	0	20,498
(28) Schaefer Michele M Senior VP-Regional Operations	30 0 30 0					X		464,903	0	60,929

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	3,223,234	8,221,003	1,542,929

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►145

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	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
MCCARTHY BUILDING CO , 1341 NORTH ROCK HILL RD ST LOUIS MO 63124	CONSTRUCTION	18,999,666
STERIS CORP , PO BOX 676548 DALLAS TX 75267	CONSTRUCTION	1,884,189
POLK STANLEY WILCOX ARCHITECTS , 2222 COTTONDALE LANE SUITE 100 LITTLE ROCK AR 72202	CONSTRUCTION	1,423,914
SPRINGFIELD BUILDERS INC , 619 NORTH JEFFERSON SPRINGFIELD MO 65806	CONSTRUCTION	1,149,477
QUEST DIAGNOSTICS , PO BOX 740709 ATLANTA GA 30374	LABORATORY SERVICES	980,313

**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 ►62

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	810,051				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	38,596				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		23,366				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		848,647				
<b>Program Service Revenue</b>	<b>2a</b> Patient Service Revenue	<b>Business Code</b>					
		622110	951,947,464	946,989,493	4,957,971	0	
	<b>b</b> Related Org Rental Income		531120	133,149	133,149	0	
	<b>c</b> Other Operating Revenue		900099	7,788,993	7,788,993	0	
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		959,869,606				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		285,956			285,956	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
<b>b</b> Less cost or other basis and sales expenses		26,394					
<b>c</b> Gain or (loss)	77,671						
<b>d</b> Net gain or (loss) . . . . .	-77,671	26,394	-51,277			-51,277	
<b>8a</b> Gross income from fundraising events (not including of contributions reported on line 1c)							
See Part IV, line 18 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b	0					
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities	a						
See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a						
<b>b</b> Less cost of goods sold . . . . .	b						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> Cafe & Vending		900099	4,627,783	0	0	4,627,783	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		4,627,783					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		965,580,715	954,911,635	4,957,971	4,862,462		

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	150	150		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees . . .	2,029,044	2,029,044	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	77,497	77,497	0	0
7 Other salaries and wages	238,321,804	220,846,823	17,474,981	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	9,679,621	8,980,832	698,789	0
9 Other employee benefits . . .	39,167,165	36,420,487	2,746,678	0
10 Payroll taxes . . .	17,053,344	15,859,610	1,193,734	0
11 Fees for services (non-employees)				
a Management . . .	0	0	0	0
b Legal . . .	0			0
c Accounting . . .	15,293		15,293	0
d Lobbying . . .	39,155	39,155	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees . . .	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . .	32,064,331	31,761,744	302,587	0
12 Advertising and promotion . . .	400,383	395,845	4,538	0
13 Office expenses . . .	20,633,393	18,013,545	2,619,848	0
14 Information technology . . .	125,256	125,256		0
15 Royalties . .	0	0	0	0
16 Occupancy . . .	10,585,873	8,945,924	1,639,949	0
17 Travel . . .	1,667,413	1,580,590	86,823	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .	0	0	0	0
19 Conferences, conventions, and meetings . . .	0		0	0
20 Interest . . .	0	0	0	0
21 Payments to affiliates . . .	0	0	0	0
22 Depreciation, depletion, and amortization . . .	22,859,845	18,287,876	4,571,969	0
23 Insurance . . .	987	600	387	0
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 Bad Debt Expense	62,743,340	62,743,340	0	0
b Repairs & Maint	9,483,559	5,350,120	4,133,439	0
c Shared Service Fee	214,754,971	202,636,547	12,118,424	0
d Medical Supplies	193,265,735	193,265,735	0	0
e All other expenses	2,903,905	973,839	1,930,066	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	877,872,064	828,334,559	49,537,505	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
<b>Assets</b>				
1	Cash—non-interest-bearing	26,132,132	<b>1</b>	12,511,359
2	Savings and temporary cash investments	0	<b>2</b>	0
3	Pledges and grants receivable, net	0	<b>3</b>	10,480
4	Accounts receivable, net	129,731,386	<b>4</b>	134,273,868
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	<b>5</b>	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	<b>6</b>	0
7	Notes and loans receivable, net	2,403,542	<b>7</b>	2,784,979
8	Inventories for sale or use	21,233,966	<b>8</b>	24,773,885
9	Prepaid expenses and deferred charges	46,535,264	<b>9</b>	56,817,685
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	424,065,158	
b	Less accumulated depreciation	10b	215,091,658	
		195,368,325	<b>10c</b>	208,973,500
11	Investments—publicly traded securities	0	<b>11</b>	0
12	Investments—other securities See Part IV, line 11	11,600,397	<b>12</b>	25,099,658
13	Investments—program-related See Part IV, line 11	967,280	<b>13</b>	933,001
14	Intangible assets	0	<b>14</b>	1,665,323
15	Other assets See Part IV, line 11	17,549,596	<b>15</b>	20,070,294
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	451,521,888	<b>16</b>	487,914,032
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	136,360,484	<b>17</b>	135,567,170
18	Grants payable	0	<b>18</b>	0
19	Deferred revenue	318,604	<b>19</b>	323,402
20	Tax-exempt bond liabilities	0	<b>20</b>	0
21	Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	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	<b>22</b>	0
23	Secured mortgages and notes payable to unrelated third parties	341,933	<b>23</b>	537,383
24	Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	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	38,403,156	<b>25</b>	50,316,096
26	<b>Total liabilities.</b> Add lines 17 through 25	175,424,177	<b>26</b>	186,744,051
<b>Net Assets or Fund Balances</b>				
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets	276,097,711	<b>27</b>	301,169,981
28	Temporarily restricted net assets	0	<b>28</b>	0
29	Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds	30		
31	Paid-in or capital surplus, or land, building or equipment fund	31		
32	Retained earnings, endowment, accumulated income, or other funds	32		
33	Total net assets or fund balances	276,097,711	<b>33</b>	301,169,981
34	<b>Total liabilities and net assets/fund balances</b>	451,521,888	<b>34</b>	487,914,032

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	965,580,715
2	Total expenses (must equal Part IX, column (A), line 25)	2	877,872,064
3	Revenue less expenses Subtract line 2 from line 1	3	87,708,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	276,097,711
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	-62,636,381
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	301,169,981

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question 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	2a	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	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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	3a	No
	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**

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.

**Name of the organization**  
MERCY HOSPITAL SPRINGFIELD**Employer identification number**

44-0552485

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

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

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

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

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

4  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 \_\_\_\_\_

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

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

7  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 )

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

9  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 )

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

11  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

e  a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Non-functionally integrated

f  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)

g  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

h  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?

i  Provide the following information about the supported organization(s)

	<b>Yes</b>	<b>No</b>
11g(i)		
11g(ii)		
11g(iii)		

<b>(i) Name of supported organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>	<b>(v) Did you notify the organization in col (i) of your support?</b>	<b>(vi) Is the organization in col (i) organized in the U S ?</b>	<b>(vii) Amount of monetary support</b>
<b>Total</b>						

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
<b>4 Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> 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 <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Complete this part to 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**

**Explanation**

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2012

Open to Public  
Inspection**SCHEDULE C**  
(Form 990 or 990-EZ)**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.

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 MERCY HOSPITAL SPRINGFIELD	Employer identification number 44-0552485
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**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> 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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2009</b>	<b>(b) 2010</b>	<b>(c) 2011</b>	<b>(d) 2012</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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	
<b>1</b>	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				
<b>a</b>	Volunteers?		No		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
<b>c</b>	Media advertisements?		No	0	
<b>d</b>	Mailings to members, legislators, or the public?		No	0	
<b>e</b>	Publications, or published or broadcast statements?		No	0	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	0	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0	
<b>i</b>	Other activities?	Yes		39,155	
<b>j</b>	Total Add lines 1c through 1i			39,155	
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b>	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."**

<b>1</b>	Dues, assessments and similar amounts from members	1	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
<b>a</b>	Current year	2b	
<b>b</b>	Carryover from last year	2c	
<b>c</b>	Total	3	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b>	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	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1 (I)	LOBBYING PORTION OF DUES	THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE FOLLOWING HOSPITAL ASSOCIATIONS AMERICAN HOSPITAL ASSOCIATION, MISSOURI HOSPITAL ASSOCIATION, AND CATHOLIC HEALTH ASSOCIATION FOR THE YEAR ENDED JUNE 30, 2013, DUES WERE \$59,362, \$91,965, AND \$211,438, RESPECTIVELY APPROXIMATELY 23 98% OF AMERICAN HOSPITAL ASSOCIATION DUES, 20 2% OF MISSOURI HOSPITAL ASSOCIATION DUES, AND 3 0% OF CATHOLIC HEALTH ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THESE ASSOCIATIONS

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2012****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.

**Name of the organization**  
MERCY HOSPITAL SPRINGFIELD**Employer identification number**

44-0552485

**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?  Yes  No

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?  Yes  No

**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
2a	
2b	
2c	
2d	

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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**(ii)** related organizations . . . . .

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

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land . . . . .		12,962,183			12,962,183
<b>b</b> Buildings . . . . .		145,621,371	44,158,711		101,462,660
<b>c</b> Leasehold improvements . . . . .		638,012	525,157		112,855
<b>d</b> Equipment . . . . .		241,533,805	169,809,167		71,724,638
<b>e</b> Other . . . . .		23,309,787	598,623		22,711,164
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					208,973,500

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Real Estate Investment	25,039,008	F
(B) MCJ Rentals Investment	60,650	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	25,099,658	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	50,316,096
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	50,316,096

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
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	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
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	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
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	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
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	

**Part XIII Supplemental Information**

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTE	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MERCY HEALTH AND AFFILIATES DO NOT INCLUDE A FOOTNOTE TO REPORT THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 (ASC 740), AS THEY ARE DEEMED IMMATERIAL FOR DISCLOSURE

2012

Open to Public  
InspectionSCHEDULE 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.Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number

44-0552485

## Part I Financial Assistance and Certain Other Community Benefits at Cost

**1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .

**b** If "Yes," was it a written policy? . . . . .

**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

Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities

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? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

100%  150%  200%  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

200%  250%  300%  350%  400%  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"? . . . . .

**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .

**b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .

**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .

**6a** Did the organization prepare a community benefit report during the tax year? . . . . .

**b** If "Yes," did the organization make it available to the public? . . . . .

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>	No	
<b>5c</b>		
<b>6a</b>	Yes	
<b>6b</b>	No	

## 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) . . . . .			30,969,631		30,969,631	3 800 %
b Medicaid (from Worksheet 3, column a) . . . . .			122,418,951	116,342,185	6,076,766	0 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			153,388,582	116,342,185	37,046,397	4 540 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			2,914,585	12,682	2,901,903	0 360 %
f Health professions education (from Worksheet 5) . . . . .			3,330,730		3,330,730	0 410 %
g Subsidized health services (from Worksheet 6) . . . . .			14,778,531	11,632,419	3,146,112	0 390 %
h Research (from Worksheet 7) . . . . .			991,876	859,611	132,265	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			497,796		497,796	0 060 %
<b>j Total</b> Other Benefits . . . . .			22,513,518	12,504,712	10,008,806	1 240 %
<b>k Total</b> Add lines 7d and 7j . . . . .			175,902,100	128,846,897	47,055,203	5 770 %

**Part II Community 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
1 Physical improvements and housing						
2 Economic development						
3 Community support			439,588		439,588	0 050 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			16,597		16,597	0 %
7 Community health improvement advocacy						
8 Workforce development			91,943		91,943	0 010 %
9 Other			9,399		9,399	0 %
<b>10 Total</b>			<b>557,527</b>		<b>557,527</b>	<b>0 060 %</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

1	Yes	No
1	Yes	

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

2 18,678,692

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

3

4 Provide 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**

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

5 205,945,209

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

6 225,936,633

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

7 -19,991,424

8 Describe 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**

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

9a	Yes	
9b	Yes	

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

9b	Yes	

**Part IV Management 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 Enterprise Laundry	Laundry Service	50 000 %		
2 Ozark Health Venture	Cancer Research	50 000 %		
3 Ozark Health Venture	Outpatient Rehab	50 000 %		
4 Ozark Health Venture	Community Medication Access	50 000 %		
5 Mercy Rehab Hospital	Rehab Hospital	49 500 %		
6				
7				
8				
9				
10				
11				
12				
13				

## Part V Facility Information

## **Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, and primary website address

Other (Describe)

### Facility reporting group

**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)

MERCY HOSPITAL SPRINGFIELD

**Name of hospital facility or facility reporting group** \_\_\_\_\_**For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)** \_\_\_\_\_

1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . .	1 Yes	
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 12		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3 Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4 No	
5	Did the hospital facility make its CHNA report widely available to the public? . . . . .	5 Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
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 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 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 . . . . .	7 Yes	
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)**

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
<b>9</b> Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>9</b>	Yes	
<b>10</b> Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . .	<b>10</b>	Yes	
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			
<b>11</b> Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . .	<b>11</b>	Yes	
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			
<b>12</b> Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	<b>12</b>	Yes	
a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)			
<b>13</b> Explained the method for applying for financial assistance? . . . . .	<b>13</b>	Yes	
<b>14</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>14</b>	Yes	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website b <input 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 upon request g <input type="checkbox"/> Other (describe in Part VI)			

**Billing and Collections**

<b>15</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	<b>15</b>	Yes	
<b>16</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the 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)			
<b>17</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	<b>17</b>	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 Part VI)			

**Part V Facility Information (continued)**

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

- a  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? . . . . .

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)

	Yes	No
<b>19</b> Yes		

**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)

<b>21</b>		No

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

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? . . . . .

If "Yes," explain in Part VI

<b>22</b>		No

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

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

63

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

**1 Required descriptions.** Provide the description of Section A, and Part V, Section B, lines 1, 3,

**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 II Describe how community building activities promote the health of the communities we serve COMMUNITY BUILDING ACTIVITIES WORK TOWARD IMPROVING THE HEALTH, WELLNESS, AND SAFETY OF THE COMMUNITY MERCY SPRINGFIELD'S EFFORTS TO ENHANCE THE OPERATIONAL STRUCTURES OF THE COMMUNITY INCLUDE THE ADOPT-A-SCHOOL PROGRAM, MENTORING PROGRAMS, AND MULTIPLE COMMUNITY FORUMS COMMUNITY BUILDING AND COALITION BUILDING ACTIVITIES ALSO PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE THROUGH COMMUNITY-BASED PARTNERSHIPS, MEETINGS, AND EVENTS, AS WELL AS SERVICE ON COMMUNITY BOARDS ONE EXAMPLE OF MERCY PARTICIPATION IN COALITION BUILDING AND COMMUNITY HEALTH PROMOTION IS THE HEALTHTEACHER PROGRAM THROUGH DISCUSSIONS AND COLLABORATION WITH SPRINGFIELD'S PUBLIC AND DIOCESAN SCHOOLS, THE HEALTHTEACHER HEALTH AND WELLNESS INITIATIVE WAS DEVELOPED AND IMPLEMENTED IN LOCAL PUBLIC AND DIOCESAN SCHOOLS HEALTHTEACHER PROVIDES HEALTH AND WELLNESS TOOLS AND RESOURCES FOR TEACHERS, STUDENTS K THRU 12, AND FAMILIES BY INTEGRATING HEALTH INTO THE CLASSROOMS HEALTH AND WELLNESS EDUCATION, ESPECIALLY FOR CHILDREN, IS ESSENTIAL IN DISEASE PREVENTION AND IN PROMOTING THE HEALTH OF EVERY COMMUNITY THIS PROGRAM IS OFFERED BY MERCY AT NO CHARGE TO PUBLIC AND PAROCHIAL SCHOOLS IN THIS COMMUNITY MERCY'S COMMUNITY INVOLVEMENT INCLUDES VARIOUS BUSINESS AND PUBLIC ORGANIZATIONS LIKE THE CHAMBER OF COMMERCE, SPRINGFIELD FIRE & POLICE DEPARTMENT, AND THE SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT, AS WELL AS NONPROFIT ORGANIZATIONS LIKE THE UNITED WAY, THE AMERICAN HEART ASSOCIATION, AND THE AMERICAN CANCER SOCIETY, AND MORE MERCY ALSO PROMOTES SMOKE FREE ENVIRONMENTS BY WORKING WITH PUBLIC OFFICIALS AND GROUPS LIKE ONE AIR ALLIANCE MERCY HOSPITAL SPRINGFIELD BECAME ONE OF THE FIRST SMOKE FREE ORGANIZATIONS IN SPRINGFIELD AND HAS WORKED WITH COMMUNITY PARTNERS TO CREATE OTHER SMOKE FREE ENVIRONMENTS MERCY SPRINGFIELD HAS ALSO BEEN ACTIVE IN THE DEVELOPMENT OF THE SPRINGFIELD-GREENE COUNTY HEALTH COMMISSION, A COMMUNITY ORGANIZATION DEDICATED TO WORKING WITH AND FOR MEMBERS OF OUR COMMUNITY WITH LIMITED ECONOMIC RESOURCES AND WHO HAVE LIMITED ACCESS TO HEALTH CARE NEEDS AND SERVICES THE HEALTH COMMISSION DEVELOPED SPRINGFIELD'S COMMUNITY MEDICATION ACCESS PROGRAM THIS PROGRAM ACCESSES NEEDED MEDICATIONS FOR THOSE WITH LIMITED RESOURCES MERCY SPRINGFIELD PARTNERS WITH LOCAL UNIVERSITIES AND NURSING SCHOOLS TO PROVIDE ACCESS TO CLINICAL EDUCATION FOR MULTIPLE HEALTH CARE WORKFORCE SPECIALTIES INCLUDING NURSING, NURSE PRACTITIONER, RADIOLOGY, OCCUPATIONAL THERAPY, SPEECH THERAPY, DIETICIAN, PHYSICIAN ASSISTANT, LAB, SURGICAL TECHNICIAN, SPORTS MEDICINE, AND PHYSICAL THERAPY STUDENTS MERCY SPRINGFIELD SUPPORTS THE MERCY COLLEGE OF NURSING AND ALSO A SCHOOL-BASED PROGRAM FOR HEALTH CAREERS MERCY IS PARTICIPATING IN COMMUNITY EFFORTS TO BRING PHYSICIAN TRAINING TO SPRINGFIELD MERCY SPRINGFIELD ASSISTS SPRINGFIELD'S ONLY FREE CLINIC, THE KITCHEN CLINIC, FOR HOMELESS INDIVIDUALS AND THOSE WITH LIMITED ECONOMIC RESOURCES THROUGH FINANCIAL AND IN-KIND SUPPORT OTHER IN-KIND DONATIONS INCLUDE SUPPORT TO A CRISIS NURSERY (ISABEL'S HOUSE) DESIGNED TO ASSIST IN THE PREVENTION OF CHILD ABUSE AND NEGLECT MERCY SPRINGFIELD WORKS CLOSELY WITH OUR ONLY FEDERALLY QUALIFIED HEALTH CENTER, JORDAN VALLEY COMMUNITY HEALTH CENTER, TO ENSURE ACCESS TO SERVICES FOR PREGNANT WOMEN AND THEIR INFANTS MERCY SPRINGFIELD SUPPORTS THE REGION'S ONLY CHILDREN'S HOSPITAL AND PROVIDES MULTIPLE SPECIALTY SERVICES TO A LARGE RURAL GEOGRAPHIC REGION IN SOUTHWEST MISSOURI FORM 990, SHCEUDLE H, PART III, LINE 2 TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE, AT COST, BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENT ACCOUNTS WAS MULTIPLIED BY A RATIO OF COST TO CHARGES THE RATIO OF COST TO CHARGES USED WAS BASED ON DETAILED COST ACCOUNTING, WHERE AVAILABLE WHERE COST ACCOUNTING IS NOT AVAILABLE, COST REPORT COST TO CHARGE RATIOS WERE UTILIZED FORM 990, SCHEDULE H, PART III, LINE 3 THE FILING ORGANIZATION DETERMINED THAT THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS \$0 ALTHOUGH THE CHARITY CARE POLICY REQUIRES THE PARTICIPATION OF THE PATIENT REQUESTING ASSISTANCE, WE HAVE A PROCESS UNDER PRESUMPTIVE CHARITY (REFER TO DISCLOSURE FOR PART III, #9B) TO ADDRESS ACCOUNTS FOR PATIENTS WHO DO NOT PROVIDE THE INFORMATION WE BELIEVE THAT OUR CHARITY POLICY IS COMPREHENSIVE ENOUGH TO CAPTURE ALMOST ALL PATIENTS WHO QUALIFY FOR CHARITY CARE FORM 990, SCHEDULE H, PART III, LINE 4 THE TEXT OF THE FOOTNOTE THAT IS INCLUDED IN MERCY HEALTH AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE IS AS FOLLOWS "PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET THE HEALTH SYSTEM'S CHARITY CARE POLICY THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES BASED UPON THE PAYOR COMPOSITION AND AGING OF RECEIVABLES AS OF THE REPORTING DATE WITH CONSIDERATION OF THE HISTORICAL PAYMENT AND WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES" FORM 990, SCHEDULE H, PART III, LINE 8 IT IS THE POSITION OF MERCY HOSPITAL SPRINGFIELD THAT 100% OF ANY SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS AMOUNT REPRESENTS COST OF PROVIDING SERVICES THAT REMAIN UNCOMPENSATED TO THE PROVIDER THE UNREIMBURSED COSTS OF MEDICARE IS CALCULATED BY THE GROSS CHARGES NET OF THE COST TO CHARGE RATIO LESS ANY PAYMENTS, DEDUCTIONS OR REIMBURSEMENTS USING THE ANNUAL MEDICARE COST REPORT (CMS FORM 2552-96) FORM 990, SCHEDULE H, PART III, LINE 9B MERCY HOSPITAL SPRINGFIELD'S ("MERCY'S") DEBT COLLECTION POLICY PROVIDES THAT MERCY WILL PERFORM A REASONABLE REVIEW OF EACH INPATIENT ACCOUNT BEFORE TURNING AN ACCOUNT TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT, TO ASSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (E.G., MEDICAID) AND DO NOT QUALIFY FOR COVERAGE THROUGH MERCY'S COMMUNITY ASSISTANCE POLICY AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY PATIENT ACCOUNT THAT IS SUBSEQUENTLY DETERMINED TO HAVE MET THE MERCY HOSPITAL COMMUNITY ASSISTANCE POLICY IS REQUIRED TO BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION AGENT TO MERCY FOR ITS THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS INDICATING THAT IF A PATIENT OR PATIENT GUARANTOR MEETS CERTAIN STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE MERCY UTILIZES THE "SEARCH AMERICA" QUALIFICATION PRESUMPTIVE CHARITY WILL BE GRANTED IN SITUATIONS WHERE MERCY HOSPITAL HAS BEEN UNABLE TO OBTAIN INFORMATION FROM PATIENTS OR THE INFORMATION PROVIDED IS NOT COMPLETE ENOUGH TO MAKE A CHARITY DETERMINATION MERCY UTILIZES PRESUMPTIVE CHARITY PRIOR TO BAD DEBT PLACEMENT IN THESE CASES, MERCY UTILIZES THE "SEARCH AMERICA" REPORT STATUS OF "PROBABLE CHARITY" AS THE BASIS FOR ASSIGNING THE CHARITY LEVEL MERCY WILL PURSUE APPROPRIATE MEANS IN THE COLLECTION OF DELINQUENT ACCOUNTS FROM PATIENTS WITH AN ESTABLISHED ABILITY TO PAY OR AN UNWILLINGNESS TO COOPERATE IN VALIDATING THE APPROPRIATE MEANS FINANCIAL ASSISTANCE THESE APPROPRIATE MEANS MAY INCLUDE LEGAL ACTION CONSISTENT WITH MERCY MISSION AND VALUES ADDITIONALLY THEY MAY INCLUDE LIENS UPON REAL PROPERTY AND REASONABLY NO GARNISHMENTS LEGAL ACTIONS WILL GENERALLY NOT INCLUDE BANK GARNISHMENTS POSSESSION OF ASSETS OR FORECLOSURES TO EN

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

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

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

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

63

Name and address	Type of Facility (describe)
Mercy Fitness Center - Nixa 940 W Mt Vernon Nixa, MO 65714	Fitness Center
Mercy Sports Medicine - S Fremont 2135 S Fremont Springfield, MO 65804	Fitness Center
Mercy Fitness Center Walnut Lawn 202 E Walnut Lawn Springfield, MO 65807	Fitness Center
Mercy Sports Medicine - HealthTracks 4331 S Fremont Springfield, MO 65804	Fitness Center
Mercy College of Nursing 4431 S Fremont Springfield, MO 65804	Fitness Center
Mercy Imaging Woodhurst 1344 E Woodhurst Springfield, MO 65804	Fitness Center
Mercy Behavioral Health Lark 1312 E Lark Street Springfield, MO 65804	Fitness Center
Mercy Villa 1100 E Montclair Street Springfield, MO 65804	Fitness Center
Marian Center 1845 Rogers Springfield, MO 65804	Fitness Center
Mercy Home Health & Hospice Springfield 1570 W Battlefield Springfield, MO 65807	Fitness Center
Mercy Home Health 804 W Freeman Berryville, AR 72616	Fitness Center
Mercy Home Health and Hospice 1210 Deadra Lebanon, MO 65536	Fitness Center
Mercy Home Health Mountain View 508 West US Hwy 60 3 Mountain View, MO 65548	Fitness Center
Mercy Home Health Aurora 1602 S Elliot Aurora, MO 65605	Fitness Center
Mercy Physical Therapy - Main Campus 2135 S Fremont Springfield, MO 65804	Fitness Center
Mercy Therapy Services- Seminole 1229 East Seminole Springfield, MO 65804	Fitness Center
Mercy Therapy Services E Kearney 1660 E Kearney Street Springfield, MO 65803	Fitness Center
Mercy Therapy Services W Kearney 2120 West Kearney St Springfield, MO 65803	Fitness Center
Mercy Therapy Services - Nixa 940 W Mt Vernon Nixa, MO 65714	Fitness Center
Mercy Therapy Services- Branson 670 Branson Landing Boulevard Suit Branson, MO 65616	Fitness Center
Mercy Therapy Services- Republic 332 S Main Republic, MO 65738	Fitness Center
Mercy Medical Supply 3328 S National Avenue Springfield, MO 65807	Fitness Center
Mercy Medical Supply Cassville 101 S Main Street Cassville, MO 65625	Fitness Center
Mercy Medical Supply Aurora 721 Highland Avenue Aurora, MO 65605	Fitness Center
Mercy Medical Supply Branson Landing 670 Branson Landing Boulevard Suit Branson, MO 65616	Fitness Center
Mercy Medical Supply Lebanon 1200 Deadra Lebanon, MO 65536	Fitness Center
Mercy Medical Supply St Robert 594 Old Route 66 Saint Robert, MO 65584	Fitness Center
Mercy Medical Supply Rolla 1100 W 10th Street Rolla, MO 65401	Fitness Center
Mercy Medical Supply 1008 W Trimble Berryville, AR 72616	Fitness Center
Mercy Medical Supply Mountain View 512-1 W US Highway 60 Mountain View, MO 65548	Fitness Center

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

63

Name and address	Type of Facility (describe)
Mercy Medical Supply Rogers 1200 W Walnut St Rogers, AR 72756	Fitness Center
Mercy Fremont Pharmacy 1965 S Fremont Springfield, MO 65804	Fitness Center
Mercy Smith Glynn Callaway Pharmacy 3231 S National Ave Springfield, MO 65804	Fitness Center
Mercy Pharmacy- Nixa 940 W Mt Vernon Nixa, MO 65714	Fitness Center
Mercy Pharmacy Licking 101 N Main Licking, MO 65542	Fitness Center
Mercy Pharmacy Lebanon 200 Hospital Drive Lebanon, MO 65536	Fitness Center
Mercy Pharmacy St James 105 W Eldon Saint James, MO 65559	Fitness Center
Mercy Pharmacy St Robert 586 Old Route 66 Saint Robert, MO 65584	Fitness Center
Mercy Pharmacy Rolla 1605 Martin Springs Drive Rolla, MO 65401	Fitness Center
Mercy EMS Camdenton 675 N Business Route 5 Camdenton, MO 65020	Fitness Center
Mercy EMS Climax Springs 13808 N Hwy 7 Climax Springs, MO 65324	Fitness Center
Mercy EMS Linn Creek 1723 Midway Dr Linn Creek, MO 65052	Fitness Center
Mercy EMS Macks Creek 14348 W Hwy 54 Macks Creek, MO 65786	Fitness Center
Mercy EMS Montreal 6349 S Hwy 7 Montreal, MO 65591	Fitness Center
Mercy EMS Berryville 302 Rice Street Berryville, AR 72616	Fitness Center
Mercy EMS Green Forest 200 Sparky Court Green Forest, AR 72638	Fitness Center
Mercy EMS Buffalo 216 W Dallas Buffalo, MO 65622	Fitness Center
Mercy EMS E Kearney 1664 E Kearney Street Springfield, MO 65803	Fitness Center
Mercy EMS Lebanon 535 Tower Road Lebanon, MO 65536	Fitness Center
Mercy EMS Aurora 502 Spruce Street Aurora, MO 65605	Fitness Center
Mercy EMS Mt Vernon 1315 S Landrum Mount Vernon, MO 65712	Fitness Center
Mercy EMS Mountain View 102 E US Highway 60 Mountain View, MO 65548	Fitness Center
Mercy EMS Summerfield 256 N Highway 17 Summersville, MO 65571	Fitness Center
Mercy EMS Winona 1012 Highway 19 North Winona, MO 65588	Fitness Center
Mercy EMS Branson West 59 Meadow Lark Road Reeds Spring, MO 65737	Fitness Center
Mercy EMS Stone County 6578 State Highway 13 Lampe, MO 65681	Fitness Center
Mercy EMS Mansfield 806 N Highway 5 Mansfield, MO 65704	Fitness Center
Mercy EMS Mountain Grove 323 E State Street Mountain Grove, MO 65711	Fitness Center
Mercy Life Line Branson West 59 Meadow Lark Road Branson West, MO 65737	Fitness Center
Mercy Life Line St Robert 608 City Route 66 St Robert, MO 65584	Fitness Center

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

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

**63**

Name and address	Type of Facility (describe)
Mercy Life Line Bolivar 1500 N Oakland Bolivar, MO 65613	Fitness Center
Mercy Life Line Joplin 2817 St Johns Blvd Joplin, MO 64804	Fitness Center
Mercy Life Line Rogers 2710 Rife Medical Lane Rogers, AR 72758	Fitness Center

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**2012****Open to Public Inspection**Name of the organization  
MERCY HOSPITAL SPRINGFIELD**Employer identification number**

44-0552485

**Part I Questions Regarding Compensation**

**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

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?  
**b** Any related organization?

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?  
**b** Any related organization?

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

**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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	<b>Yes</b>	<b>No</b>
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

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

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

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

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

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1		<p>CHARTER TRAVEL IS PROVIDED TO CERTAIN EMPLOYEES AS AND WHEN APPROPRIATE, AND AS DEEMED NECESSARY FOR BUSINESS TRAVEL AFTER CHARTER TRAVEL APPROVAL HAS BEEN GRANTED IN ACCORDANCE WITH THE FINANCIAL JUSTIFICATION PROCESS, THE APPROVED CHARTER TRAVEL FOR BUSINESS IS A REIMBURSABLE EXPENSE WHICH IS NOT TAXABLE TO THE EMPLOYEES TRAVEL FOR COMPANIONS IS PROVIDED IN RARE INSTANCES AND IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL LIMITED INSTANCES OF TAX GROSS-UPS MAY HAVE OCCURRED WITH RESPECT TO EXECUTIVES FORM 990, SCHEDULE J, PART I, QUESTION 3 MERCY HOSPITAL SPRINGFIELD RELIES ON A RELATED ORGANIZATION, REFER TO SCHEDULE O, PART VI, QUESTION 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS FORM 990, SCHEDULE J, PART I, QUESTION 4A THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR 2012 ROGER HUCKFELDT, \$67,638 FORM 990, SCHEDULE J, PART I, QUESTION 4B MERCY HOSPITAL SPRINGFIELD OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON RETIREMENT BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE JAY GUFFEY, ALEXANDER HOVER, FRED MCQUEARY, STUART STANGELAND, ROBERT STEELE, JON SWOPE, CHRISTOPHER KNACKSTEDT, BRADLEY DAY, WILLIAM HENNESSEY III, LINDA KNODEL, TANYA MARION, MICHAEL MERRIGAN, AND MICHELE SCHAEFER THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C) FORM 990, SCHEDULE J, PART I, QUESTION 7 MERCY HEALTH PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE FOR FISCAL YEAR 2013, PAYMENT OF ALL OR PART OF THE BONUS WAS CONTINGENT UPON ATTAINMENT OF CERTAIN FINANCIAL TARGETS PAYMENTS ARE MADE ANNUALLY IN OCTOBER FOLLOWING (I) THE CONCLUSION OF THE FISCAL YEAR AND (II) DETERMINATION OF GOAL ACHIEVEMENT BONUS OPPORTUNITIES ARE TIERED PERCENTAGES AND ARE DEPENDENT UPON THE LEADERSHIP LEVEL AND ATTAINMENT PERCENTAGE MERCY'S ATTAINMENT OF FINANCIAL GOALS IS REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF MERCY HEALTH AND IS THEN TAKEN INTO ACCOUNT WHEN ANALYZING EXECUTIVE COMPENSATION FOR REASONABILITY</p>

**Software ID:**  
**Software Version:**  
**EIN:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

**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				
Allphin MD Allan	(i) 0 (ii) 999,956	0 9,857	0 25,531	0 18,782	0 13,875	0 1,068,001	0 0
Duff MD James	(i) 0 (ii) 197,785	0 9,857	0 55,899	0 7,771	0 13,875	0 285,187	0 0
Guffey Jay	(i) 279,306 0	85,766 0	40,996 0	69,140 0	16,249 0	491,457 0	0 0
Hover MD Alexander R	(i) 0 (ii) 415,756	0 60,167	0 28,784	0 59,923	0 11,597	0 576,227	0 0
McQueary MD Fred G	(i) 0 (ii) 902,147	0 146,549	0 22,022	0 93,365	0 14,607	0 1,178,690	0 0
Scarrows Alan	(i) 0 (ii) 728,392	0 60,827	0 41,928	0 10,299	0 13,875	0 855,321	0 0
Stangeland Stuart G	(i) 0 (ii) 233,553	0 79,695	0 47,830	0 39,608	0 15,941	0 416,627	0 0
Steele MD Robert	(i) 357,833 -561	125,072 0	36,859 4,275	26,492 0	16,101 131	562,357 3,845	0 0
Swope Jon	(i) 0 (ii) 481,585	0 249,457	0 27,670	0 212,960	0 17,729	0 989,401	0 0
Knackstedt Chris	(i) 0 (ii) 401,605	0 574,168	0 111,265	0 71,102	0 12,004	0 1,170,144	0 0
Reynolds Scott R	(i) 203,345 0	43,193 0	60,482 0	25,835 0	12,268 0	345,123 0	0 0
Day Bradley Kim	(i) 0 (ii) 630,366	0 322,225	0 35,023	0 334,446	0 14,234	0 1,336,294	0 0
Hennessey III William	(i) 0 (ii) 136,234	0 65,059	0 55,893	0 35,029	0 15,146	0 307,361	0 0
Knodel Linda	(i) 227,396 0	70,320 0	27,203 0	32,747 0	12,330 0	369,996 0	0 0
Luria MD Lance	(i) 5,528 291,343	0 94,561	216 63,619	0 11,910	45 2,746	5,789 464,179	0 0
Marion Tanya	(i) 0 (ii) 137,188	0 70,088	0 25,359	0 28,325	0 14,983	0 275,943	0 0
Merrigan Michael	(i) -5 227,964	0 96,337	409 53,745	0 49,389	11 7,409	415 434,844	0 0
Schibler Lynda	(i) 116,604 0	39,059 0	25,811 0	21,498 0	11,310 0	214,282 0	0 0
Gillen Michael	(i) 214,965 0	41,751 0	20,448 0	7,545 0	15,655 0	300,364 0	0 0
Huckfeldt MD Roger E	(i) 115,756 0	0 0	113,513 0	13,748 0	8,835 0	251,852 0	0 0

**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				
Norton Robert	(i) 168,604 (II) 0	69,755 0	26,347 0	15,360 0	15,272 0	295,338 0	0 0
Reid Andrew J	(i) 181,413 (II) 0	36,295 0	24,091 0	7,033 0	13,465 0	262,297 0	0 0
Schaefer Michele M	(i) 322,257 (II) 0	98,797 0	43,849 0	53,074 0	7,855 0	525,832 0	0 0

## Schedule L

## Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

**Employer identification number**

44-0552485

**Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

## **Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

### **Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Elyse Guffey	Family of board director	58,641	Employment		No
(2) Nichole Vance	Family member of officer	18,856	Employment		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
		Schedule L (Form 990 or 990-EZ) 2012

**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.

**2012****Open to Public  
Inspection**Name of the organization  
MERCY HOSPITAL SPRINGFIELD**Employer identification number**

44-0552485

Identifier	Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	FORM 1099/1096 FILING	

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## **SCHEDULE R**

**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

**Employer identification number**

44-055248

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

**Software ID:**  
**Software Version:**  
**EIN:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

Schedule R (Form 990) 2012

Page 5

**Part VII Supplemental Information**

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

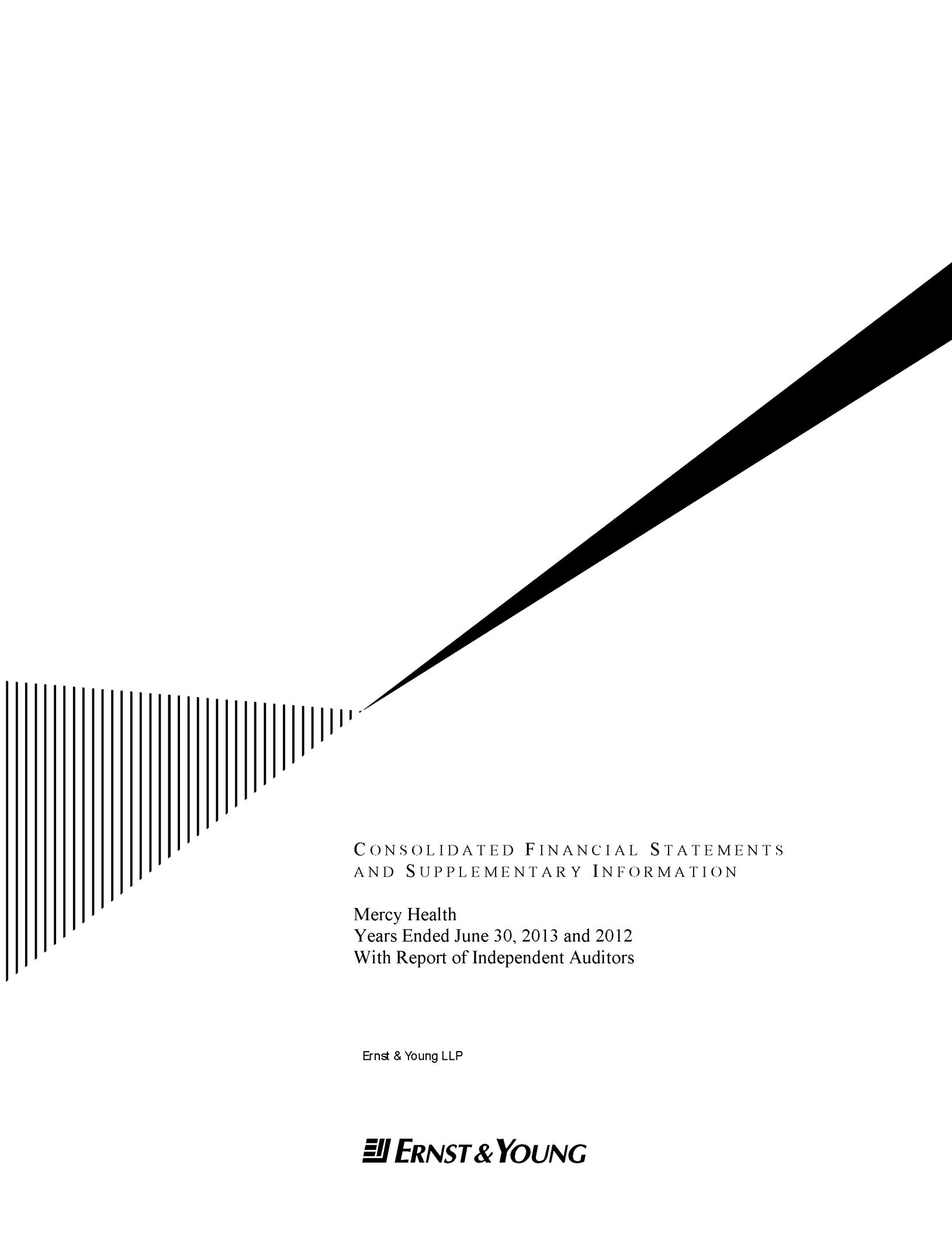
Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART V		LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES P AND Q

**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
Frontenac Properties Inc  14528 S Outer Forty Suite 100 Chesterfield, MO 63017 52-1914421	HOLDING COMP	DE	NA	C-Corp				Yes	
Inveno Health Inc  1235 E Cherokee Street Springfield, MO 65804 26-4509571	RESEARCH	MO	NA	C-Corp				Yes	
Mercy Community Services Inc  401 Woodland Hills Blvd Fort Scott, KS 66701 48-1078101	RETAIL PHARMACY	KS	NA	C-Corp				Yes	
Mercy Health Center Condominium Inc  4300 W Memorial Rd Oklahoma City, OK 73120 68-0640970	REAL ESTATE	OK	NA	C-Corp				Yes	
Mercy Health Network of the Southern Reg  1011 14th Avenue NW Ardmore, OK 73401 73-1580607	HEALTH CARE	OK	NA	C-Corp				Yes	
Mercy Health Network Inc  4300 W Memorial Road Oklahoma City, OK 73120 73-1381689	HEALTH CARE	OK	NA	C-Corp				Yes	
Mercy Managed Care Corporation  4300 W Memorial Road Oklahoma City, OK 73120 73-1441665	HOLDING COMP	OK	NA	C-Corp				Yes	
UH L Corp Inc  645 Maryville Centre Drive Suite 1 St Louis, MO 63141 74-2499535	HOLDING COMP	MO	NA	C-Corp				Yes	
Unity Support Services Inc  645 Maryville Centre Drive Suite 1 St Louis, MO 63141 43-1797042	PRACTICE MGT	MO	NA	C-Corp				Yes	
Jefferson Land Company Inc  14528 South Outer Forty Suite 100 Chesterfield, MO 63017 43-1330360	HOLDING COMP	MO	NA	C-Corp				Yes	
The Apothecary Services Inc  PO Box 350 Crystal City, MO 63019 43-1627267	RETAIL PHARMACY	MO	NA	C-Corp				Yes	

## --&gt; Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Mercy Clinic East Communities	q	52,641	FMV
Mercy Clinic Oklahoma Communities Inc	q	74,867	FMV
Mercy Clinic Springfield Communities	p	394,939,291	FMV
Mercy Health	p	408,832	FMV
Mercy Health East Communities	q	69,396	FMV
Mercy Health Foundation Springfield	p	2,319,562	FMV
Mercy Health Hot Springs Communities	q	60,482	FMV
Mercy Health Oklahoma Communities Inc	q	160,285	FMV
Mercy Health Southwest MissouriKansas Commun	q	71,612	FMV
Mercy Hospital Aurora	q	1,678,446	FMV
Mercy Hospital Berryville	q	2,900,640	FMV
Mercy Hospital Cassville	q	3,701,713	FMV
Mercy Hospital Columbus	q	192,034	FMV
Mercy Hospital Fort Smith	q	51,824	FMV
Mercy Hospital Hot Springs	q	212,159	FMV
Mercy Hospital Joplin	q	142,736	FMV
Mercy Hospital Lebanon	q	9,514,510	FMV
Mercy Hospital Logan County Inc	p	82,721	FMV
Mercy Hospitals East Communities	p	210,565	FMV
Mercy Medical Research Institute	p	3,618,090	FMV
Mercy St Francis Hospital	q	5,904,800	FMV
MHM Support Services	p	64,794,565	FMV
Resource Optimization & Innovation LLC	p	24,837,121	FMV



CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION

Mercy Health  
Years Ended June 30, 2013 and 2012  
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

Mercy Health  
Consolidated Financial Statements and Supplementary Information  
Years Ended June 30, 2013 and 2012

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## Report of Independent Auditors

The Board of Directors  
Mercy Health

We have audited the accompanying consolidated financial statements of Mercy Health, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

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

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

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Mercy Health at June 30, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

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

*Ernst & Young LLP*

September 25, 2013

# Mercy Health

## Consolidated Balance Sheets (In Thousands)

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 337,406	\$ 337,324
Accounts receivable, net of allowance for uncollectible receivables of \$203,757 in 2013 and \$171,015 in 2012	609,360	506,351
Inventories	96,489	78,717
Short-term investments	27,465	26,206
Other current assets	279,606	282,204
Total current assets	<u>1,350,326</u>	<u>1,230,802</u>
Investments	1,482,953	1,338,053
Property and equipment, net	2,549,270	2,281,591
Other assets	464,483	333,139
Total assets	<u>\$ 5,847,032</u>	<u>\$ 5,183,585</u>
<b>Liabilities and net assets</b>		
Current liabilities		
Current maturities of long-term obligations	\$ 20,366	\$ 21,218
Accounts payable	153,292	136,273
Accrued payroll and related liabilities	346,645	318,411
Accrued liabilities and other	274,696	338,290
Total current liabilities	<u>794,999</u>	<u>814,192</u>
Insurance reserves and other liabilities	393,189	400,804
Pension liabilities	313,121	362,324
Long-term obligations, less current maturities	1,070,911	810,204
Total liabilities	<u>2,572,220</u>	<u>2,387,524</u>
Net assets		
Unrestricted	3,196,931	2,724,806
Restricted	77,881	71,255
Total net assets	<u>3,274,812</u>	<u>2,796,061</u>
Total liabilities and net assets	<u>\$ 5,847,032</u>	<u>\$ 5,183,585</u>

*See accompanying notes.*

# Mercy Health

## Consolidated Statements of Operations (In Thousands)

	Year Ended June 30	
	2013	2012
Operating revenues		
Patient service revenues (net of contractuels and discounts)	\$ 4,207,934	\$ 3,879,408
Provision for uncollectible receivables	(333,467)	(268,365)
Net patient service revenues	<u>3,874,467</u>	3,611,043
Capitation revenues	263,607	258,978
Other operating revenues	242,811	242,622
Total operating revenues	<u>4,380,885</u>	4,112,643
Operating expenses		
Salaries and benefits	2,530,547	2,328,935
Supplies and other	1,349,398	1,264,543
Medical claims expense	110,748	120,819
Interest	12,976	11,808
Depreciation and amortization	286,526	264,125
Total operating expenses	<u>4,290,195</u>	3,990,230
Operating income before Joplin operations and related insurance recovery (Note 3)	90,690	122,413
Joplin insurance proceeds, net	230,174	388,100
Joplin operating revenues	155,848	95,577
Joplin operating expenses	(223,291)	(247,339)
Total operating income	<u>253,421</u>	358,751
Nonoperating gains (losses)		
Investment returns, net	157,656	(8,301)
Realized and unrealized gains (losses) on interest rate swaps, net	16,353	(49,819)
Other, net	(12,677)	(2,001)
Total nonoperating gains (losses), net	<u>161,332</u>	(60,121)
Excess of revenues over expenses	414,753	298,630
Other changes in unrestricted net assets		
Pension liability adjustments	45,427	(121,025)
Gain from discontinued operations	—	8,435
Net assets released from restrictions for property acquisitions	6,238	3,131
Other	5,707	1,403
Increase in unrestricted net assets	<u>\$ 472,125</u>	\$ 190,574

*See accompanying notes*

Mercy Health

Consolidated Statements of Changes in Net Assets  
*(In Thousands)*

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Increase in unrestricted net assets	\$ 472,125	\$ 190,574
Restricted net assets		
Pledges, bequests, and gifts for specific purposes	<b>20,324</b>	16,069
Investment returns, net	<b>3,898</b>	146
Net assets released from restrictions	<b>(17,706)</b>	(15,015)
Other	<b>110</b>	(184)
Increase in restricted net assets	<b>6,626</b>	1,016
Increase in net assets	<b>478,751</b>	191,590
Net assets at beginning of year	<b>2,796,061</b>	2,604,471
Net assets at end of year	<b>\$ 3,274,812</b>	\$ 2,796,061

*See accompanying notes.*

# Mercy Health

## Consolidated Statements of Cash Flows (In Thousands)

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Operating activities</b>		
Change in net assets	\$ 478,751	\$ 191,590
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net gain from discontinued operations	–	(8,435)
Pension liability adjustments	(45,427)	121,025
Pledges, bequests, and gifts for specific purposes	(20,324)	(16,069)
Unrealized (gain) loss on interest rate swap	(27,053)	37,866
Depreciation and amortization	307,575	282,818
Provision for uncollectible receivables	351,198	274,416
Insurance recoveries in excess of non-cash impairment charges	(230,174)	(388,100)
Net loss (gain) on disposal of property	534	(488)
Changes in assets and liabilities		
Accounts receivable	(428,420)	(307,668)
Investments classified as trading	(135,914)	64,864
Inventories and other current assets	(14,756)	(22,170)
Accounts payable	10,057	23,243
Accrued liabilities and other	(25,657)	58,850
Insurance reserves and other liabilities	13,743	(7,663)
Net cash provided by operating activities	<u>234,133</u>	304,079
<b>Investing activities</b>		
Additions to property and equipment, net	(474,322)	(428,434)
Insurance recoveries	295,259	388,100
Net change in notes receivable and other assets	(31,424)	(28,295)
Net increase in alternative investments	(20,507)	(59,260)
Business acquisitions	(224,725)	(30,295)
Net cash used in investing activities	<u>(455,719)</u>	(158,184)

Mercy Health

Consolidated Statements of Cash Flows (continued)  
(*In Thousands*)

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Financing activities</b>		
Proceeds from issuance of long-term debt, net of original issue discount and financing costs	\$ 257,126	\$ 376,425
Principal payments on long-term obligations	(16,472)	(404,919)
Payment on long-term obligations assumed in an acquisition	(39,310)	—
Pledges, bequests, and gifts for specific purposes	20,324	16,069
Net cash provided by (used in) financing activities	<b>221,668</b>	<b>(12,425)</b>
Net increase in cash and cash equivalents from continuing operations	82	133,470
<b>Cash flows from discontinued operations</b>		
Net cash provided by assets of discontinued operations held for sale – operating activities	—	4,819
Net cash provided by assets of discontinued operations held for sale – investing activities	—	3,616
Net cash used by assets of discontinued operations held for sale – financing activities	—	—
Net increase in cash and cash equivalents from discontinued operations	—	8,435
Net increase in cash and cash equivalents	82	141,905
Cash and cash equivalents at beginning of year	<b>337,324</b>	<b>195,419</b>
Cash and cash equivalents at end of year	<b>\$ 337,406</b>	<b>\$ 337,324</b>
<b>Supplemental disclosures</b>		
Cash paid for interest	\$ 17,637	\$ 13,770
Assets acquired through capital leases	\$ —	\$ 43,976

*See accompanying notes*

# Mercy Health

## Notes to Consolidated Financial Statements (Tables in Thousands)

June 30, 2013

### **1. Organization**

Mercy Health, formerly known as the Sisters of Mercy Health System, changed its name in fiscal 2012 to Mercy Health (Mercy) in an effort to better serve its patients and communities, as well as to honor the health system's heritage

Mercy was incorporated in September 1986 and is the sole corporate member of various health care corporations. Mercy is sponsored by Mercy Health Ministry, a public juridic person whose board members include Sisters of Mercy and lay leaders. Prior to sponsorship by Mercy Health Ministry, Mercy was sponsored by the Institute of the Sisters of Mercy of the Americas, Regional Community of St. Louis, a religious order of the Roman Catholic Church (Sisters of Mercy)

Mercy is incorporated as a not-for-profit corporation under the laws of the state of Missouri and is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code)

Mercy's ministry office (headquarters) is located in St. Louis, Missouri. Mercy and Subsidiaries (the Health System) comprise the following corporations and their subsidiaries

- Mercy Health Fort Smith Communities, Fort Smith, Arkansas
- Mercy Health Hot Springs Communities, Hot Springs, Arkansas
- Mercy Health Northwest Arkansas Communities, Rogers, Arkansas
- Mercy Health East Communities, St. Louis, Missouri
- Mercy Health Springfield Communities, Springfield, Missouri
- Mercy Health Oklahoma Communities, Inc., Oklahoma City and Ardmore, Oklahoma
- Mercy Ministries of Laredo, Laredo, Texas
- Mercy Health Southwest Missouri/Kansas Communities, Joplin, Missouri and Independence and Fort Scott, Kansas

# Mercy Health

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

### **1. Organization (continued)**

Each subsidiary above is a separately incorporated not-for-profit corporation and is tax-exempt pursuant to Section 501(c)(3) of the Code. All significant intercompany transactions and balances have been eliminated in consolidation.

### **Significant Acquisitions and Divestitures**

#### **Acquisitions**

Subsidiaries of the Health System entered into asset purchase agreements to make certain acquisitions, including a hospital, physician practices, an ambulatory surgery center, several medical office buildings, and other assets for a gross purchase price of approximately \$272.6 million (\$224.7 million net of cash acquired) in fiscal 2013 and \$35.4 million (\$30.3 million net of cash acquired) in fiscal 2012, respectively. All of these transactions were accounted for as acquisitions in accordance with Accounting Standards Codification (ASC) Topic 958-805, *Business Combinations – Not-for-Profit Entities*.

These acquisitions expanded the Health System's footprint and provided patients with access to a greater number of specialists and enhanced the coordination of health services.

The operating results of entities acquired are included in the Health System's consolidated financial statements from the date of acquisition. Operating revenues of the entities acquired in fiscal 2013 included in the consolidated statement of operations was \$143.6 million for the year ended June 30, 2013. Operating revenues of the entities acquired in fiscal 2012 included in the consolidated statement of operations was \$55.4 million for the year ended June 30, 2012.

On an unaudited pro forma basis, had the Health System completed the fiscal 2013 acquisitions as of the beginning of each fiscal year presented, the acquisitions would have reported \$226.6 million and \$227.2 million in additional operating revenues in fiscal year 2013 and 2012, respectively, and \$2.7 million and \$5.0 million in additional excess of revenues over expenses for the years ended June 30, 2013 and 2012, respectively. However, the unaudited pro forma information is not necessarily indicative of the historical results that would have been obtained had the transactions actually occurred on those dates, nor of future results.

## Mercy Health

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

#### 1. Organization (continued)

The Health System allocated the purchase price of the acquired businesses to assets acquired and liabilities assumed based on their fair values, which is a level 3 measurement. The excess of the purchase price over fair value of net assets acquired was recorded as goodwill. The goodwill can be attributed to benefits that the Health System expects to realize from operating efficiencies and increased revenues.

The following table summarizes the acquisition date fair values of the assets acquired and liabilities assumed.

	<b>Fiscal Acquisitions</b>	
	<b>2013</b>	<b>2012</b>
Assets acquired		
Cash	\$ 47,893	\$ 5,069
Accounts receivable	25,787	13,366
Inventories and other current assets	9,626	2,620
Property and equipment	166,551	11,387
Goodwill	97,752	11,094
Other long-term assets	1,797	12
Total assets acquired	<b>349,406</b>	43,548
Liabilities assumed		
Accounts payable	6,177	2,894
Accrued and other liabilities	12,100	5,290
Long-term obligations*	58,511	—
Total liabilities assumed	<b>76,788</b>	8,184
	<b>\$ 272,618</b>	\$ 35,364

\*The Health System assumed \$36.1 million of debt related to a fiscal 2013 acquisition. On February 1, 2013, as part of a purchase agreement, the Health System legally defeased and paid off the long-term obligations for \$39.3 million, including principal, interest, and early payment penalties.

# Mercy Health

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

### **1. Organization (continued)**

#### **Letter of Intent**

In April 2012, the Health System signed an agreement in principle to sell the assets and operations associated with Mercy Health Hot Springs Communities to Capella Healthcare Inc – a private, for-profit system based in Franklin, Tennessee. In June 2013, the Health System and Capella mutually agreed to terminate the Asset Purchase Agreement.

### **2. Summary of Significant Accounting Policies**

#### **Cash and Cash Equivalents**

Investments in highly liquid debt instruments with a maturity of three months or less when purchased, excluding amounts classified as investments, are considered cash equivalents. The Health System routinely invests in money market mutual funds. These funds generally invest in highly liquid U.S. government and agency obligations. Financial instruments that potentially subject the Health System to concentrations of credit risk include the Health System's cash and cash equivalents. The Health System places its cash and cash equivalents with institutions with high credit quality. However, at certain times, such cash and cash equivalents are in excess of government-provided insurance limits.

#### **Inventories**

Inventories, which consist principally of medical supplies and pharmaceuticals, are stated at the lower of cost or market. Cost is determined principally using the average cost method.

#### **Property and Equipment**

Property and equipment are stated at cost or, if donated, at fair value at the date of receipt.

Depreciation is provided using the straight-line method over the estimated useful lives of land and leasehold improvements, buildings, and equipment. The estimated useful lives are as follows: land and leasehold improvements, 2 to 30 years; buildings, 3 to 40 years; and equipment, 2 to 20 years.

# Mercy Health

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

### **2. Summary of Significant Accounting Policies (continued)**

Property and equipment under capital lease obligations are amortized using the straight-line method over the lease term or the estimated useful life of the leased asset, whichever period is shorter. Such amortization is included with depreciation in the accompanying consolidated statements of operations.

#### **Asset Impairment**

The Health System periodically evaluates the carrying value of its long-lived assets for impairment when indicators of impairment are identified. These evaluations are primarily based on the estimated recoverability of the assets' carrying value based on undiscounted cash flows. Impairment write-downs are recognized in operating income at the time the impairment is identified.

#### **Other Assets**

Other assets consist primarily of investment securities held under deferred compensation arrangements, land held for future development, fair value of interest rate swaps in asset positions, and investments in unconsolidated affiliates. The equity method of accounting is used for investments in unconsolidated affiliates where the Health System does not have significant control or where ownership is 50% or less. The equity income or loss on these investments is recorded in other operating revenues in the consolidated statements of operations.

#### **Goodwill**

The Health System records goodwill arising from a business combination as the excess of purchase price and related costs over the fair value of identifiable tangible and intangible assets acquired and liabilities assumed. The Health System annually reviews the carrying value of goodwill for impairment. In addition, a goodwill impairment assessment is performed whenever circumstances indicate a potential impairment may exist. The Health System has seven reporting units at which fair value is measured. If such circumstances suggest that the recorded amounts of any of these assets cannot be recovered, the carrying values of such assets are reduced to fair value. If the carrying value of any of these assets is impaired, a material charge may be incurred to results of operations. There was no goodwill impairment during 2013 or 2012.

# Mercy Health

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

### **2. Summary of Significant Accounting Policies (continued)**

#### **Net Assets**

The Health System's net assets and activities are classified into two classes, restricted and unrestricted, based on the existence or absence of donor-imposed restrictions. Restricted net assets include temporarily restricted net assets (73% and 71% of restricted net assets at June 30, 2013 and 2012, respectively), whose use by the Health System has been limited by donors to a specific time period or for a particular purpose, and permanently restricted net assets (27% and 29% of restricted net assets at June 30, 2013 and 2012, respectively), which must be maintained by the Health System in perpetuity with the related investment income available to support the donor-designated purpose. The general nature of the donor restrictions is to support the Health System's indigent care mission and health education programs and to assist with capital projects.

#### **Net Patient Service Revenues and Patient Accounts Receivable**

Patient service revenues (net of contractuels and discounts) are recorded during the period the health care services are provided and are reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Estimates of contractual allowances under managed care health plans are based upon the services provided, historical payment rates and the payment terms specified in the related contractual agreements. Revenues related to uninsured patients have discounts applied in accordance with the Health System policy. Net patient service revenue is reported net of the provision for uncollectible receivables.

Patient accounts receivable that are deemed uncollectible, including those placed with collection agencies, are initially charged against the allowance for uncollectible accounts in accordance with collection policies of the Health System and, in certain cases, are reclassified to charity care if deemed to otherwise meet the Health System's charity care policy. The provision for uncollectible receivables is based upon management's assessment of historical and expected net collections considering business and economic conditions, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible receivables based upon the payor composition and aging of receivables with consideration of the historical payment and write-off experience by payor category. The results of these reviews are then used to make any modifications to the provision for uncollectible receivables to establish an appropriate allowance for uncollectible receivables. After satisfaction of amounts due from insurance, the Health System follows established guidelines for placing past-due patient balances with collection agencies.

## Mercy Health

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

#### **2. Summary of Significant Accounting Policies (continued)**

Retroactive third-party adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known. Adjustments to revenue based on prior periods increased net patient service revenues by approximately \$13 0 million and \$30 0 million in 2013 and 2012, respectively, due to revised estimates consisting primarily of retroactive third-party adjustments for years that are subject to audits, reviews, and investigations. Included in the \$30 0 million recognized in 2012 is \$16 6 million which relates to the Medicare Rural Floor Budget Neutrality Act settlement (Settlement). This Settlement with Centers for Medicare and Medicaid Services involved approximately 2,200 hospitals nationwide and was made to resolve a challenge made by the plaintiff hospitals for underpayment of inpatient Medicare services dating back to 1999.

#### **Capitation Revenues and Medical Claims Expense**

Certain Mercy Subsidiaries have entered into various risk-based contracts with certain health maintenance organizations (HMOs). Under these arrangements, the Subsidiaries receive capitated payments based on the demographic characteristics of covered members in exchange for providing certain medical services to those members. These payments are reflected as capitation revenues in the consolidated statements of operations. The Subsidiaries recognize medical claims expense for services provided. The medical claims expense represents claims paid, claims reported but not yet paid, and an estimate of claims incurred but not reported (IBNR). The claims IBNR amount is estimated based upon prior experience modified for current trends. The claims IBNR amount was \$11 7 million and \$21 0 million at June 30, 2013 and 2012, respectively, and was included in accrued liabilities and other in the consolidated balance sheets.

# Mercy Health

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

### **2. Summary of Significant Accounting Policies (continued)**

#### **Electronic Health Record Incentive Program**

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible physicians and hospitals (collectively providers) that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four to five year period ending in 2016. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. Providers must demonstrate continued meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments.

The Health System accounts for EHR incentive payments as other operating revenue. The Health System utilizes a grant accounting model to recognize EHR incentive revenues and records incentive revenue ratably throughout the incentive reporting period when it is reasonably assured that the respective eligible provider will meet the meaningful use objectives for the reporting period and that the grants will be received. The EHR reporting period for hospitals is based on the federal fiscal year, which runs from October 1 through September 30, and for physicians is based on the calendar year. The Health System recognized revenue of approximately \$36.6 million and \$49.5 million during the years ended June 30, 2013 and 2012, respectively. The Health System believes that the eligible providers that met meaningful use objectives will continue to meet the objectives through their applicable reporting periods. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. In addition, the Health System's compliance with the meaningful use criteria is subject to audit by the federal government.

In addition, the Health System has an incentive program with its physicians whereby the Health System compensates eligible physicians if certain criteria are met. The Health System expensed approximately \$14.0 million and \$16.7 million for incentives paid to physicians for the years ended June 30, 2013 and 2012, respectively. These amounts are included in salaries and benefits in the accompanying consolidated statements of operations. The net amount reflected in the consolidated statements of operations for the EHR incentive program is \$22.6 million and \$32.8 million for the years ended June 30, 2013 and 2012, respectively.

# Mercy Health

## Notes to Consolidated Financial Statements (continued) (*Tables in Thousands*)

### **2. Summary of Significant Accounting Policies (continued)**

#### **Services to the Community**

In support of its mission, the Health System provides care to patients who personally bear a significant financial burden relative to their health care services and are deemed to be medically indigent. Traditional charity care includes the cost of services provided to persons who cannot afford health care because of the financial burden of the health care services and/or who are uninsured or underinsured. Traditional charity care also includes services for which the patient may not participate in the charity care process but are otherwise deemed to meet the Health System's charity care policy.

Because the Health System does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as net patient service revenue. The cost of traditional charity care was \$116.3 million and \$126.8 million in 2013 and 2012, respectively. The Health System estimates cost of charity care using a calculated ratio of costs to charges by hospital and applies that ratio to the relevant gross charges respectively, less any payments received.

Health care services to patients under government programs, such as Medicare and Medicaid, are also considered part of the Health System's benefit provided to the community since a portion of such services are reimbursed at amounts less than cost. In addition, the Health System maintains community benefit programs designed to positively impact the health status of the communities served. These services include various clinics and outreach programs (designed to deliver health care services to underserved communities), medical education and research activities, and direct cash and in-kind charitable contributions.

These community benefit programs also include the activities of Mercy Ministries of Laredo (MML), Mercy Caritas, Catherine's Fund, and Mercy Family Center that are administered by the Health System. These programs finance charitable activities to help meet the needs of the poor, sick, and uneducated.

# Mercy Health

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

### **2. Summary of Significant Accounting Policies (continued)**

#### **Investments**

Investments include assets set aside through resolution by the Board of Directors for future long-term purposes, including capital improvements and self insurance. In addition, investments include amounts contributed by donors with stipulated restrictions. These assets include investments in equity securities and debt securities, which are measured at fair value. The cost of securities sold is based on the specific-identification method. The Health System accounts for its ownership interest in alternative investments under the equity method. Management has utilized the best available information for reported alternative investment values, which in some instances are valuations as of an interim date.

For purposes of recognizing investment returns as a component of excess of revenues over expenses, substantially all investments, other than alternative investments, are considered to be trading securities. Unrestricted investment returns, including alternative investments, are included in nonoperating gains (losses) in the consolidated statements of operations. Investment returns arising from donor-restricted resources are reported as a direct increase or decrease in restricted net assets in the consolidated statements of changes in net assets, consistent with the donors' restrictions. In addition, cash flows from the purchases and sales of marketable securities designated as trading are reported as a component of operating activities in the accompanying consolidated statements of cash flows.

#### **Derivative Financial Instruments**

Derivative instruments are contracts between the Health System and a third party (counterparty) that provide for economic payments between the parties based on changes in a defined market security or index or combination thereof. The Health System's derivative financial instruments are primarily interest rate swap agreements utilized as part of its debt management process. The Health System recognizes all derivative instruments as either assets or liabilities in the consolidated balance sheets at fair value. The Health System does not account for any of its interest rate swap agreements as hedges, and accordingly, realized and unrealized gains (losses) and net settlement payments are reflected as a component of nonoperating gains (losses) in the accompanying consolidated statements of operations.

# Mercy Health

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

### **2. Summary of Significant Accounting Policies (continued)**

#### **Pledges, Bequests, and Gifts for Specific Purposes**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. Gifts are recorded as an increase in restricted net assets if they are received with donor stipulations that limit the use of the assets. Upon expenditure in accordance with a donor's restrictions and when the asset is placed in service, net assets restricted for capital acquisitions are reported as direct additions to unrestricted net assets, and assets restricted for operating purposes are reported as an increase in other operating revenues. Donor-restricted contributions for operating purposes whose restrictions are met within the same year as received, and contributions received by donors without restrictions, are reflected as other operating revenues in the accompanying consolidated statements of operations.

Unconditional promises to give, less an allowance for uncollectible amounts, are recorded as receivables in the year made. Net pledges receivable of \$3.3 million and \$7.0 million were included in other current assets and other assets, respectively, at June 30, 2013. Net pledges receivable of \$3.1 million and \$7.9 million were included in other current assets and other assets, respectively, at June 30, 2012.

#### **Functional Classification of Expenses**

The Health System provides general health care services to residents within communities served, including acute inpatient, subacute inpatient, physician, outpatient, ambulatory, long-term, and home care, as well as related general and administrative services.

The Health System does not present expense information by functional classification because its resources and activities are primarily related to providing health care services. Furthermore, since the Health System receives substantially all of its resources from providing health care services in a manner similar to a business enterprise, other indicators contained in these consolidated financial statements are considered important in evaluating how well management has discharged its stewardship responsibilities.

# Mercy Health

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

### **2. Summary of Significant Accounting Policies (continued)**

#### **Operating Indicator**

The Health System's operating indicator (operating income before Joplin operations and related insurance recovery) includes all unrestricted revenue, gains and other support, and expenses directly related to the recurring and ongoing health care operations during the reporting period. The operating indicator excludes operating revenues, expenses and insurance proceeds related to Joplin (see Note 3), nonoperating gains and losses, pension liability adjustments, gain from discontinued operations, and net assets released from restrictions for property acquisitions.

#### **Performance Indicator**

The Health System's performance indicator (excess of revenues over expenses) includes all changes in unrestricted net assets other than pension liability adjustments, gain from discontinued operations, and net assets released from restrictions for property acquisitions.

#### **Operating and Nonoperating Gains (Losses)**

The Health System's primary mission is to meet the health care needs in its market areas by providing general health care services to residents within communities served, including acute inpatient, subacute inpatient, physician, outpatient, ambulatory, long-term, and home care, as well as related general and administrative services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the Health System's primary mission are considered to be nonoperating. Nonoperating activities include net investment returns and net realized and unrealized gains (losses) on interest rate swaps.

#### **Use of Estimates**

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

## Mercy Health

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

#### **3. Joplin Operations and Related Insurance Recovery**

On May 22, 2011, an EF-5 tornado struck parts of the city of Joplin, Missouri, including Mercy's acute care hospital and adjacent medical office buildings. Management determined the damage was so severe that these facilities were considered completely impaired at June 30, 2011, and the facilities were subsequently demolished. The Health System has continued to provide health care services in temporary facilities, but capacity is limited.

At the date of the tornado, the Health System maintained insurance coverage of \$750 million, which covered emergency response, temporary facilities, property damage, business interruption, and related costs, subject to a \$50,000 deductible. The claim has been final settled as of December 2012. As of June 30, 2013, the Health System has received \$733.4 million in total insurance proceeds related to this event. The breakdown between fiscal 2013 and 2012 is described below.

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Insurance proceeds – property damage	\$ 23,259	\$ 263,100
Insurance proceeds – business interruption	272,000	125,000
Total insurance proceeds received	<b>\$ 295,259</b>	<b>\$ 388,100</b>

As a result of settling the claim, an impairment charge of \$65.1 million was recorded to reduce certain assets, primarily temporary facilities, to fair value. The impairment is netted against 2013 Joplin insurance proceeds in the accompanying consolidated statements of operations.

## Mercy Health

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

#### **3. Joplin Operations and Related Insurance Recovery (continued)**

Since the post-tornado operations of Joplin are not comparable to the pre-tornado operations and since Joplin's results are impacted significantly by insurance proceeds, management has determined that Joplin's financial results should be segregated in the accompanying consolidated statements of operations for both periods presented

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Operating revenues		
Patient service revenues (net of contractuals and discounts)	\$ 168,451	\$ 91,442
Provision for uncollectible receivables	(17,731)	(6,051)
Net patient service revenues	<u>150,720</u>	<u>85,391</u>
Other operating revenues	<u>5,128</u>	<u>10,186</u>
Total operating revenues	<u>155,848</u>	<u>95,577</u>
Operating expenses		
Salaries and benefits	73,907	84,050
Supplies and other	128,335	144,596
Depreciation and amortization	21,049	18,693
Total operating expenses	<u>223,291</u>	<u>247,339</u>
Joplin insurance proceeds, net of impairment charge	<u>230,174</u>	<u>388,100</u>
Joplin operating income	<u>\$ 162,731</u>	<u>\$ 236,338</u>

## Mercy Health

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

#### 4. Net Patient Service Revenue and Patient Receivables

The following is a summary of the Health System's patient service revenues, net of contractual allowances and discounts (before the provision for uncollectible receivables) by major payor Medicare and Medicaid managed plans are grouped with Medicare and Medicaid, respectively

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Medicare	\$ 1,561,984	\$ 1,356,873
Medicaid	490,201	424,509
Managed care/other	1,897,725	1,849,947
Self-pay	258,024	248,079
	<b>\$ 4,207,934</b>	<b>\$ 3,879,408</b>

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Noncompliance with Medicare and Medicaid laws and regulations can make the Health System subject to significant regulatory action, including substantial fines and penalties, as well as exclusion from the Medicare and Medicaid programs.

The Health System provides health care services through inpatient and outpatient care facilities located in several states. The Health System grants credit to patients in return for health care services rendered to said patients, substantially all of whom are residents of the communities served. The Health System does not require collateral or other security in extending credit to patients, however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, HMOs, and commercial insurance policies). At June 30, 2013 and 2012, approximately 37% and 36%, respectively, of net accounts receivable were collectible from governmental payors (including Medicare and Medicaid), with approximately 50% of net accounts receivable collectible from commercial insurance and managed care payors for both 2013 and 2012.

## Mercy Health

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

#### 4. Net Patient Service Revenue and Patient Receivables (continued)

The allowance for uncollectible receivables was approximately \$203.8 million and \$171.0 million as of June 30, 2013 and 2012, respectively. These balances as a percent of accounts receivable net of contractual allowances were approximately 25% as of June 30, 2013 and 2012. The Health System's allowance for uncollectible receivables covered approximately 60% and 54% of self-pay patient receivables, including patient responsibility, as of June 30, 2013 and 2012, respectively. The Health System has experienced an increase in write-off trends related to bad debt and charity driven by higher unemployment, loss of employer-sponsored insurance plans, and rising patient responsibility balances. The Health System reviews and updates its uninsured discount rate on an annual basis. There have been no significant changes to the charity care policies for the years ended June 30, 2013 or 2012. The Health System does not maintain a material allowance for uncollectible receivables from third-party payors, nor did it have significant writeoffs from third-party payors.

The following is a summary of the Health System's allowance for uncollectible receivables activity:

Balance at July 1, 2011	\$ 187,756
Provision for uncollectible receivables	268,365
Provision for uncollectible receivables – Joplin	6,051
Accounts written off, net of recoveries and other	(291,157)
Balance at June 30, 2012	\$ 171,015
Provision for uncollectible receivables	333,467
Provision for uncollectible receivables – Joplin	17,731
Accounts written off, net of recoveries and other	(318,456)
Balance at June 30, 2013	<u><u>\$ 203,757</u></u>

## Mercy Health

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

#### **5. Investments**

The following is a summary of investments

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
Board-designated	\$ 1,471,640	\$ 1,321,605
Restricted by donor or grantor	38,778	42,654
<b>Total investments</b>	<b>1,510,418</b>	1,364,259
Less short term investments	(27,465)	(26,206)
	<b>\$ 1,482,953</b>	\$ 1,338,053

The following is a summary of investments by classification

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
Cash and cash equivalents	\$ 151,762	\$ 93,477
Fixed income		
Corporate debt securities	73,428	73,209
Government agencies and obligations (U S and foreign)	63,157	93,678
Other debt securities	56,987	36,436
Commingled and mutual funds	112,101	147,477
Equity securities		
Domestic equities – common stock	320,128	262,603
International equities – common stock	247,645	226,820
Real assets – commodities	33,457	38,837
Alternative investments		
Hedge funds	323,820	245,697
Private equity investments	91,834	99,466
Real assets – limited partnerships	18,211	24,816
Other	17,888	21,743
	<b>1,510,418</b>	1,364,259
Less short term investments	(27,465)	(26,206)
<b>Total investments</b>	<b>\$ 1,482,953</b>	\$ 1,338,053

## Mercy Health

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

#### 5. Investments (continued)

The following is a summary of investment returns

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Investments		
Interest and dividends	\$ 24,026	\$ 23,758
Realized gains, net	40,954	34,013
Interest expense on Series 2001 bonds	(2,202)	(2,417)
Unrealized gains (losses), net	94,878	(63,655)
Investment returns included in nonoperating gains (losses), net	157,656	(8,301)
Investment returns included in restricted net assets	3,898	146
Total investment returns	\$ 161,554	\$ (8,155)

The Health System's investments are exposed to various kinds and levels of risk. Fixed income securities expose the Health System to interest rate risk, credit risk, and liquidity risk. As interest rates change, the value of many fixed income securities is affected, particularly those with fixed rates. Credit risk is the risk that the obligor of the security will not fulfill its obligations. Liquidity risk is affected by the willingness of market participants to buy and sell given securities. Equity securities expose the Health System to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity markets, both foreign and domestic. Performance risk is the risk associated with a company's operating performance. Liquidity risk as previously defined tends to be higher for foreign equities and equities related to small capitalization companies.

Certain of the Health System's investments are made through alternative investments, primarily private equity limited partnership investments and hedge funds. These investments provide the Health System with a proportionate share of the investment gains and losses. The fund manager has full discretionary authority over the investment decisions and provides the net asset valuation. The hedge funds and private equity funds present risks similar to those of traditional investments, as well as some additional risks. Due to the fact that these funds are invested through limited partnerships or other limited access-type vehicles, pricing is infrequent and liquidity may also be limited, in some cases, up to 24 months for hedge funds. Due to infrequent

## Mercy Health

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

#### **5. Investments (continued)**

pricing and illiquidity of underlying investments, it is common practice for private equity funds to require investors to commit to a ten-year investment period, although the distribution of capital is likely to occur prior to the ten-year termination date. These investments may also employ leverage, which may lead to additional risk of loss. These investments are subject to market risk, default risk, interest rate risk, and credit risk as well as various other types of risks. At June 30, 2013, the Health System has commitments to fund \$72.2 million in these investments.

At the balance sheet dates, receivables and payables for investment trades not settled are presented with other current assets and other current liabilities. Unsettled sales resulted in receivables due from brokers of \$186.6 million and \$196.6 million at June 30, 2013 and 2012, respectively. Unsettled buys resulted in payables of \$144.2 million and \$164.5 million at June 30, 2013 and 2012, respectively.

#### **6. Fair Value Measurements**

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. The fair value measurements and disclosures topic of the FASB ASC establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date

Level 2 – Pricing inputs other than quoted prices included in Level 1, which are either directly observable or can be derived or supported from observable data as of the reporting date

## Mercy Health

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

#### **6. Fair Value Measurements (continued)**

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources. In evaluating the significance of input, the Health System generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that individually, or when aggregated with other unobservable inputs, represent more than 10% of the fair value of the assets or liabilities. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

Financial assets and financial liabilities measured at fair value on a recurring basis was determined using the following inputs at June 30, 2013

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Assets</b>				
Investments				
Cash and cash equivalents	\$ 151,469	\$ 293	\$ –	\$ 151,762
Equity securities				
Domestic equities – common stock	319,308	820	–	320,128
International equities – common stock	95,343	152,302	–	247,645
Fixed income				
Corporate debt securities	–	73,428	–	73,428
Government agencies and obligations (U S and foreign)	–	63,157	–	63,157
Other debt securities	399	56,588	–	56,987
Commingled and mutual funds	1,375	110,726	–	112,101
Real assets – commodities	21,332	12,125	–	33,457
Other	–	2,535	–	2,535
	<u>589,226</u>	<u>471,974</u>	<u>–</u>	<u>1,061,200</u>
Deferred compensation plan assets				
Cash and cash equivalents	488	–	–	488
Equities – mutual funds	123,695	–	–	123,695
Other	–	5,249	50,642	55,891
	<u>124,183</u>	<u>5,249</u>	<u>50,642</u>	<u>180,074</u>
Total assets	<u><u>\$ 713,409</u></u>	<u><u>\$ 477,223</u></u>	<u><u>\$ 50,642</u></u>	<u><u>\$ 1,241,274</u></u>
<b>Liabilities</b>				
Interest rate swap agreements	\$ –	\$ 53,845	\$ –	\$ 53,845
Total liabilities	<u><u>\$ –</u></u>	<u><u>\$ 53,845</u></u>	<u><u>\$ –</u></u>	<u><u>\$ 53,845</u></u>

## Mercy Health

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

#### **6. Fair Value Measurements (continued)**

The following table is a rollforward of the deferred compensation plan assets classified within Level 3 of the valuation hierarchy

	<b>Other</b>
Fair value at July 1, 2012	\$ 42,493
Purchases, issuances, settlements, and sales	
Purchases	18,478
Sales	(12,042)
Actual return on plan assets	1,713
Transfers in and/or out of Level 3	—
Fair value at June 30, 2013	<u><u>\$ 50,642</u></u>

Financial assets and financial liabilities measured at fair value on a recurring basis was determined using the following inputs at June 30, 2012

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Assets</b>				
Investments				
Cash and cash equivalents	\$ 89,338	\$ 4,139	\$ —	\$ 93,477
Equity securities				
Domestic equities – common stock	262,603	—	—	262,603
International equities – common stock	86,200	140,620	—	226,820
Fixed income				
Corporate debt securities	—	73,209	—	73,209
Government agencies and obligations (U S and foreign)	—	93,678	—	93,678
Other debt securities	703	35,733	—	36,436
Commingled and mutual funds	44,645	102,832	—	147,477
Real assets – commodities	26,200	12,637	—	38,837
Other	—	6,390	—	6,390
	<u>509,689</u>	<u>469,238</u>	<u>—</u>	<u>978,927</u>
Deferred compensation plan assets				
Cash and cash equivalents	619	—	—	619
Equities – mutual funds	106,398	—	—	106,398
Other	—	6,103	42,493	48,596
	<u>107,017</u>	<u>6,103</u>	<u>42,493</u>	<u>155,613</u>
Interest rate swap agreements				
Total assets	<u><u>\$ 616,706</u></u>	<u><u>\$ 484,782</u></u>	<u><u>\$ 42,493</u></u>	<u><u>\$ 1,143,981</u></u>
<b>Liabilities</b>				
Interest rate swap agreements	\$ —	\$ 86,636	\$ —	\$ 86,636
Total liabilities	<u><u>\$ —</u></u>	<u><u>\$ 86,636</u></u>	<u><u>\$ —</u></u>	<u><u>\$ 86,636</u></u>

# Mercy Health

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

### 6. Fair Value Measurements (continued)

The following table is a rollforward of the deferred compensation plan assets classified within Level 3 of the valuation hierarchy

	<b>Other</b>
Fair value at July 1, 2011	\$ 42,572
Purchases, issuances, settlements, and sales	
Purchases	18,336
Sales	(19,189)
Actual return on plan assets	774
Transfers in and/or out of Level 3	—
Fair value at June 30, 2012	<u><u>\$ 42,493</u></u>

Investments in the fair value tables above exclude alternative investments, which are recorded under the equity method of accounting, of \$433.9 million and \$370.0 million at June 30, 2013 and 2012, respectively. Investments in the fair value tables above also exclude land held for investment, which is recorded at cost, of \$15.4 million at June 30, 2013 and 2012.

Deferred compensation plan assets and interest rate swaps (assets) are reported in other assets, and interest rate swaps (liabilities) are reported in insurance reserves and other liabilities in the consolidated balance sheets.

The following is a description of the Health System's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. The fair value of certain Level 2 securities was determined using multiple price types of bid/offer, last traded, settlement, evaluated, and the official primary exchange close-time pricing, provided by third-party pricing services if quoted market prices were not available. The quality of the prices received is evaluated through price comparisons and tolerance level checks. These Level 2 investments include cash equivalents, domestic equities, international equities, corporate debt securities, government agencies and obligations, other debt securities, commingled funds and real assets – commodities. The fair values of the interest rate swap contracts, also Level 2 measurements, are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved. The valuations reflect a credit spread adjustment to the London Interbank Offered Rate (LIBOR) discount curve in order to reflect nonperformance risk. The credit spread adjustment is derived from the Health System's and other comparable rated entities' bonds priced in the market and adjusted with a gross up of the

## Mercy Health

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

#### **6. Fair Value Measurements (continued)**

tax-exempt spread to a taxable equivalent spread for the Health System and counterparty bond trading levels (or credit default swap spreads) The fair values of other securities in the deferred compensation plan's assets are based on unobservable inputs and are recorded based on information provided by the trustee

The deferred compensation plans invest in a fully benefit-responsive guaranteed investment contract (GIC) with MetLife, which is a general account evergreen group annuity contract MetLife maintains the contributions in the general account The deferred compensation plans own a series of guarantees that are embedded in the insurance contract The contractual guarantees are backed up by the full faith and credit of MetLife, the contract issuer MetLife is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the deferred compensation plan There are no reserves against contract value for credit risk of the contract issuer or otherwise The crediting interest rate is based on a formula agreed upon with the issuer Such interest rates are reviewed on an annual basis for resetting

The carrying values of cash and cash equivalents, accounts receivable, pledges receivable, and current liabilities are reasonable estimates of their fair values due to the short-term nature of these financial instruments The fair value of the Health System's fixed-rate bonds is based on quoted market prices for the same or similar issues and approximates \$235.6 million and \$7.2 million as of June 30, 2013 and 2012, respectively, which is a level 2 measurement The carrying amount approximates fair value for all other long-term debt, which is variable rate, and excludes the impact of third-party credit enhancements

Due to the volatility of the financial market, there is a reasonable possibility of changes in fair value and additional gains and losses in the near term subsequent to June 30, 2013

## Mercy Health

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

#### 7. Property and Equipment

The following is a summary of property and equipment

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
Land, land improvements and leasehold improvements	\$ 272,621	\$ 238,172
Buildings	2,807,888	2,600,791
Equipment	2,134,776	2,007,360
Construction-in-progress	<u>276,595</u>	120,036
	<u>5,491,880</u>	4,966,359
Less accumulated depreciation	(2,942,610)	(2,684,768)
Property and equipment, net	<u><u>\$ 2,549,270</u></u>	<u><u>\$ 2,281,591</u></u>

At June 30, 2013, construction and software-related contracts and commitments exist for capital improvements at certain of the Health System's facilities. The remaining commitment on these contracts at June 30, 2013 was approximately \$298.8 million, out of which \$239.7 million relates to the construction of the new hospital in Joplin. During the years ended June 30, 2013 and 2012, interest of \$3.6 million and \$0.8 million, respectively, was capitalized.

#### 8. Other Assets

The following is a summary of other assets

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
Deferred compensation plan assets	\$ 180,074	\$ 155,613
Goodwill and intangible assets	143,544	45,792
Investment in unconsolidated affiliates	60,253	43,340
Land held for future development	30,278	16,382
Notes receivable	13,948	12,961
Fair value of interest rate swaps	—	9,441
Other	<u>36,386</u>	49,610
	<u><u>\$ 464,483</u></u>	<u><u>\$ 333,139</u></u>

## Mercy Health

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

#### **9. Goodwill**

The following table presents the changes in the carrying amount of goodwill during the years ended June 30, 2013 and 2012

Balance at July 1, 2011	\$ 34,698
Acquisitions	11,094
Balance at June 30, 2012	\$ 45,792
Acquisitions	97,752
Balance at June 30, 2013	<u>\$ 143,544</u>

#### **10. Liability Programs**

The Health System administers a liability program to provide for general and professional liability risks within certain limits. Health care professional liabilities in excess of self-insured limits are insured on a claims-made basis subject to an annual maximum of \$20.0 million over the self-insured retention of \$10.0 million, after which the Health System would again be responsible. The recorded liabilities are based upon actuarial estimates of reported claims and IBNR claims using historical claim experience and other relevant industry and hospital-specific factors and trends, discounted at an interest rate of 4.75% for 2013 and 2012. The discounted general and professional liability was \$135.3 million and \$130.9 million at June 30, 2013 and 2012, respectively, which is included in accrued liabilities and insurance reserves in the accompanying consolidated balance sheets.

#### **11. Employee Retirement Plans**

Prior to July 1, 2011, the Health System sponsored an active defined benefit retirement plan (the Plan) to provide coverage under a single plan for groups acquired in business combinations. Pension benefits were provided to substantially all Health System employees through the Plan. As new employee groups were transitioned to the Plan, the Plan was modified through plan amendments to provide credit for service with the acquired provider. Plan benefits were originally provided based on a final average pay formula but were later transitioned to a cash

## Mercy Health

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

#### 11. Employee Retirement Plans (continued)

balance-type formula The cash balance formula provided an annual pay credit, based on employee compensation and years of service, and an interest credit based on the 30-year U S Treasury bill rate, subject to a floor of 5 25% Effective June 30, 2011, the Plan was closed to new entrants, and pay credits ceased Interest credits continue to be paid under the Plan The Plan is funded consistent with actuarial funding recommendations

The Health System maintains various non-qualified defined benefit retirement plans that provide retirement income in excess of the limitations on benefits imposed by Internal Revenue Service (IRS) limitations to certain key executives These plans are closed to new entrants

The following table sets forth the Plan's and certain other of the Health System's pension plans' benefit obligations, fair value of plan assets, and funded status at the measurement date

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
Accumulated benefit obligation	<u><b>\$ 983,953</b></u>	<u><b>\$ 1,010,293</b></u>
Changes in projected benefit obligation		
Projected benefit obligation at beginning of period	<b>\$ 1,020,307</b>	\$ 966,632
Service cost	1,767	1,413
Interest cost	41,991	47,392
Actuarial (gain) loss	(14,542)	66,852
Benefits paid	(50,996)	(61,982)
Projected benefit obligation at end of period	<b><u>\$ 998,527</u></b>	<u><b>\$ 1,020,307</b></u>
Changes in plan assets		
Fair value of plan assets at beginning of period	<b>\$ 654,649</b>	\$ 718,489
Actual return on plan assets	72,275	(10,219)
Employer contributions	5,966	8,361
Benefits paid	(50,996)	(61,982)
Fair value of plan assets at end of period	<b><u>\$ 681,894</u></b>	<u><b>\$ 654,649</b></u>
Funded status of the Plan	<b><u>\$ (316,633)</u></b>	<u><b>\$ (365,658)</b></u>

## Mercy Health

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

#### 11. Employee Retirement Plans (continued)

Amounts recognized in the accompanying consolidated balance sheets at June 30 consist of

	<b>2013</b>	<b>2012</b>
Accrued liabilities and other	\$ 3,512	\$ 3,334
Pension liabilities	<u>313,121</u>	362,324
	<b><u>\$ 316,633</u></b>	<b><u>\$ 365,658</u></b>

No plan assets are expected to be returned to the Health System during the fiscal year ended June 30, 2014

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension cost

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Unrecognized actuarial loss	\$ (377,090)	\$ (421,973)
Unrecognized prior service cost	<u>(3,017)</u>	(3,561)
	<b><u>\$ (380,107)</u></b>	<b><u>\$ (425,534)</u></b>

Changes in plan assets and benefit obligations recognized in unrestricted net assets include

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Current year actuarial gain (loss)	\$ 33,932	\$ (130,055)
Amortization of actuarial loss	<u>10,951</u>	8,486
Amortization of prior service credit	<u>544</u>	544
	<b><u>\$ 45,427</u></b>	<b><u>\$ (121,025)</u></b>

## Mercy Health

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

#### **11. Employee Retirement Plans (continued)**

The estimated net actuarial loss and prior service cost included in unrestricted net assets and expected to be recognized in net periodic benefit cost during the year ending June 30, 2014, are \$10.6 million and \$0.5 million, respectively. The impact of the change in discount rate on the projected benefit obligation of the plan was a decrease of approximately \$32.6 million for the year ended June 30, 2013, and an increase of approximately \$71.3 million for the year ended June 30, 2012.

The following is a summary of the components of net periodic pension cost

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Service cost, benefits earned during the period	\$ 1,767	\$ 1,413
Interest cost on projected benefit obligation	<b>41,991</b>	47,392
Expected return on plan assets	<b>(52,885)</b>	(52,984)
Amortization of unrecognized		
Prior service credit	544	544
Actuarial loss	<b>10,951</b>	8,486
Net periodic pension cost	<b>\$ 2,368</b>	\$ 4,851

Weighted-average assumptions used to determine the Plan's projected benefit obligation and net periodic benefit costs are as follows

	<b>Projected Benefit Obligation</b>		<b>Net Periodic Benefit Costs</b>	
	<b>2013</b>	<b>2012</b>	<b>2013</b>	<b>2012</b>
Discount rates	<b>4.35–4.60%</b>	4.05–4.20%	<b>4.05–4.20%</b>	5.00–5.15%
Rates of salary increase	<b>5.00</b>	5.00	<b>5.00</b>	6.00
Expected long-term return on plan assets	<b>8.00</b>	8.15	<b>8.15</b>	8.15

## Mercy Health

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

#### **11. Employee Retirement Plans (continued)**

The Plan's weighted-average asset allocations at June 30, 2013 and 2012, and target allocation by asset category are as follows

Asset Category	2013 Target	Plan Assets at June 30	
	Asset Allocation	2013	2012
Equity securities	40%	38%	37%
Debt securities	30	20	26
Alternative investments	30	34	33
Other	0	8	4
Total	<b>100%</b>	<b>100%</b>	100%

The Plan's assets measured at fair value were determined using the following inputs at June 30, 2013

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents	\$ 78,447	\$ 12,219	\$ —	\$ 90,666
Equity securities				
Domestic equities – common stock	141,564	370	—	141,934
International equities – common stock	42,305	68,810	—	111,115
Fixed income				
Corporate debt securities	—	33,576	—	33,576
Government agencies and obligations (U S and foreign)	—	28,765	—	28,765
Other debt securities	180	12,105	—	12,285
Commingled and mutual funds	9	50,048	—	50,057
Real assets – commodities	9,470	5,478	—	14,948
Other	—	—	2,812	2,812
Hedge funds	—	—	146,018	146,018
Private equity	—	—	41,490	41,490
Real assets – limited partnerships	—	—	8,228	8,228
	<b>\$ 271,975</b>	<b>\$ 211,371</b>	<b>\$ 198,548</b>	<b>\$ 681,894</b>

## Mercy Health

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

#### **11. Employee Retirement Plans (continued)**

The following table is a rollforward of the pension plan assets classified within Level 3 of the valuation hierarchy

	<b>Hedge Funds</b>	<b>Private Equity</b>	<b>Real Assets –</b>		
			<b>Limited Partnerships</b>	<b>Other</b>	
Fair value at July 1, 2012	\$ 120,346	\$ 48,751	\$ 12,163	\$ 2,846	
Purchases, issuances, and settlements	11,111	(8,073)	(3,402)	–	
Actual return on plan assets	14,561	812	(533)	(34)	
Transfers in and/or out of Level 3	–	–	–	–	
Fair value at June 30, 2013	<u>\$ 146,018</u>	<u>\$ 41,490</u>	<u>\$ 8,228</u>	<u>\$ 2,812</u>	

The Plan's assets measured at fair value were determined using the following inputs at June 30, 2012

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Assets</b>				
Cash and cash equivalents	\$ 45,966	\$ 12,304	\$ –	\$ 58,270
Equity securities				
Domestic equities – common stock	126,524	–	–	126,524
International equities – common stock	41,353	68,922	–	110,275
Fixed income				
Corporate debt securities	–	36,332	–	36,332
Government agencies and obligations (U S and foreign)	–	46,131	–	46,131
Other debt securities	346	2,734	–	3,080
Commingled and mutual funds	20,657	50,428	–	71,085
Real assets – commodities	12,652	6,194	–	18,846
Other	–	–	2,846	2,846
Hedge funds	–	–	120,346	120,346
Private equity	–	–	48,751	48,751
Real assets – limited partnerships	–	–	12,163	12,163
	<u>\$ 247,498</u>	<u>\$ 223,045</u>	<u>\$ 184,106</u>	<u>\$ 654,649</u>

## Mercy Health

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

#### **11. Employee Retirement Plans (continued)**

The following table is a rollforward of the pension plan assets classified within Level 3 of the valuation hierarchy

	<b>Hedge Funds</b>	<b>Private Equity</b>	<b>Real Assets –</b>	
			<b>Limited Partnerships</b>	<b>Other</b>
Fair value at July 1, 2011	\$ 130,032	\$ 43,024	\$ 14,165	\$ 2,882
Purchases, issuances, and settlements	(7,677)	2,560	(296)	–
Actual return on plan assets	(2,009)	3,167	(1,706)	(36)
Transfers in and/or out of Level 3	–	–	–	–
Fair value at June 30, 2012	<u>\$ 120,346</u>	<u>\$ 48,751</u>	<u>\$ 12,163</u>	<u>\$ 2,846</u>

Fair value methodologies for Level 1 and Level 2 assets are consistent with the inputs described in Note 6. Level 3 securities, which consist of alternative investments (principally limited partnership interests in hedge funds and private equity funds) and a guaranteed investment contract, represent the Plan's ownership interest in the net asset value (NAV) of the respective partnership.

Management opted to use the NAV per share, or its equivalent, as a practical expedient for fair value of the Plan's interest in hedge funds and private equity funds. Valuations provided by the respective fund's management include variables such as the financial performance of underlying investments, recent sales prices of underlying investments, and other pertinent information. In addition, actual market exchanges at period-end provide additional observable market inputs of the exit price. The majority of these funds have restrictions on the timing of withdrawals, which may reduce liquidity, in some cases for up to 24 months in the case of hedge funds and up to 10 years for private equity funds. At June 30, 2013, the Plan has commitments to fund \$32.6 million in these investments.

## Mercy Health

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

#### **11. Employee Retirement Plans (continued)**

The Plan employs investment managers to invest fund balances in a structured portfolio of equity, fixed income, and alternative investments (which includes hedge funds, private equity, and real assets) The Plan retains outside consultants to support the overall asset allocation and manager selection process The Plan's current investment policy was updated and approved in fiscal 2012 The performance of all managers is reviewed to test that market performance has been calculated accurately, to monitor performance versus peers and benchmarking, and to evaluate portfolio structure considering current and future needs based on economic forecasts and actuarial projections The Health System believes that a diversified portfolio will limit the degree of risk to the Plan and stabilize the long-term results The Plan's diversified blend of marketable securities also takes into consideration the cash flow requirements of the Plan to help ensure the ability to meet the monthly payout of benefits required Projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category

The Health System expects to contribute at least \$3 0 million to the Plan during fiscal 2014

The following benefit payments, which reflect expected future service, are expected to be paid by the Plan

	<u>Amount</u>
Year Ending June 30	
2014	\$ 71,600
2015	77,800
2016	74,800
2017	79,500
2018	70,600
2019 through 2023	<u>368,700</u>
	<u><u>\$ 743,000</u></u>

## Mercy Health

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

#### **11. Employee Retirement Plans (continued)**

The Health System has a defined-contribution 401(k) plan and a 403(b) plan for the benefit of substantially all employees. Participant contributions to the plans are subject to IRS limitations. The 401(k) plan has always included an employer-provided match contribution. Effective July 1, 2011, the 401(k) plan was amended to enhance the match contribution and add a non-matching service contribution to replace the pay credit previously earned under the defined benefit plan. The 403(b) plan allows participant contributions, and amounts contributed to the plan are eligible for a match contribution and service contribution under the provisions of the 401(k) plan.

The match contribution is equal to 50% of the first 4% of the participant's compensation contributed and 25% of the next 2% of the participant's compensation contributed. The service contribution is equal to compensation multiplied by a percentage of pay based on years of service (1%–9% for employees hired prior to July 1, 2011, and 1%–4% for those hired on July 1, 2011 or later). In order to earn a match contribution or service contribution, an employee must work at a rate of 1,000 hours during the year. Employees become vested in both match and service contributions upon the completion of three years of vesting service.

For the years ended June 30, 2013 and 2012, the total expenses incurred related to the 401(k) and 403(b) plans were \$89.6 million and \$79.4 million, respectively.

#### **12. Long-Term Obligations**

The following is a summary of long-term obligations:

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
Revenue bonds, fixed interest rates of 3.0–5.0% due 2014 through 2042	\$ 260,742	\$ 6,500
Revenue bonds, variable interest rates with weighted-average interest rates of 0.60% and 0.50% in fiscal 2013 and 2012, respectively, due through June 2039	728,475	742,075
Other notes, mortgage notes, and capital lease obligations	102,060	82,847
	1,091,277	831,422
Less current maturities of long-term obligations	(20,366)	(21,218)
Long-term obligations, less current maturities	<b>\$ 1,070,911</b>	\$ 810,204

## Mercy Health

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

#### **12. Long-Term Obligations (continued)**

Certain of Mercy's subsidiaries have executed a commitment agreement governing certain borrowing arrangements under the Mercy Master Trust Indenture and related agreements (Financing Agreements) While only the revenues of Mercy collateralize the outstanding borrowings of the Health System, each of these subsidiaries has committed to transfer such assets to Mercy to pay the amounts due on borrowings when they come due The Financing Agreements contain certain restrictive covenants, including debt service coverage and liquidity ratios At June 30, 2013, Mercy was in compliance with all covenants

Tax-exempt revenue bonds have been issued by various issuing authorities, the proceeds of which were used by Mercy primarily to finance capital projects and to refinance existing indebtedness of certain subsidiaries

Mercy has auction-rate securities aggregating to \$378.3 million The interest rate is set through a weekly auction process among bond investors Starting in fiscal 2008, due to the market-wide financial crisis, institutional buyers and investment banks opted not to participate in the market for securities of this type, causing a failure of the auction process and resulting in the bonds resetting to a maximum rate predefined in the bond agreement based on the higher of the current LIBOR or commercial paper index adjusted for the current rating and current tax rate plus a fixed spread

In November 2011, \$376.4 million of variable rate tax-exempt health facility revenue bonds were issued by the Health and Educational Facilities Authority of the State of Missouri on behalf of Mercy under the Master Trust Indenture The proceeds of these bonds were used to refund the Series 2008 variable rate demand bonds aggregating \$376.4 million These bonds were directly purchased by four banks and mature at various dates between June 1, 2012 and June 1, 2039 Interest is paid monthly at a borrowing rate based on a percentage of one-month LIBOR plus an applicable spread The bonds include a mandatory put by the purchasing banks in November 2016 and November 2018 Mercy may elect to renegotiate with the initial purchasers, remarket or redeem the bonds

## Mercy Health

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

#### **12. Long-Term Obligations (continued)**

In December 2012, \$250 0 million of fixed rate tax-exempt health facility revenue bonds were issued by the Health and Educational Facilities Authority of the State of Missouri on behalf of Mercy under the Master Trust Indenture. The proceeds of these bonds were used to finance all or a portion of several capital projects, including a portion of the new hospital in Joplin, Missouri. The bonds have various maturities between November 15, 2019 and November 15, 2042. Coupon rates were set at 3-4% with yields to maturity ranging from 1 75-3 86%. Most of the bonds were sold at a premium to institutional and retail investors. The net premium paid to the Health System totaled \$7 1 million. Issuance costs totaled \$2 6 million. The bonds pay interest on May 15 and November 15 of each year, commencing May 15, 2013.

Other notes payable, mortgage notes payable, and capital lease obligations are secured by certain property and equipment of the specific borrowers.

In July 2012, as part of an acquisition, the Health System assumed a \$21 9 million fixed-rate commercial real estate loan. Interest is paid monthly at an annual rate of 7 25% and the debt matures on December 31, 2014.

Aggregate maturities of long-term obligations as scheduled at June 30, 2013, are as follows:

	<u>Amount</u>
Year Ending June 30	
2014	\$ 20,366
2015	39,548
2016	15,403
2017	8,737
2018	9,064
Thereafter	<u>998,159</u>
	<u><u>\$ 1,091,277</u></u>

Mercy has \$100 0 million of unused 364-day lines of credit with three banks. Agreements terminate on December 11, 2013, however, the Health System anticipates renewal of the agreements. There were no borrowings outstanding under these lines of credit as of June 30, 2013.

## Mercy Health

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

#### **13. Derivatives**

The Health System has interest rate-related derivative instruments to manage its interest rate exposure on its variable-rate debt instruments and does not enter into derivative instruments for any purpose other than risk management. Interest rate swap contracts between the Health System and a third party (counterparty) provide for the periodic exchange of payments between the parties based on changes in a defined index and a fixed rate. These agreements expose the Health System to market risk and credit risk. Credit risk is the risk that contractual obligations of the counterparties will not be fulfilled. Concentrations of credit risk relate to groups of counterparties that have similar economic or industry characteristics that would cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. Counterparty credit risk is managed by requiring high credit standards for the Health System's counterparties. The Health System will enter into transactions where the counterparty rating is high enough to maintain the rating on Health System bonds. The interest rate swap contracts contain collateral provisions applicable to both parties to mitigate credit risk. The Health System does not anticipate nonperformance by its counterparties. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken. Management also mitigates risk through periodic reviews of the Health System's derivative positions in the context of its blended cost of capital.

Effective December 4, 2012, the Health System terminated two constant maturity basis swap transactions with a total notional amount of \$250 million, resulting in a net payment to the Health System of \$4.7 million.

## Mercy Health

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

#### **13. Derivatives (continued)**

The following is a summary of the outstanding positions under these interest rate swap agreements

Interest Rate Swap Type	Expiration Date	Health System Pays	Health System Receives	Notional Value June 30, 2013	Notional Value June 30, 2012
Fixed payor	June 2, 2031	3.36% – 3.751%	70% of one-month LIBOR	\$ 252,200	\$ 252,200
Fixed payor	June 2, 2031	3.848% – 3.856%	70% of one-month LIBOR	50,000	50,000
Fixed payor	June 1, 2016	3.94%	67% of one-month LIBOR	20,750	29,050
Constant maturity <sup>1</sup>	June 2, 2031	USD-BMA Municipal Swap	89% of 10-year SIFMA Index	–	125,000
Constant maturity <sup>1</sup>	January 1, 2016	89% of 10-year SIFMA Swap Rate	USD-BMA Municipal Swap Index	–	125,000

<sup>1</sup> Terminated December 4, 2012

The fair value of derivative instruments is as follows

Derivatives Not Designated as Hedging Instruments	Balance Sheet Location	June 30	
		2013	2012
Interest rate swap agreements	Other assets	\$ –	\$ 9,441
Interest rate swap agreements	Other liabilities	53,845	86,636

The effects of derivative instruments on the consolidated statements of operations and changes in net assets for the years ended June 30, 2013 and 2012, are reflected in realized and unrealized gains (losses) on interest rate swaps in the consolidated statements of operations

## Mercy Health

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

#### **14. Operating Leases**

Rent expense for the years ended June 30, 2013 and 2012, totaled \$70.2 million and \$66.9 million, respectively

Future minimum rental payments under noncancelable operating leases as of June 30, 2013, that have initial or remaining terms in excess of one year are as follows

Year Ending June 30	<u>Amount</u>
2014	\$ 45,065
2015	37,639
2016	34,794
2017	32,660
2018	27,424
Thereafter	<u>104,800</u>
	<u><u>\$ 282,382</u></u>

Effective August 1, 2013, rent commenced on an operating lease for an orthopedic hospital at one of Mercy's subsidiaries. Future minimum rental payments under the lease agreement are approximately \$9.0 million per year over the initial lease term

#### **15. Commitments and Contingencies**

##### **Regulatory Compliance**

The U.S. Department of Justice and other federal agencies are increasing resources dedicated to regulatory investigations and compliance audits of health care providers. The Health System is not exempt from these regulatory efforts and has received correspondence from federal agencies with regard to such initiatives. In consultation with legal counsel, management estimates these matters will be resolved without a material adverse effect on the Health System's consolidated financial position or results of operations.

# Mercy Health

## Notes to Consolidated Financial Statements (continued) *(Tables in Thousands)*

### **15. Commitments and Contingencies (continued)**

#### **Litigation**

The Health System is involved in litigation arising in the normal course of business. After consultation with legal counsel, it is management's opinion that these matters will be resolved without a material adverse effect on the Health System's consolidated financial position or results of operations.

### **16. Subsequent Events**

The Health System evaluated events and transactions occurring subsequent to June 30, 2013, through September 25, 2013, the date the consolidated financial statements were issued. During this period, there were no subsequent events that required recognition in the consolidated financial statements.

On July 1, 2013, a subsidiary of the Health System executed an agreement to lease a hospital and recorded a capital lease obligation of \$42.2 million.

## Supplementary Information

# Mercy Health

## Consolidating Balance Sheet (In Thousands)

June 30, 2013

	<b>Fort Smith</b>	<b>Hot Springs</b>	<b>Rogers</b>	<b>Joplin</b>	<b>Kansas</b>	<b>Carthage</b>
<b>Assets</b>						
Current assets						
Cash and cash equivalents	\$ 10,905	\$ (32,116)	\$ (6,376)	\$ 201,077	\$ 18,514	\$ (1,204)
Accounts receivable, net	35,330	29,898	29,249	19,794	6,818	12,790
Inventories	5,477	4,601	4,374	4,655	1,816	1,331
Short-term investments	—	—	—	—	—	—
Other current assets	(4,350)	(9,548)	(7,545)	(11,023)	(1,596)	(4,561)
Total current assets	47,362	(7,165)	19,702	214,503	25,552	8,356
Investments	2,272	357	8,748	220	1,226	(22)
Property and equipment, net	160,645	106,576	134,572	221,910	40,613	40,897
Other assets	22,753	9,980	2,983	1,603	(520)	—
Total assets	<b>\$ 233,032</b>	<b>\$ 109,748</b>	<b>\$ 166,005</b>	<b>\$ 438,236</b>	<b>\$ 66,871</b>	<b>\$ 49,231</b>
<b>Liabilities and net assets</b>						
Current liabilities						
Current maturities of long-term obligations	\$ 360	\$ 460	\$ 146	\$ —	\$ —	\$ 748
Accounts payable	4,853	5,057	8,884	29,677	2,491	1,587
Accrued payroll and related liabilities	10,930	10,443	7,938	8,502	3,891	1,231
Accrued liabilities and other	4,707	627	3,266	1,883	2,014	(5,735)
Total current liabilities	20,850	16,587	20,234	40,062	8,396	(2,169)
Insurance reserves and other liabilities	3,109	1,795	1	31	477	—
Pension liabilities	—	—	—	—	—	—
Long-term obligations, less current maturities	6,993	7,125	158	—	—	42,522
Total liabilities	<b>\$ 30,952</b>	<b>\$ 25,507</b>	<b>\$ 20,393</b>	<b>\$ 40,093</b>	<b>\$ 8,873</b>	<b>\$ 40,353</b>
Net assets						
Unrestricted	200,763	83,697	138,836	391,036	57,808	8,628
Restricted	1,317	544	6,776	7,107	190	250
Total net assets	<b>\$ 202,080</b>	<b>\$ 84,241</b>	<b>\$ 145,612</b>	<b>\$ 398,143</b>	<b>\$ 57,998</b>	<b>\$ 8,878</b>
Total liabilities and net assets	<b>\$ 233,032</b>	<b>\$ 109,748</b>	<b>\$ 166,005</b>	<b>\$ 438,236</b>	<b>\$ 66,871</b>	<b>\$ 49,231</b>

	<b>St. Louis</b>	<b>Springfield</b>	<b>Oklahoma</b>	<b>MML</b>	<b>Mercy</b>	<b>Eliminations</b>	<b>Total</b>
\$	63,322	\$ 13,902	\$ 74,534	\$ 480	\$ (5,632)	\$ -	\$ 337,406
	201,011	181,800	92,526	-	144	-	609,360
	21,908	28,907	10,298	-	13,122	-	96,489
	-	-	-	-	27,465	-	27,465
	18,156	13,463	(9,860)	338	395,730	(99,598)	279,606
	304,397	238,072	167,498	818	430,829	(99,598)	1,350,326
	25,657	27,609	6,390	26,229	1,384,267	-	1,482,953
	765,354	490,853	210,248	2,717	374,885	-	2,549,270
	158,130	125,025	52,573	1	91,955	-	464,483
\$	1,253,538	\$ 881,559	\$ 436,709	\$ 29,765	\$ 2,281,936	\$ (99,598)	\$ 5,847,032
\$	3,281	\$ 207	\$ 527	\$ -	\$ 14,637	\$ -	\$ 20,366
	68,638	65,860	14,757	294	35,582	(84,388)	153,292
	100,197	80,310	31,202	-	107,211	(15,210)	346,645
	13,401	48,799	1,680	144	203,910	-	274,696
	185,517	195,176	48,166	438	361,340	(99,598)	794,999
	27,430	76,694	2,239	334	281,079	-	393,189
	-	-	-	-	313,121	-	313,121
	49,125	500	1,888	-	962,600	-	1,070,911
	262,072	272,370	52,293	772	1,918,140	(99,598)	2,572,220
	968,574	576,806	378,583	28,813	363,387	-	3,196,931
	22,892	32,383	5,833	180	409	-	77,881
	991,466	609,189	384,416	28,993	363,796	-	3,274,812
\$	1,253,538	\$ 881,559	\$ 436,709	\$ 29,765	\$ 2,281,936	\$ (99,598)	\$ 5,847,032

# Mercy Health

## Consolidating Statement of Operations (In Thousands)

Year Ended June 30, 2013

	Fort Smith	Hot Springs	Rogers	Joplin	Kansas	Carthage
Operating revenues						
Patient service revenues						
(net of contractuals and discounts)	\$ 277,412	\$ 259,475	\$ 240,738	\$ —	\$ 72,732	\$ 67,386
Provision for uncollectible receivables	(31,479)	(26,602)	(19,694)	—	(6,343)	(6,041)
Net patient service revenues	245,933	232,873	221,044	—	66,389	61,345
Capitation revenues	—	—	—	—	—	—
Other operating revenues	8,914	4,283	5,318	—	5,202	534
Total operating revenues	254,847	237,156	226,362	—	71,591	61,879
Operating expenses						
Salaries and benefits	150,015	138,309	116,214	—	41,381	23,228
Supplies and other	112,402	100,307	94,636	—	28,068	34,387
Medical claims expense	—	—	—	—	—	—
Interest	573	573	29	—	1	2,556
Depreciation and amortization	13,115	12,978	12,332	—	3,757	3,637
Total operating expenses	276,105	252,167	223,211	—	73,207	63,808
Operating (loss) income before Joplin operations and related insurance recovery	(21,258)	(15,011)	3,151	—	(1,616)	(1,929)
Joplin insurance proceeds	—	—	—	230,174	—	—
Joplin operating revenues	—	—	—	155,848	—	—
Joplin operating expenses	—	—	—	(223,291)	—	—
Total operating (loss) income	(21,258)	(15,011)	3,151	162,731	(1,616)	(1,929)
Nonoperating gains (losses)						
Investment returns, net	1,116	201	602	119	46	(1)
Realized and unrealized gains on interest rate swaps	—	—	—	—	—	—
Other, net	(2,627)	(4,409)	2	66	(152)	—
Total nonoperating (losses) gains, net	(1,511)	(4,208)	604	185	(106)	(1)
(Deficit) excess of revenues over expenses	(22,769)	(19,219)	3,755	162,916	(1,722)	(1,930)
Other changes in unrestricted net assets						
Transfers from (to) Mercy, net	—	—	—	49	—	—
Pension liability adjustments	—	—	—	—	—	—
Net assets released from restrictions for property acquisitions	—	—	—	—	195	—
Other	1	45	—	124	125	(306)
Increase (decrease) in unrestricted net assets	\$ (22,768)	\$ (19,174)	\$ 3,755	\$ 163,089	\$ (1,402)	\$ (2,236)

	<b>St. Louis</b>	<b>Springfield</b>	<b>Oklahoma</b>	<b>MML</b>	<b>Mercy</b>	<b>Eliminations</b>	<b>Total</b>
\$	1,319,533	\$ 1,420,495	\$ 691,446	\$ 319	\$ 715	\$ (142,317)	\$ 4,207,934
	(67,136)	(120,043)	(56,183)	—	54	—	(333,467)
1,252,397	1,300,452	635,263	319	769	(142,317)	3,874,467	
30,646	232,961	—	—	—	—	263,607	
47,227	87,172	42,126	2,533	616,028	(576,526)	242,811	
1,330,270	1,620,585	677,389	2,852	616,797	(718,843)	4,380,885	
727,507	796,696	336,773	2,585	340,156	(142,317)	2,530,547	
495,748	578,721	278,477	1,559	201,619	(576,526)	1,349,398	
119	110,629	—	—	—	—	110,748	
3,896	10	12	—	5,326	—	12,976	
71,952	55,928	25,638	186	87,003	—	286,526	
1,299,222	1,541,984	640,900	4,330	634,104	(718,843)	4,290,195	
31,048	78,601	36,489	(1,478)	(17,307)	—	90,690	
—	—	—	—	—	—	230,174	
—	—	—	—	—	—	155,848	
—	—	—	—	—	—	(223,291)	
31,048	78,601	36,489	(1,478)	(17,307)	—	253,421	
2,171	(64)	415	2,776	150,275	—	157,656	
—	—	—	—	16,353	—	16,353	
(2,816)	30	(102)	—	(2,669)	—	(12,677)	
(645)	(34)	313	2,776	163,959	—	161,332	
30,403	78,567	36,802	1,298	146,652	—	414,753	
288,638	(11,732)	(1,298)	—	(275,657)	—	—	
—	—	—	—	45,427	—	45,427	
1,560	—	4,477	6	—	—	6,238	
(27)	3,012	2,263	(1)	471	—	5,707	
\$ 320,574	\$ 69,847	\$ 42,244	\$ 1,303	\$ (83,107)	\$ —	\$ 472,125	

**Mercy Health**  
**Consolidating Statement of Changes in Net Assets**

**Year Ended June 30, 2013**  
*(In Thousands)*

	<b>Fort Smith</b>	<b>Hot Springs</b>	<b>Rogers</b>	<b>Joplin</b>	<b>Kansas</b>	<b>Carthage</b>
Increase (decrease) in unrestricted net assets	\$ (22,768)	\$ (19,174)	\$ 3,755	\$ 163,089	\$ (1,402)	\$ (2,236)
Restricted net assets						
Pledges, bequests, and gifts for specific purposes	504	(14)	1,104	3,871	2	250
Investment returns, net	—	19	—	—	—	—
Net assets released from restrictions	(951)	(323)	(237)	(507)	(206)	—
Other	—	5	—	709	—	—
Increase (decrease) in restricted net assets	<u>(447)</u>	<u>(313)</u>	<u>867</u>	<u>4,073</u>	<u>(204)</u>	<u>250</u>
Change in net assets	(23,215)	(19,487)	4,622	167,162	(1,606)	(1,986)
Net assets at beginning of year	225,295	103,728	140,990	230,981	59,604	10,864
Net assets at end of year	<u>\$ 202,080</u>	<u>\$ 84,241</u>	<u>\$ 145,612</u>	<u>\$ 398,143</u>	<u>\$ 57,998</u>	<u>\$ 8,878</u>

	<b>St. Louis</b>	<b>Springfield</b>	<b>Oklahoma</b>	<b>MML</b>	<b>Mercy</b>	<b>Eliminations</b>	<b>Total</b>
\$	320,574	\$ 69,847	\$ 42,244	\$ 1,303	\$ (83,107)	\$ -	\$ 472,125
	5,396	4,661	3,396	1,109	45	-	20,324
	1,902	1,976	1	-	-	-	3,898
	(6,774)	(1,983)	(5,541)	(1,094)	(90)	-	(17,706)
	186	(74)	-		(716)	-	110
	710	4,580	(2,144)	15	(761)	-	6,626
	321,284	74,427	40,100	1,318	(83,868)	-	478,751
	670,182	534,762	344,316	27,675	447,664	-	2,796,061
\$	991,466	\$ 609,189	\$ 384,416	\$ 28,993	\$ 363,796	\$ -	\$ 3,274,812

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