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Part IIISTatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

Mercy Iowa City ("Mercy") heals and comforts the sick and works to improve the health of the community in the spirit of Jesus Christ and the Catholic tradition of the Sisters of Mercy

2

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

Yes

No

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

3

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

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 99,358,414 including grants of \$ ) (Revenue \$ 144,515,959 )

Hospital Services In keeping with our mission of healing and comforting the sick, providing hospital medical services is at the heart of what we do These services are provided in inpatient and outpatient settings in situations that may be emergent, acute, or chronic Services include a 24-hour emergency unit, intensive care, cardiovascular care and the services of a cardiac cath lab, maternity unit and newborn nursery, surgical services, cancer care, orthopedic care, digestive care, telemetry monitored care, medical care, stroke care, behavioral health care, skilled nursing, and hospice care

4b

(Code ) (Expenses \$ 812,505 including grants of \$ ) (Revenue \$ 233,352 )

Education The ongoing education of Mercy staff members is critical in the fast-changing field of health care and is necessary to meet regulation and certification Mercy hosts a number of professional continuing education conferences each year, attended by its own staff as well as staff from other institutions In addition, Mercy provides a setting for many students who are considering or pursuing health care careers For high school students, a health careers class gives students insight into possible careers and options, it also prepares students for the certified nursing assistant exam Mercy works with students from health education programs that include the University of Iowa, Kirkwood Community College, and other local colleges, offering such options as a paid summer nursing internship program, a lab student rotation opportunity, and job shadow opportunities The support and education of future health care providers is critical not only for Mercy but for the entire community Mercy also hosts free community education seminars for the public

4c

(Code ) (Expenses \$ 4,205,482 including grants of \$ 71,237 ) (Revenue \$ )

Community Benefit Mercy's community benefits take many forms, beginning with traditional charity care of \$1.7 million, and the unpaid cost of Medicaid (\$2.2 million) Other examples are varied, they include cash donations to community non-for-profits such as the Free Medical Clinic, free meeting space to valued community organizations, leadership time and skills that further the work of community non-for-profits, first aid booths provided at public events These efforts are detailed in Mercy's community benefit report, prepared annually As a trusted, longtime member of the community, Mercy plays an important role not only in furthering community health but the general community good

4d

Other program services (Describe in Schedule O )

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





















4e

Total program service expenses

104,376,401

Form 990 (2013)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	53	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,252
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).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	8a	Yes
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	No
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Jean Berge 500 East Market Street Iowa City, IA 52245 (319) 339-3238

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark Phillips	1 00	X						0	0	0
Chair	1 00									
(2) Tim Krumm	1 00	X						0	0	0
Vice Chair	1 00									
(3) Scott Fisher	1 00	X						0	0	0
Secretary	0 00									
(4) Robert Beckman MD	1 00	X						0	0	0
Board Member	1 00									
(5) SR Helen Mane Burns 1029 - 630	1 00	X						0	0	0
Board Member	0 00									
(6) Mark Danielson	1 00	X						0	0	0
Board Member	1 00									
(7) Geraldine Felton 71 - 1029	1 00	X						0	0	0
Board Member	0 00									
(8) SR Sharon Kerrigan 71 - 1029	1 00	X						0	0	0
Board Member	0 00									
(9) Chuck McComas	1 00	X						0	0	0
Board Member	0 00									
(10) Tom McLaughlin	1 00	X						0	0	0
Board Member	0 00									
(11) SR Patricia Murphy	1 00	X						0	0	0
Board Member	0 00									
(12) Cyndie Schmeiser 71 - 1029	1 00	X						0	0	0
Board Member	0 00									
(13) SR Margaret Wright	1 00	X						0	0	0
Board Member	0 00									
(14) Ronald R Reed	40 00	X		X				493,170	0	74,413
President (CEO) & Administrator	2 00									
(15) Jean M Berge	40 00			X				159,977	0	42,721
Assistant Treasurer	1 00									
(16) Michael G Heinrich	40 00			X				308,965	0	54,311
Treasurer	2 00									
(17) Cindy Penney	40 00			X				189,136	0	29,879
Vice President	0 00									



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	3,866,179	0	384,393

\$100,000 of reportable compensation from the organization▶79

<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		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
Rohrbach Associates PC 325 E Washington Iowa City IA 52244	Engineering/Architecture	506,206
Cross Medical Laboratories 2406 Towncrest Drive Iowa City IA 52244	Laboratory Services	372,079
Iowa City Heart Center PC 540 E Jefferson Street Suite 303 Iowa City IA 52244	Physician Office	214,520
Phelan Tucker Mullen Walker Tucker & Gel Box 2150 Iowa City IA 52244	Legal Services	187,716
Maquet Medical Systems 3615 Solutions Center Chicago IL 606773006	Medical Equipment Supplier	145,329

\$100,000 of compensation from the organization ➡ 8

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d	556,006		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .		556,006		
Program Service Revenue	2a	Patient Serv Revenue	Business Code			
			621400	81,885,666	81,885,666	
	b	Medicare/Medicaid	621400	51,229,667	51,229,667	
	c	ASC Income	900099	3,642,468	3,642,468	
	d	Lab Outreach	621511	3,424,145	3,424,145	
	e	Program Relat Revenue	621400	673,719	673,719	
	f	All other program service revenue		735,252	735,252	
	g	Total. Add lines 2a-2f . . . . .		141,590,917		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,380,047		3,380,047
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents	(i) Real	(ii) Personal		
			1,865,161			
	b	Less rental expenses		1,571,520		
	c	Rental income or (loss)		293,641		
	d	Net rental income or (loss) . . . . .		293,641		293,641
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			51,277,499	22,546,299		
	b	Less cost or other basis and sales expenses		44,058,318	4,148,197	
	c	Gain or (loss)		7,219,181	18,398,102	
	d	Net gain or (loss) . . . . .		25,617,283		25,617,283
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
			b			
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
			b			
	b	Less direct expenses . . . . .				
c	Net income or (loss) from gaming activities . . . . .					
10a	Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code				
11a	Meaningful Use	900099	2,891,452	2,891,452		
b	Cafeteria Income	722210	705,112		705,112	
c	Access	621400	33,761	33,761		
d	All other revenue . . . . .		243,211	233,181	10,030	
e	Total. Add lines 11a-11d . . . . .		3,873,536			
12	Total revenue. See Instructions . . . . .		175,311,430	141,325,166	3,424,145	30,006,113

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	50,752	50,752		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	20,485	20,485		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,288,189	564,542	723,647	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	57,164,391	42,778,046	14,386,345	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,540,898	3,367,076	1,173,822	
9	Other employee benefits.	8,068,540	5,982,822	2,085,718	
10	Payroll taxes.	4,107,093	3,045,409	1,061,684	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	182,252		182,252	
c	Accounting.	159,675		159,675	
d	Lobbying.	27,151		27,151	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,974,946	4,472,133	1,502,813	
12	Advertising and promotion.	526,508	808	525,700	
13	Office expenses.	11,882,390	7,468,179	4,414,211	
14	Information technology.	4,033,658	523,601	3,510,057	
15	Royalties.				
16	Occupancy.	2,673,595	76,160	2,597,435	
17	Travel.	334,528	233,748	100,780	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	2,903,643	2,058,464	845,179	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	11,927,506	9,709,388	2,218,118	
23	Insurance.	1,142,995		1,142,995	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Medical Supplies	14,562,713	14,559,106	3,607	
b	Bad Debt Expense	3,256,157	3,256,157		
c	Pharmacy Supplies	2,942,956	2,942,956		
d	Food Expense	1,167,697	1,167,697		
e	All other expenses	5,130,500	2,098,872	3,031,628	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	144,069,218	104,376,401	39,692,817	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,431,902	1	9,417,152
	2	Savings and temporary cash investments		1,018,860	2	3,130,700
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		22,091,963	4	25,571,518
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		67,406	5	73,963
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,720,126	8	4,507,969
	9	Prepaid expenses and deferred charges		2,276,342	9	4,397,784
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a256,585,495			
	b	Less accumulated depreciation	10b164,057,396	92,679,445	10c	92,528,099
	11	Investments—publicly traded securities		136,760,752	11	136,598,047
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		3,251,096	13	23,693,233
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,749,970	15	18,326,408
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		287,047,862	16	318,244,873
Liabilities	17	Accounts payable and accrued expenses		14,033,630	17	16,082,330
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		79,980,952	20	77,931,079
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		509,996	23	317,634
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		49,283,119	25	49,870,505
	26	<b>Total liabilities.</b> Add lines 17 through 25		143,807,697	26	144,201,548
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		143,240,165	27	174,043,325
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances</b>		143,240,165	33	174,043,325
	34	<b>Total liabilities and net assets/fund balances</b>		287,047,862	34	318,244,873

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	175,311,430
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	144,069,218
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	31,242,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	143,240,165
5	Net unrealized gains (losses) on investments . . . . .	5	5,000,639
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	-5,439,691
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	174,043,325

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Mercy Hospital Iowa City Iowa	Employer identification number 42-0680391
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Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	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
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> 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? <b>(ii)</b> A family member of a person described in (i) above? <b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

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

Part II

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

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

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

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

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

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

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

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

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



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

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public  
Inspection

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

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

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

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

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

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

Name of the organization Mercy Hospital Iowa City Iowa	Employer identification number  42-0680391
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

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

Part II-A

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

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

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

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

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

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		27,151
j	Total. Add lines 1c through 1i.			27,151
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Mercy Hospital, Iowa City, Iowa is a member of the Iowa Hospital Association (IHA) and American Hospital Association (AHA). A percentage of membership dues paid to IHA and AHA relate to lobbying activities.

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Mercy Hospital Iowa City Iowa	Employer identification number  42-0680391
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Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

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

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	14,220,862	12,544,119	12,951,892	10,653,690	9,665,745
b Contributions	324,729	779,016	165,736	451,005	140,749
c Net investment earnings, gains, and losses	1,990,532	1,391,252	-117,757	2,031,685	1,003,105
d Grants or scholarships	498,800	493,525	455,752	184,488	155,909
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	16,037,323	14,220,862	12,544,119	12,951,892	10,653,690

- 2

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

a

Board designated or quasi-endowment

56 000 %

b

Permanent endowment

28 000 %

c

Temporarily restricted endowment

16 000 %

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

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐
- 4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,234,374		6,234,374
b Buildings		130,342,019	82,980,064	47,361,955
c Leasehold improvements		614,409	574,584	39,825
d Equipment		73,449,583	54,203,017	19,246,566
e Other		45,945,110	26,299,731	19,645,379
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				92,528,099





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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Part V, Line 4	All Restricted Endowed Funds are used for the benefit of Mercy Hospital Iowa City - capital equipment, employee grants, scholarships, etc
Part X, Line 2	As a result of the implementation of ASC 740, "As of June 30, 2014 and 2013, the Company recorded no liabilities for unrecognized tax benefits "

[illegible]

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Mercy Hospital Iowa City Iowa

Employer identification number  
42-0680391

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . .			1,783,758	0	1,783,758	1 270 %
b Medicaid (from Worksheet 3, column a) . . . . .			8,129,674	5,747,611	2,382,063	1 690 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .			62,550	22,889	39,661	0 030 %
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . .			9,975,982	5,770,500	4,205,482	2 990 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . .			359,938	9,830	350,108	0 250 %
f Health professions education (from Worksheet 5) . . . .			6,367	0	6,367	0 %
g Subsidized health services (from Worksheet 6) . . . .			2,748,332	1,725,334	1,022,998	0 730 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			129,314	0	129,314	0 090 %
j <b>Total</b> Other Benefits . . . .			3,243,951	1,735,164	1,508,787	1 070 %
k <b>Total</b> . Add lines 7d and 7j . .			13,219,933	7,505,664	5,714,269	4 060 %

	(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			9,286	0	9,286	0.010 %
3 Community support			6,037	0	6,037	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			15,323		15,323	0.010 %

Section A. Bad Debt Expense		Yes	No
<b>1</b>	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	No
<b>2</b>	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	<b>2</b>	1,089,836
<b>3</b>	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 . . . . .	<b>3</b>	0
<b>4</b>	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		
<b>Section B. Medicare</b>			
<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	38,432,314
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	52,517,872
<b>7</b>	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-14,085,558
<b>8</b>	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:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
<b>Section C. Collection Practices</b>			
<b>9a</b>	Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes
<b>b</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 . . . . .	<b>9b</b>	Yes

(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 1 Iowa City Ambulatory Surgery Center	Outpatient Surgery Center	51 000 %		49 000 %
2 2 Corridor Radiology	Outpatient Radiology Services	51 000 %		49 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

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

**Schedule H (Form 990) 2013**

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 Iowa City Iowa

Name of hospital facility or facility reporting group

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

1

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

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 00000000000000% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 00000000000000% If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input 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 checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☐ Notified individuals of the financial assistance policy on admission

**b** ☐ Notified individuals of the financial assistance policy prior to discharge

**c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

**d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

**e** ☒ Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<div><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</div> <div><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</div> <div><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</div> <div><b>d</b> <input type="checkbox"/> Other (describe in Part VI)</div>		

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

<b>20</b> 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		
<div><b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div> <div><b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div> <div><b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div> <div><b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)</div>		
<b>21</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No



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

[illegible]

Part V

Facility Information (continued)

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

How many non-hospital health care facilities did the organization operate during the tax year? **1**

Name and address		Type of Facility (describe)
<b>1</b>	Mercy Home Health Care 500 East Market Street Iowa City, IA 52245	Home Health & Private Duty Nursing
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Part I, Line 7	Amounts in the table were derived using a cost accounting system that addresses all patient segments. A cost to charge ratio derived from completing IRS worksheet 2 was used to determine the amounts in Part I, Line 7a, 7b, 7c, and 7g.

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	Bad debt expense of \$ 3,256,157 was subtracted for purposes of calculating the percentage in Schedule H, Part I, Line 7, column (f)

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>Economic development Mercy works with such groups as the Iowa City Area Chamber of Commerce and Iowa City Area Development Group to support the business community, welcome innovation to the area, and develop the workforce Community support Mercy has provided extensive support for more than 20 years to United Way of Johnson County Mercy holds its own United Way campaign with employees each autumn (typically raising more than \$100,000 each year) and provides much staff time and support to the local United Way organization Environmental improvements Mercy has been a good neighbor for its closest neighbors by maintaining its buildings and landscaping at a high level Mercy also pursues extensive recycling (including newspapers, magazines, office paper, plastics, batteries, cooking oil, construction materials, and more) and programs that reduce energy consumption Mercy regularly holds silent auctions open to employees to sell equipment that is no longer needed, rather than sending it into the trash stream Mercy has a Sustainability Committee to further and standardize these efforts Leadership development and training for community members Mercy lends support to the Iowa City Area Chamber of Commerce annual Community Leadership Program In this nine-month program, 24 members of the civic community receive an in-depth look at the workings of local government, public works, education system, health care, arts community, and more This program gives participants a better understanding and appreciation of the entire community and develops fellowship among members from diverse backgrounds and settings Coalition building Mercy is involved in many ways with local citizens and groups that are working to afford all members of our community a good quality of life and to improve the overall quality of life Beginning in January 2014, Mercy is providing the use of a small building on its campus to the Iowa City Blue Zones project group These four staff members from Blue Zones Project/Wellmark will work in Iowa City for 18 months to advance community health initiatives Mercy is a cosponsor of and provides leadership for the 22-year-old Johnson County Safe Kids Coalition, a grass-roots effort to reduce unintentional injuries to children from birth to age 14 Since its inception, the coalition has been active in promoting bike helmet use, bike safety, and safety education events Mercy is also involved with the local effort Honoring Your Wishes, whose mission is to promote and sustain a community-wide advanced care planning process The effort that resulted in Honoring Your Wishes began in December 2010 and Mercy has been involved since the beginning Community health improvement advocacy Healthy Kids Community Care is a school-based clinic that provides health care to children who have no other access to it Mercy made large cash donations over a period of five years to help launch this initiative and provided key leadership as the program developed Mercy has also provided financial support to the Free Medical Clinic, which saw more than 1,900 unique patients in almost 5,500 clinic visits in FY2014 Those who seek care of the Free Medical Clinic typically have no other access to health care services As noted under "Coalition Building," Mercy is also closely involved with the Blue Zones Project in Iowa City</p>

Form and Line Reference	Explanation
Part III, Line 2	The amount of bad debt expense reported on line 2 was derived from taking actual bad debt write-offs and applying the cost to charge ratio of 33.47 to that amount

Form and Line Reference	Explanation
Part III, Line 3	Mercy Hospital works with those qualifying for charity care along every step of the process. Every effort is made to work with the patient to provide financial assistance when appropriate. While there are people who do not cooperate with Mercy Hospital regarding payment plans, financial assistance or with those trying to get help from government programs. For individuals not providing necessary information it is impossible to know the reason for not cooperating and therefore know whether they will qualify for charity care. Mercy Hospital is unable to reasonably determine whether any amount of bad debt could have been classified as charity care if the individuals do not provide the necessary information to evaluate their situation to determine qualifications with the charity care policy.

Form and Line Reference	Explanation
Part III, Line 4	Mercy Hospital's Audited Financial Statements includes a footnote for the Provision of Uncollectible Accounts on page 12 of the Audited Financial Statements



Form and Line Reference	Explanation
Part III, Line 8	Mercy Hospital does not include Medicare shortfalls as part of its community benefit. Total revenue was determined using charges per the CMS Provider Statistical Reimbursement System reports for Fee Reimbursed Services for the fiscal year ended 6/30/14. Costs calculated using the Cost to Charge Ratio for the appropriate services from the submitted Medicare Cost Report form 2552-96 for the fiscal year ended 6/30/14.

Form and Line Reference	Explanation
Part III, Line 9b	Mercy Hospital has two policies related to debt collection. The Financial Assistance Policy provides guidelines for forgiving all or part of a patient's financial responsibility for healthcare services received at Mercy Hospital. Patients may be given a financial assistance application at the time of service, be offered financial assistance during the normal collection process or learn of the option on the Hospital website. All patients with no insurance are offered financial assistance via billing statements & follow up telephone calls. Any patient that is known to qualify for financial assistance is provided assistance. The payment plan policy enables those who qualify for partial financial assistance to establish payment plans of the remaining balance of their bill.

Form and Line Reference	Explanation
Part VI, Line 2	The most recent community health needs assessment was conducted in Fall 2012. The organization engaged Professional Research Consultants to conduct the assessment. The community health survey is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the communities the organization serves. The survey instrument used for the assessment is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues.

Form and Line Reference	Explanation
Part VI, Line 3	Evaluation for Medicaid, disability, and other types of coverage is provided for uninsured patients for inpatient stays as well as high dollar outpatient services. The evaluation is conducted during the children called hawk-1. Information about hawk-1 is provided at registration points.

Form and Line Reference	Explanation
Part VI, Line 4	Mercy Hospital is located in the community of Iowa City, Iowa, in Johnson County in the east central part of the state. The county's population in 2013 was approximately 139,000. From 2000 to 2008 Johnson County experienced strong population growth of 15.4 percent, compared to 2.6 percent for the entire state. Mercy Hospital serves 10 counties in southeast Iowa, with the primary service area being Johnson County. The secondary service area includes Cedar, Iowa, Muscatine and Washington counties. The tertiary service area includes Henry, Jefferson, Keokuk, Lee and Louisa counties. The population of the service area is approximately 330,000. Iowa City is home to the University of Iowa, which has an enrollment of approximately 31,000 for the 2014-2015 academic year. Johnson County is well-educated, of individuals 25 and older, 95.3 percent are high school graduates and 50.6 percent hold a bachelor's degree or higher. The University of Iowa also provides the foundation for an economy that has particular strengths in education, health care, services, technology, agribusiness, and manufacturing. According to the U.S. Census Bureau, 17.6 percent of the Johnson County population lived below the poverty line between 2008 and 2012, compared to 12.2 percent for the entire state.

Form and Line Reference	Explanation
Part VI, Line 5	Mercy Iowa City is a faith-based institution that provides services based on the ethical and religious directives of the Catholic Church. An important part of Mercy's mission is to improve the health of the community. Mercy does so by: Ensuring that the medical staff is open to all qualified physicians, ensuring that the hospital is accredited and in good standing with The Joint Commission, ensuring that the board of directors is comprised of diverse, independent individuals, not employees of the hospital, representing the community and also providing necessary expertise, establishing and carrying out a conflict of interest policy, providing a site for clinical experience for a variety of health care professionals, providing charity care and financial assistance with medical bills as needed to community members, participating in such programs as Medicare, Medicaid, and hawk-i, an insurance program for needy Iowa children, absorbing unreimbursed costs for such government programs, ensuring that account collections are carried out in compliance with state and federal guidelines, providing emergency room services and working with local and state officials in community preparedness issues, treating emergency patients according to EMTALA guidelines and serving all patients regardless of their ability to pay, investing surplus funds in services, technology, and personnel that will further the benefit of the community.

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	IA

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 42-0680391

**Name:** Mercy Hospital Iowa City Iowa

### 990 Schedule H, Supplemental Information

<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Mercy Hospital, Iowa City, Iowa	
Mercy Hospital, Iowa City, Iowa	Part V, Section B, Line 6i Of the six areas of opportunity identified in the CHNA, Mercy has adopted at least one strategy in response and often more than one
Mercy Hospital, Iowa City, Iowa	Part V, Section B, Line 14g A copy of the Financial Assistance Application is available on the Mercy Hospital website The Financial Assistance Policy is also available on the web site <a href="http://www.mercyiowacity.org/patient-financial-assistance">http://www.mercyiowacity.org/patient-financial-assistance</a> If a patient does not have insurance, the invoice states that financial assistance is available
Mercy Hospital, Iowa City, Iowa	Part V, Section B, Line 18e Mercy Hospital has not made such efforts before initiating any of the actions listed in Part V, Line 17
Mercy Hospital, Iowa City, Iowa	Part V, Section B, Line 20d Mercy Hospital determines on an individual basis based on the patient's ability to pay for the maximum amounts that can be charged to FAP-Eligible individuals for emergency and other medically necessary care Patients, who fall under the 200 % Federal Poverty Guidelines, are eligible for free care Mercy Hospital uses the following factors to determine the amount to charge FAP-eligible patients for individuals who earn more than 200% of the FPG Income level, Asset level, medical indigency, insurance status, uninsured discount, Medicaid/Medicare In addition to the financial assistance policy, all uninsured patients are eligible for discounts ranging from 30-10% based on timeliness of payment
Part V, Section B, Line 5a	Mercy Hospital, Iowa City, Iowa has posted a copy of the Community Health Needs Assessment and Implementation Strategy on its website <a href="http://www.mercyiowacity.org/community_health">www.mercyiowacity.org/community_health</a>



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Mercy Hospital Iowa City Iowa

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

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

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

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
42-0680391

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Heart Association-Midwest Affiliate PO Box 4002902 Des Moines, IA 503402902	13-5613797	501(c)(3)	13,000				Iowa City Events Sponsor
(2) Iowa City Free Medical Clinic 2440 Towncrest Drive Iowa City, IA 52240	42-0960955	501(c)(3)	15,500				General Support
(3) Iowa City Area Development Group 316 East Court Iowa City, IA 52240	42-1234837	501(c)(6)	12,000				General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 2

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

**Part III**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Temporary Assistance Program	34	20,485			

**Part IV**

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

Return Reference	Explanation
Part I, Line 2	All organizations Mercy provides assistance to are local organizations. Therefore, Mercy is in frequent contact with the organizations and is generally aware of their use of Mercy's assistance. However, there is no formal mechanism in place to track specific uses of the assistance. Mercy Hospital offers a Temporary Assistance Program (TAP) for emergency financial needs that employees may have. This confidential program offers crisis assistance and health benefit assistance.

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Mercy Hospital Iowa City Iowa

Employer identification number  
42-0680391

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Ronald R Reed President (CEO) & Administrator	(i)	434,323	0	58,847	30,389	44,024	567,583	31,333
	(ii)	0	0	0	0	0	0	0
(2) Jean M Berge Assistant Treasurer	(i)	156,841	0	3,136	27,644	15,077	202,698	0
	(ii)	0	0	0	0	0	0	0
(3) Michael G Heinrich Treasurer	(i)	293,838	0	15,127	15,059	39,252	363,276	8,155
	(ii)	0	0	0	0	0	0	0
(4) Cindy Penney Vice President	(i)	174,941	0	14,195	0	29,879	219,015	13,795
	(ii)	0	0	0	0	0	0	0
(5) Andrew R Ashby MD Physician	(i)	451,556	6,163	290	0	32,899	490,908	0
	(ii)	0	0	0	0	0	0	0
(6) R Joe Ewing MD Physician	(i)	654,514	0	1,753	0	40,943	697,210	0
	(ii)	0	0	0	0	0	0	0
(7) Joseph Truszkowski MD Physician	(i)	511,729	0	710	0	39,442	551,881	0
	(ii)	0	0	0	0	0	0	0
(8) Wayne Richenbacher MD Physician	(i)	419,823	0	5,210	0	35,455	460,488	0
	(ii)	0	0	0	0	0	0	0
(9) Thomas Shreves MD Physician	(i)	651,219	0	11,964	0	34,330	697,513	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	Health club membership dues were paid for Mercy's CEO, Ronald Reed in the amount of \$3,285.16 and were included as taxable income on his W-2.
Part I, Line 4b	Mercy established an IRC Section 457(f) plan as a way of retaining executives, officers and select groups of highly compensated employees with supplemental retirement benefits. The following individuals participated in and received payments from the plan: - Ronald Reed - \$31,333 - Cindy Penney - \$8,155 - Michael Heinrich - \$13,795.
Part I, Line 7	Non-fixed payments were provided to administrators and physicians who met stated criteria that included meeting certain RVU (Relative Value Unit) productivity levels, specified CMS/JCAHO performance core indicators and certain patient satisfaction and/or nursing satisfaction survey scores.

Additional Data

Software ID:  
Software Version:  
EIN: 42-0680391  
Name: Mercy Hospital Iowa City Iowa

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				
Ronald R Reed President (CEO) & Administrator	(i) (ii)	434,323 0	0 0	58,847 0	30,389 0	44,024 0	567,583 0	31,333 0
Jean M Berge Assistant Treasurer	(i) (ii)	156,841 0	0 0	3,136 0	27,644 0	15,077 0	202,698 0	0 0
Michael G Heinrich Treasurer	(i) (ii)	293,838 0	0 0	15,127 0	15,059 0	39,252 0	363,276 0	8,155 0
Cindy Penney Vice President	(i) (ii)	174,941 0	0 0	14,195 0	0 0	29,879 0	219,015 0	13,795 0
Andrew R Ashby MD Physician	(i) (ii)	451,556 0	6,163 0	290 0	0 0	32,899 0	490,908 0	0 0
RJoe Ewing MD Physician	(i) (ii)	654,514 0	0 0	1,753 0	0 0	40,943 0	697,210 0	0 0
Joseph Truszkowski MD Physician	(i) (ii)	511,729 0	0 0	710 0	0 0	39,442 0	551,881 0	0 0
Wayne Richenbacher MD Physician	(i) (ii)	419,823 0	0 0	5,210 0	0 0	35,455 0	460,488 0	0 0
Thomas Shreves MD Physician	(i) (ii)	651,219 0	0 0	11,964 0	0 0	34,330 0	697,513 0	0 0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Mercy Hospital Iowa City Iowa

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number  
42-0680391

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A City of Hills Iowa	42-0920947	431669AA8	04-29-2008	39,235,000	Refund Bonds issued 10/19/2005		X		X		X
B City of Hills Iowa	42-0920947	431669AW0	11-30-2011	44,742,571	Build and Equip Facility, Refund Bonds issued 7/16/1998		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,650,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	39,235,000		44,745,397					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	278,380		589,874					
8	Credit enhancement from proceeds	96,759							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			19,973,413					
11	Other spent proceeds	38,859,861		24,151,438					
12	Other unspent proceeds			30,672					
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X			X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								



Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part II, Line 3	Differences between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings

Return Reference	Explanation
Schedule K, Part II, Line 4	The amounts shown here consists solely of debt service fund deposits

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Mercy Hospital Iowa City Iowa

Employer identification number  
42-0680391

Part I

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

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

2

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

3

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

Part II

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Michael G Heinrich	Officer	Split Dollar Life Insurance Policy		X	23,651	23,651		No		No		No
(2) Ronald R Reed	Officer	Split Dollar Life Insurance Policy		X	49,606	49,606		No		No		No
(3) Cindy L Penney	Officer	Split Dollar Life Insuarnc Policy		X	706	706		No		No		No
Total ▶ \$						73,963						

Part III

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

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

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V

Supplemental Information

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

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

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization Mercy Hospital Iowa City Iowa	Employer identification number 42-0680391
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	
Form 990, Part VI, Section A, line 6	Mercy's sole member is the Sisters of Mercy of the Americas West Midwest Community, Inc
Form 990, Part VI, Section A, line 7b	Mercy's sole member, Sisters of Mercy of the Americas West Midwest Community, Inc , maintains a number of "reserved powers" including but not limited to approval of annual budgets, approval of amendments to the articles of incorporation and bylaws, approval of real property transactions and approval of long term borrowing
Form 990, Part VI, Section B, line 11	The Form 990 is prepared and reviewed by Mercy Hospital management and is also reviewed by Deloitte Tax LLP. In addition, a board resolution was established that provides that each board member be (i) provided a copy of the Form 990 as it is intended to be filed, and (i) given a reasonable opportunity before filing to provide to the Audit Committee any comments, corrections, concerns or other input on the proposed Form. The Audit Committee's review process shall be intended to reasonably verify that the Form 990 has been fully and accurately completed, including but not limited to, all inquiries therein relating to corporate governance. After completing its review, the Audit Committee, on the Board's behalf, shall have the authority to authorize the filing of the annual Form 990.
Form 990, Part VI, Section B, line 12c	A conflict of interest statement is signed at the beginning of Board members term and on an annual basis thereafter. Any abstention from a vote is recorded in Board minutes. After the fiscal year end a "look back" questionnaire is distributed to all Board members to disclose any conflicts of interest that may have taken place in the previous year. Form 990, Part VI, Section B, Line 13. Per IRS guidance, because the board had not formally adopted the whistleblower policy as of 6/30/14, the organization has answered "No" to this question. Mercy has an Administrative team "A Team" which is made up of Vice Presidents and the CEO that has been delegated by the board of directors to manage and approve policies. The A Team has approved the whistleblower's policy.
Form 990, Part VI, Section B, line 15	Compensation for all executives and other key employees is determined based on national or regional market data for comparable positions at comparably sized hospitals. The Executive Committee of the Board of Directors uses this market-based information to set the President and CEO's compensation. In turn, the CEO uses the same information to set compensation for officers and key employees, which is also approved by the board.
Form 990, Part VI, Section C, line 19	Mercy's governing documents and conflict of interest policy are not available to the public.
Form 990, Part XI, line 9	Change in Unrecognized Pension Actuarial Loss 1,205,879. Change in Beneficial Interest in Foundation 1,869,531. Change in Beneficial Interest in Services -7,200,101. Transfer to Mercy Hospital Self Insurance Plan & Trust -1,315,000.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Mercy Hospital Iowa City Iowa

Employer identification number  
42-0680391

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Mercy Foundation 500 East Market Street  Iowa City, IA 52245 23-7040506	Foundation/Fundraising	IA	501(c)(3)	11-I	Mercy Hospital	Yes	
(2) Mercy Hospital Iowa City Iowa Self Insurance Plan & Trust 500 East Market Street  Iowa City, IA 52245 42-6591803	Self Insurance	IA	501(c)(3)	11-I	Mercy Hospital	Yes	
(3) Sisters of Mercy of the Americas West Midwest Community Inc 7262 Mercy Road  Omaha, NE 68124 26-2400800	Religious Order	NE	501(c)(3)		N/A		No
(4) Mercy Hospital Guild 500 East Market Street  Iowa City, IA 52245 42-6099912	Fundraising	IA	501(c)(3)	11-III-F1	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Cancer Care of Iowa City LLC  613 East Bloomington Suite 100 Iowa City, IA 52245 42-1460774	Oncology Services	IA	Mercy Hospital	Related	-62,695	466,306		No			No	46 180 %
(2) Iowa City Ambulatory Surgical Center LLC  2963 Northgate Drive Iowa City, IA 52245 20-8503424	Outpatient Surgery	IA	Mercy Hospital	Related	3,840,481	4,903,507		No		Yes		51 000 %
(3) Corrdor Radiology LLC  2769 Heartland Drive Suite 307 Coralville, IA 52241 46-0635070	Radiology Services	IA	Mercy Hospital	Related	-320,525	2,920,446		No			No	51 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Mercy Services Iowa City Inc  500 East Market Street Iowa City, IA 52245 42-1241044	Medical Clinic Services	IA	Mercy Hospital	C	-7,034,157	7,967,663	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g Yes

1h

1i

1j

1k

1l

1m Yes

1n

1o

1p

1q Yes

1r

1s

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Cancer Care of Iowa City	A	124,472	Cost
(2) Mercy Foundation	C	556,006	Cost
(3) Mercy Services Iowa City	Q	2,556,668	Cost
(4) Mercy Services Iowa City	B	8,000,000	Cost
(5) Mercy Foundation	Q	246,839	Cost

Schedule R (Form 990) 2013



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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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# Mercy Iowa City and Subsidiaries

Consolidated Financial Statements and  
Supplemental Schedules as of and for the  
Years Ended June 30, 2014 and 2013, and  
Independent Auditors' Report

# MERCY IOWA CITY AND SUBSIDIARIES

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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors of  
Mercy Iowa City and Subsidiaries  
Iowa City, IA

We have audited the accompanying consolidated financial statements of Mercy Hospital Iowa City, a k a Mercy Iowa City and subsidiaries (collectively, the "Company"), which comprise the statements of financial position as of June 30, 2014 and 2013, 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 Consolidated Financial Statements

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

### Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation and fair presentation of the consolidated 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 Company'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 consolidated financial statements.

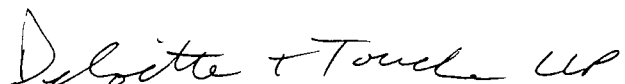
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Company as of June 30, 2014 and 2013, and the results of its operations, its changes in net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

## Report on Supplemental Consolidating Schedules

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental schedules listed in the table of contents are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. These supplemental schedules are the responsibility of the Company's management and were derived from and relate directly to the underlying accounting and other records used to prepare the consolidated financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

A handwritten signature in cursive script that reads "Deloitte + Touche LLP".

November 10, 2014

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2014 AND 2013

	2014	2013
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 10,589,661	\$ 7,572,585
Current portion of investments held for self-insurance program and future capital improvements (Note 7)	2,486,082	1,430,472
Accounts receivable		
Patient—net of allowances for doubtful accounts of \$2,191,874 and \$2,456,619 in 2014 and 2013, respectively	24,163,369	23,966,740
Other	1,982,431	1,226,309
Estimated third-party payor settlements receivable	2,284,213	1,525,105
Investments (Note 2)	37,465,481	38,637,800
Inventories	4,507,969	5,182,739
Other	4,924,441	2,763,336
Total current assets	<u>88,403,647</u>	<u>82,305,086</u>
<b>ASSETS LIMITED AS TO USE (Note 7)</b>		
Investments designated by the Board for future capital improvements	114,054,007	109,565,013
Investments held for self-insurance program	14,086	1,170,904
Donor-restricted investments	4,684,001	4,118,424
Total assets limited as to use	<u>118,752,094</u>	<u>114,854,341</u>
<b>PROPERTY, PLANT, AND EQUIPMENT—Net (Note 3)</b>	<u>94,185,600</u>	<u>100,565,549</u>
<b>INVESTMENTS IN UNCONSOLIDATED SUBSIDIARIES (Note 1)</b>	<u>19,270,422</u>	<u>1,136,165</u>
<b>OTHER</b>	<u>2,923,032</u>	<u>3,451,888</u>
<b>TOTAL</b>	<u>\$323,534,795</u>	<u>\$302,313,029</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Current portion of long-term debt (Note 5)	\$ 2,321,775	\$ 2,785,363
Trade accounts payable	6,251,380	4,912,410
Accrued salaries and employee benefits	8,394,511	8,667,846
Other accrued expenses	4,711,580	4,587,131
Total current liabilities	<u>21,679,246</u>	<u>20,952,750</u>
<b>ACCRUED PROFESSIONAL LIABILITY CLAIMS (Note 11)</b>	2,437,674	3,456,977
<b>PENSION BENEFIT LIABILITY (Note 9)</b>	47,748,436	47,516,129
<b>LONG-TERM DEBT—Net of current portion (Note 5)</b>	75,926,938	84,711,934
<b>FAIR VALUE OF INTEREST RATE SWAP (Note 5)</b>	1,810,258	1,766,990
<b>OTHER LONG-TERM LIABILITIES</b>	<u>315,162</u>	<u>3,538</u>
Total liabilities	<u>149,917,714</u>	<u>158,408,318</u>
<b>COMMITMENTS AND CONTINGENCIES (Notes 6, 10, 11, and 14)</b>		
<b>NET ASSETS (Note 1)</b>		
Unrestricted	168,764,250	134,804,682
Noncontrolling interest in IC ASC		4,829,484
Total unrestricted net assets	168,764,250	139,634,166
Temporarily restricted	2,220,021	1,703,469
Permanently restricted	2,632,810	2,567,076
Total net assets	<u>173,617,081</u>	<u>143,904,711</u>
<b>TOTAL</b>	<u>\$323,534,795</u>	<u>\$302,313,029</u>

See notes to consolidated financial statements

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF OPERATIONS FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
REVENUE		
Net patient service revenue	\$ 170,750,883	\$ 173,843,207
Provision for uncollectible accounts (Note 1)	<u>(3,920,602)</u>	<u>(6,946,500)</u>
Net patient service revenue less provision for uncollectible accounts	166,830,281	166,896,707
Other revenue	<u>10,840,260</u>	<u>7,402,778</u>
Total revenue	<u>177,670,541</u>	<u>174,299,485</u>
EXPENSES		
Salaries	81,623,514	81,529,678
Defined benefit pension	1,437,996	2,489,960
Other employee benefits	19,529,649	19,287,323
Supplies and other	61,236,523	61,812,254
Interest	3,127,534	3,288,095
Depreciation and amortization	<u>13,441,873</u>	<u>13,740,594</u>
Total expenses	<u>180,397,089</u>	<u>182,147,904</u>
LOSS FROM OPERATIONS BEFORE GAIN ON DECONSOLIDATION OF ICASC	(2,726,548)	(7,848,419)
GAIN ON DECONSOLIDATION OF ICASC (Note 1)	<u>15,961,458</u>	
INCOME (LOSS) FROM OPERATIONS	<u>13,234,910</u>	<u>(7,848,419)</u>
NONOPERATING GAINS (LOSSES)		
Investment income (Notes 1 and 7)	11,401,359	6,811,718
Net unrealized gain on investments	6,366,963	6,400,340
Loss on investments accounted for under the equity method	(145,169)	(45,987)
Other	<u>(469,458)</u>	<u>907,193</u>
Total nonoperating gains	<u>17,153,695</u>	<u>14,073,264</u>
EXCESS OF REVENUE AND NONOPERATING GAINS OVER EXPENSES	30,388,605	6,224,845
OTHER CHANGES IN UNRESTRICTED NET ASSETS		
Net assets released from restrictions for capital expenditures	195,113	147,244
Change in unrecognized pension actuarial gain	1,205,878	12,253,315
Noncontrolling interest distributions	(3,077,223)	(2,400,505)
Proceeds from sale of shares to noncontrolling interest	<u>417,711</u>	<u>984,360</u>
INCREASE IN UNRESTRICTED NET ASSETS	29,130,084	17,209,259
INCREASE IN UNRESTRICTED NET ASSETS ATTRIBUTABLE TO NONCONTROLLING INTEREST IN ICASC	<u>(274,044)</u>	<u>(1,062,424)</u>
INCREASE IN UNRESTRICTED NET ASSETS ATTRIBUTABLE TO MERCY IOWA CITY	<u>\$ 28,856,040</u>	<u>\$ 16,146,835</u>

See notes to consolidated financial statements



# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
UNRESTRICTED NET ASSETS.		
Excess of revenue and nonoperating gains over expenses	\$ 30,388,605	\$ 6,224,845
Net assets released from restrictions for capital expenditures	195,113	147,244
Change in unrecognized pension actuarial gain	1,205,878	12,253,315
Noncontrolling interest distributions	(3,077,223)	(2,400,505)
Proceeds from sale of shares to noncontrolling interest	417,711	984,360
	<u>29,130,084</u>	<u>17,209,259</u>
Increase in unrestricted net assets		
TEMPORARILY RESTRICTED NET ASSETS		
Contributions and investment income	473,200	858,404
Net unrealized gain on investments	238,465	110,756
Net assets released from restrictions for capital expenditures	(195,113)	(147,244)
	<u>516,552</u>	<u>821,916</u>
Increase in temporarily restricted net assets		
PERMANENTLY RESTRICTED NET ASSETS—		
Contributions and investment income	65,734	95,627
	<u>65,734</u>	<u>95,627</u>
Increase in permanently restricted net assets		
INCREASE IN NET ASSETS	29,712,370	18,126,802
NET ASSETS—Beginning of year	<u>143,904,711</u>	<u>125,777,909</u>
NET ASSETS—End of year	<u>\$ 173,617,081</u>	<u>\$ 143,904,711</u>

See notes to consolidated financial statements.

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase in net assets	\$ 29,712,370	\$ 18,126,802
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Gain on deconsolidation of ICASC	(15,961,458)	-
Net realized gains on investments	(11,043,830)	(6,974,516)
Net unrealized gain on investments	(6,366,963)	(6,400,340)
Change in pension benefit liability	232,307	(14,763,355)
Depreciation and amortization	13,441,873	13,740,594
Noncontrolling interest distributions—net of proceeds from shares sold	1,059,265	1,416,145
(Loss) income on investments accounted for under the equity method—net of distributions received	(1,877,618)	741,540
Provision for uncollectible accounts	3,920,602	6,946,500
Change in interest rate swap valuation	43,268	(1,022,993)
(Gain) loss on disposal of property, plant, and equipment	(367,317)	512,994
Changes in accounts affecting operations		
Accounts receivable—patient	(3,951,469)	(7,697,481)
Other receivables, inventories, and other assets	(1,689,594)	(861,027)
Trade accounts payable	137,441	(2,341,128)
Estimated third-party payor settlements payable	(759,108)	(605,397)
Accrued expenses, other liabilities, and accrued professional liability claims	(797,029)	918,001
Net cash provided by operating activities	<u>5,732,740</u>	<u>1,736,339</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Sales and maturities of investments	42,606,388	43,143,998
Purchases of investments	(28,976,639)	(23,557,355)
Cash held by ICASC	(1,425,457)	
Additions to property, plant, and equipment	<u>(11,040,973)</u>	<u>(20,902,878)</u>
Net cash provided by (used in) investing activities	<u>1,163,319</u>	<u>(1,316,235)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Payment of long-term debt	(2,819,718)	(2,784,016)
Noncontrolling interest distributions—net of proceeds from shares sold	<u>(1,059,265)</u>	<u>(1,416,145)</u>
Net cash used in financing activities	<u>(3,878,983)</u>	<u>(4,200,161)</u>
<b>INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<u>3,017,076</u>	<u>(3,780,057)</u>
<b>CASH AND CASH EQUIVALENTS—Beginning of year</b>	<u>7,572,585</u>	<u>11,352,642</u>
<b>CASH AND CASH EQUIVALENTS—End of year</b>	<u>\$ 10,589,661</u>	<u>\$ 7,572,585</u>
<b>SUPPLEMENTAL DATA—Cash paid for interest</b>	<u>\$ 3,192,104</u>	<u>\$ 3,292,076</u>

See notes to consolidated financial statements

# MERCY IOWA CITY AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

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### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Organization**—Mercy Hospital Iowa City (the “Hospital” or “Mercy Iowa City”) is a nonprofit Iowa corporation functioning as an independent operating unit sponsored by the Sisters of Mercy Regional Community of Chicago (“Sisters of Mercy”) through June 30, 2008. Effective July 1, 2008, the Sisters of Mercy joined other regional communities to form the Sisters of Mercy West Midwest Community. The Hospital is the sole owner/member of Mercy Services Iowa City, Inc. (“Services”), Mercy Outreach Iowa City, Inc. (an inactive subsidiary), and Mercy Hospital Foundation (the “Foundation”). The Hospital owns a majority interest in Iowa City Ambulatory Surgical Center (ICASC). The consolidated financial statements include the accounts of the Hospital, the Foundation, Services, and ICASC through May 2014 (collectively, the “Company”).

The Hospital is a 234-bed facility located in Iowa City, Iowa, and provides inpatient, outpatient, emergency care, and skilled nursing services to residents of Iowa City and surrounding communities. The Hospital also provides many related services and education programs to meet the ongoing needs of the communities. In addition, the Hospital owns, maintains, and rents various real estate properties. Significant real estate holdings consist of medical office buildings, parking ramps, and clinic buildings, of which some are rented to Services.

Services is a for-profit organization that owns and operates primary and specialty care physician clinics in southeastern Iowa.

The Foundation is a nonprofit organization whose purpose is to solicit and receive gifts in order to develop, maintain, and increase the facilities and services of the Hospital.

ICASC is a for-profit limited liability company established to develop, own, and operate an ambulatory surgical center that provides a variety of outpatient surgical services to the residents of Iowa City and the surrounding communities. The Hospital originally owned 70% of ICASC and a group of local surgeons, through an independent limited liability company, owned the remaining 30%. Since fiscal year 2010, the Hospital had sold 17.5% of its shares to the surgeons, bringing the Hospital’s ownership to 52.5% as of June 30, 2013. On May 12, 2014, 1.5% of the shares were sold by the Hospital to the surgeons, bringing the Hospital’s ownership to 51.0% at June 30, 2014. There was no gain (loss) recognized on the sale of these shares. Proceeds from the sale of the shares of \$417,711 and \$984,360 in fiscal years 2014 and 2013, respectively, are presented net of noncontrolling interest distributions in the consolidated statements of cash flows. The taxable earnings of ICASC pass through to its owners.

Under the ICASC operating agreement and as a result of the sale of the additional shares by the Hospital to the surgeons, the Hospital no longer has control of ICASC as decision-making authority is shared by the Hospital and the surgeons. Accordingly, in May ICASC was deconsolidated and is now accounted for using the equity method of accounting in the consolidated financial statements. See further discussion within “Joint Ventures and Equity Method Investments.”

**Basis of Accounting**—The consolidated financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

**Consolidation**—All intercompany accounts and transactions have been eliminated in the consolidated financial statements. Investments in entities the Company does not control, but in which the Company has substantial ownership interest and can exercise significant influence, are accounted for using the equity method. Investments in entities that the Company does not control, does not have a substantial ownership interest in, and cannot exercise significance influence are accounted for using the cost method.

**Use of Estimates**—The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates made by management include contractual allowances, allowance for doubtful accounts, benefit obligations, and accrued salaries and employee benefit costs.

**Derivative Instruments and Hedging Activities**—The Company makes use of an interest rate swap agreement to hedge against the variability of cash flows related to interest payments on its variable rate long-term debt (see Note 5). Management has reviewed the requirements of accounting guidance for derivative instruments and has determined that the Company has no other freestanding or embedded derivatives. The Company's investment policy prohibits trading of derivative instruments on a speculative or leveraged basis.

**Statements of Operations**—The Company's consolidated results of operations include all unrestricted revenues and expenses, including income and losses from certain investments accounted for under the equity method, and transfers from temporarily restricted funds. Nonoperating gains and losses included in the consolidated results of operations primarily include unrestricted investment gains and losses, income and losses from certain investments accounted for under the equity method, unrealized gains or losses on investments, and the related change in interest rate valuation.

**Net Assets**—Net assets include temporarily and permanently restricted net assets. Permanently restricted net assets have been restricted by donors to be maintained by the Company in perpetuity. Temporarily restricted net assets are those whose use has been limited by the donor to a specific time period or use.

Temporarily restricted net assets are available for future periods or for specific purposes. Net assets during the year were released from donor restrictions by incurring expenditures satisfying the restricted purpose.

Temporarily and permanently restricted net assets as of June 30, 2014 and 2013, are available for the following purposes:

	<b>2014</b>	<b>2013</b>
Temporarily restricted net assets		
Capital acquisitions and improvements	\$ 210,791	\$ 184,452
Scholarship fund	188,952	181,576
Other healthcare programs	1,739,442	1,294,579
Other	<u>80,836</u>	<u>42,862</u>
Total temporarily restricted net assets	<u>\$ 2,220,021</u>	<u>\$ 1,703,469</u>
Permanently restricted net assets		
Education and training	\$ 272,701	\$ 253,612
Other healthcare programs	2,285,856	2,244,721
Staff awards	<u>74,253</u>	<u>68,743</u>
Total permanently restricted net assets	<u>\$ 2,632,810</u>	<u>\$ 2,567,076</u>

The Company has interpreted Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Company classifies as permanently restricted net assets (a) the original value of gifts donated, (b) the original value of subsequent gifts, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. The remaining portion of the donor-restricted endowment fund is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Company.

The Company has adopted investment and spending policies for endowment assets that attempt to provide a stream of funding to programs supported by its endowment, while seeking to maintain the purchasing power of the endowment assets. Under this policy, the endowment assets are invested in a manner that is intended to produce results that are comparable to other endowment funds on a risk-adjusted basis.

**Cash and Cash Equivalents**—The Company considers all highly liquid, undesignated, and unrestricted investments purchased with original maturities of three months or less to be cash and cash equivalents.

**Assets Limited as to Use**—Assets limited as to use include investments set aside by the Board of Directors (the “Board”) for future capital improvements, over which the Board retains control and which it may subsequently use at its discretion for other purposes, assets held for the self-insurance program, and assets restricted by donors or grantors. Assets limited as to use that are required for obligations classified as current liabilities are reported as current assets.

**Investments**—The Company has adopted authoritative guidance on fair value measurements and on the fair value option for financial assets and financial liabilities. The authoritative guidance gives entities the irrevocable option to measure many financial assets and liabilities at fair value (the “fair value option”) with changes in unrealized gains and losses recorded in investment income. The guidance defines fair value, establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America, and expands disclosures about fair value measurements.

The Company has elected the fair value option for its debt and equity investments and assets limited as to use to improve financial reporting. The election of the fair value option results in these investments being recorded at fair value with unrealized gains and losses being recorded in investment income.

Investments are recorded at fair value as of June 30, 2014 and 2013. Investment income on proceeds of borrowings that are held by a trustee, to the extent not capitalized, and on the professional liability trust is included in other operating revenue. Investment income from all other unrestricted investments is included in nonoperating income. Realized gains and losses are computed by the specific identification method at the time of disposition and are included as a component of investment income.

The Company invests in various securities, including corporate stocks, bonds and notes, and U.S. government and federal agency obligations with original maturities in excess of three months. The Company also invests in various mutual funds and cash equivalents. These investments will be used to support current operations. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall price volatility. Due to the level of risk associated with certain securities, it is reasonably possible that changes in the values of various investment positions will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

The Company records purchases and sales of investments on a settlement-date basis.

#### **Investments in Unconsolidated Subsidiaries:**

The Company uses the equity method of accounting for joint ventures or investments in which the Company has determined that it has significant influence. The Company's share of equity earnings from these investments was \$259,168 and \$(358,934) for the years ended June 30, 2014 and 2013, respectively, of which \$404,277 and \$(312,947), respectively, was included as other revenue, and \$(145,109) and \$(45,987), respectively, was included as nonoperating gains (losses).

Investments in unconsolidated subsidiaries consist of the following:

*Progressive Rehabilitation Associates, L.L.C. (PRA)*—Services owns a 25% interest in PRA, a taxable Iowa limited liability company. PRA commenced operations in December 1995 and provides rehabilitation services.

*Melrose Meadows, L.L.C. ("Melrose")*—Services owns a 50% interest in Melrose, a taxable Iowa limited liability company. Melrose commenced operations in July 2002 and provides retirement housing for seniors.

*Cancer Care of Iowa City, L.L.C. (CCIC)*—The Hospital owns a 50% interest in CCIC, a taxable Iowa limited liability company. CCIC commenced operations in October 1996 and provides hematology, medical oncology, and internal medicine services.

*Corridor Radiology, L.L.C. ("Corridor Radiology")*—The Hospital owns a 51% interest in Corridor Radiology, a taxable Iowa limited liability company. Corridor Radiology commenced operations in October 2012 and provides imaging services, including x-ray, mammography, ultrasound, bone densitometry scanning, MRI & CT scanning. Due to the substantial participative rights granted to the minority owner, the Hospital's investment in Corridor Radiology is accounted for under the equity method of accounting.

*Iowa City Ambulatory Surgical Center ("ICASC")*—The Hospital owns a 51% interest in ICASC, a taxable Iowa limited liability company. ICASC commenced operations in 2008 and provides a variety of outpatient surgical services. The Hospital originally owned 70% of ICASC and a group of local surgeons, through an independent limited liability company, owned the remaining 30%. Since fiscal year 2010, the Hospital had sold 17.5% of the originally owned shares. On May 12, 2014, the Hospital sold 1.5% of shares to the surgeons, bringing the Hospital's ownership to 51%. In connection with the sale, the Hospital no longer has control of ICASC as decision-making authority is shared by the Hospital and the surgeons. Accordingly, in May 2014, the Company deconsolidated ICASC and recognized a net gain of \$15,961,458. The gain was measured as the difference between the fair value of the Company's 51% interest as determined by an independent valuation firm and the carrying value of the net assets. As of May 12, 2014, due to the substantial participative rights granted to the minority owner, the Company began accounting for the investment in ICASC under the equity method of accounting.

Summarized financial information of the entities for which the Company accounts for under the equity method as of June 30, 2014 and 2013, includes the following.

	2014	2013
Assets	\$ 27,482,293	\$ 19,791,931
Liabilities	<u>24,350,005</u>	<u>17,682,860</u>
Equity	<u>\$ 3,132,288</u>	<u>\$ 2,109,071</u>
Revenue	\$ 36,251,819	\$ 16,630,051
Expenses	<u>29,459,046</u>	<u>17,270,004</u>
Net income (loss)	<u>\$ 6,792,774</u>	<u>\$ (639,953)</u>

**Inventories**—Inventories are valued at the lower of cost or market, with cost determined by methods approximating first-in, first-out.

**Property, Plant, and Equipment**—Property, plant, and equipment are stated at cost, less accumulated depreciation. Major renewals and improvements are charged to the property accounts and depreciated accordingly. Replacements, maintenance, and repairs that do not improve or extend the lives of the assets are expensed as incurred. Depreciation is recorded on a straight-line basis over the estimated useful lives of the property. The estimated useful lives are as follows:

Land improvements	15–25 years
Buildings and improvements	20–30 years
Major movable equipment and capitalized software costs	3–10 years

Whenever events or changes in circumstances indicate that the carrying amount of the property and equipment may not be recoverable, the Company will determine if an impairment has occurred based on the future undiscounted cash flows expected to be generated from the property and equipment, less the carrying amount of the property and equipment. If an impairment has occurred, a loss will be recognized based on the fair market value of the property and equipment based on future discounted cash flows compared to the carrying amount. No impairment losses were recorded in fiscal years 2014 or 2013.

**Capitalized Software Costs**—The Company capitalizes software development costs incurred in upgrading computer software and begins capitalization of these costs after technological feasibility has been determined. The capitalized software, once placed in service, is amortized on the straight-line method over the useful life, which ranges from 5 to 10 years.

**Other Assets**—Other assets consist principally of deferred financing costs and the cash surrender value of life insurance. Deferred financing costs are amortized over the period the obligation is outstanding, using the straight-line method.

**Net Patient Service Revenue and Provision for Uncollectible Accounts**—The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, discounted charges, and per diem payments. In fiscal year 2014, net revenue from two of these arrangements accounted for 38% and 31% of net patient service revenue. In fiscal year 2013, net revenue from two of these arrangements accounted for 38% and 32% of net patient service revenue.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, including Medicare and Medicaid programs, and others for services provided, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period that the related services are provided and then adjusted in future periods as final settlements are determined.

On the basis of historical experience, a portion of uninsured patients and patients responsible for co-payments and deductibles will be unable or unwilling to pay for the services provided. Thus, the Company records a provision for uncollectible accounts related to patient responsibility amounts in the periods the services are provided.

Net patient service revenue before the provision for uncollectible accounts for the years ended June 30, 2014 and 2013, is as follows:

	2014	2013
Government payors	\$ 58,523,832	\$ 59,140,185
Other third-party payors	104,416,746	102,193,202
Self-pay	<u>7,810,305</u>	<u>12,509,820</u>
Net patient service revenue before provision for uncollectible accounts	<u>\$ 170,750,883</u>	<u>\$ 173,843,207</u>

The Company's allowance for doubtful accounts was \$2,191,874 at June 30, 2014, and \$2,456,619 at June 30, 2013. The Company revised its charity care policies during fiscal year 2014 to fully comply with IRS 501(c) requirements. The Company does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

**Medicaid Electronic Health Records Incentive Programs (Meaningful Use)**—Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians, and certain other professionals ("Providers") when they adopt, implement, or upgrade (AIU) certified electronic health record (EHR) technology or become "meaningful users," as defined under ARRA, of EHR technology in ways that demonstrate improved quality, safety, and effectiveness of care. Medicaid Providers can receive their initial incentive payment by satisfying AIU criteria, but must demonstrate meaningful use of EHR technology in subsequent years in order to qualify for additional payments. The Company recognizes EHR incentive payments when (1) the specified meaningful use criteria are met and (2) uncertainties in estimating the amount of the incentive payments to be received are resolved. During fiscal year 2014, the Company recognized \$2,891,452 of EHR incentive payments as other operating revenue in the consolidated statement of operations. No such revenue was recognized in fiscal year 2013.



**Charity and Uncompensated Care**—The Company provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Company does not pursue collection of amounts determined to qualify as charity care, those amounts are not reported as revenue. The direct patient care provided under the Company's charity care policy does not include programs offered to benefit broader community and other governmental reimbursement programs. Charges identified as foregone were approximately \$1,745,386 and \$1,169,880 for fiscal years 2014 and 2013, respectively. The Company also participates in public payment programs, primarily Medicare and Medicaid, which resulted in foregone reimbursements for services provided.

In addition, the Company provides a variety of benefits to the community, including health education programs, health promotion activities, civic involvement, community funding, and charity and subsidized services. The Company maintains records to identify and monitor the level of community services it provides and those records include management's estimate of cost of services, supplies, and hours of time provided for community service programs. The cost of these community services for the years ended June 30, 2014 and 2013, was \$555,372 and \$1,151,862, respectively. The costs of charity care and community services are determined using the ratio of total patient care cost to charges.

**Donor-Restricted Gifts**—Gifts of cash and other assets are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the accompanying consolidated statements of changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions.

**Tax Status**—The Internal Revenue Service (IRS) has determined that the Hospital and the Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Services is a taxable entity with net operating loss carry forwards and temporary differences between financial reporting and tax reporting bases for certain assets and liabilities. The entire tax asset balance is offset by a valuation allowance (see Note 4).

**Excess of Revenue and Nonoperating Gains (Losses) over Expenses**—The consolidated statements of operations and changes in net assets include the excess of revenue and nonoperating gains (losses) over expenses, which includes all revenue and expenses, investment income on investments for the self-insurance program, rental income, contributions and investment income, realized investment gains and losses, and gain on the deconsolidation of ICASC. Changes in net assets attributable to the Company that are excluded from the excess of revenue and nonoperating gains (losses) over expenses include the change in the unrecognized pension actuarial gain, net assets released from restrictions for capital expenditures, and changes attributable to the noncontrolling interest in ICASC.

**Consolidated Statements of Cash Flows—Supplemental Disclosure of Cash Flow Information**—Noncash transactions during fiscal years 2014 and 2013, which affected the Company's consolidated financial position but did not affect cash flows, constitute \$1,176,561 and \$699,322, respectively, of purchases of property, plant, and equipment included in accounts payable.

**Subsequent Events**—The Company has evaluated subsequent events through November 10, 2014, the date the consolidated financial statements were issued. On July 1, 2014, the Hospital purchased Urology Associates of Iowa City, P.C. Urology Associates will be a new clinic under Mercy Services. In September 2014, the Hospital executed agreements to purchase Unit 2 of the Coral West Medical Center and adjacent property for \$18,435,000. The Coral West Medical Center is a medical office building.

primarily occupied by organizations affiliated with Mercy Iowa City. The purchase will be financed through the assumption of existing financing, a new mortgage loan, and unrestricted cash. The purchase is expected to close prior to December 31, 2014.

**New Accounting Pronouncements**—In December 2011, the Financial Accounting Standards Board (FASB) issued new guidance requiring an entity to enhance disclosures about offsetting (netting) assets and liabilities and related arrangements to enable users of its financial statements to understand the effect of those arrangements on its financial position. This new guidance was effective for the Company in fiscal year 2014. The adoption of this guidance did not have a material impact on the consolidated financial statements.

In May 2014, the FASB issued accounting guidance on the recognition of revenue from contracts with customers, which will supersede nearly all existing revenue recognition guidance under GAAP. Under the new standard, entities will recognize revenue to depict the transfer of goods and services to customers in amounts that reflect the payment to which the entity expects to be entitled in exchange for those goods or services. The guidance also requires additional disclosures about the nature, amount, timing, and uncertainty of revenue and cash flows from an entity's contracts with customers. The new guidance will be effective for the Company in fiscal year 2018. The Company is currently evaluating the impact of the adoption of this new guidance on the consolidation financial statements.

## **2. FAIR VALUE OF FINANCIAL INSTRUMENTS**

Authoritative guidance establishes a framework for measuring fair value by creating a hierarchy for observable independent market inputs and unobservable market assumptions and expands disclosures about fair value measurements. Considerable judgment may be required in interpreting market data used to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that could be realized in a current market exchange. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value. The three levels of the fair value hierarchy under authoritative guidance are described below.

*Level 1*—Inputs represent unadjusted quoted prices for identical assets or liabilities exchanged in active markets.

*Level 2*—Inputs include directly or indirectly observable inputs other than Level 1 inputs, such as quoted prices for similar assets or liabilities exchanged in active or inactive markets, quoted prices for identical assets or liabilities exchanged in inactive markets, other inputs that are considered in fair value determinations of the assets or liabilities, such as interest rates and yield curves that are observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates, and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

*Level 3*—Inputs include unobservable inputs used in the measurement of assets and liabilities. Management is required to use its own assumptions regarding unobservable inputs because there is little, if any, market activity in the assets or liabilities or related observable inputs that can be corroborated at the measurement date. Unobservable inputs reflect the Company's own judgment about the assumptions that market participants would use in pricing the asset or liability. Level 3 assets include financial instruments whose values are determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

A financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market funds, common stocks, equity mutual funds, and fixed-income mutual funds. Level 2 investments represent pooled funds invested primarily in debt securities, mortgage-backed securities, and corporate bonds, and individual investments in corporate bonds. The fair value of such Level 2 investments (including defined benefit pension plan investments disclosed in Note 9) are generally based on net asset values per fund share (the unit of account), derived from the quoted prices in inactive markets of the underlying securities. Level 3 funds represent an investment in a multistrategy hedge fund of funds. The multistrategy hedge fund of funds is invested primarily in offshore investment funds, investment partnerships, and pooled investment vehicles (collectively, "Portfolio Funds"). The fair value of the Portfolio Funds are generally at an amount equal to the net asset value of the multistrategy hedge fund of funds' investment in the Portfolio Funds as determined by each Portfolio Fund's general partner or investment manager. The fair value of the interest rate swap is based on observable inputs as of the valuation date, including prices of instruments with similar maturities and characteristics, interest rate yield curves, and measures of interest rate volatility.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For fiscal years 2014 and 2013, there were no transfers between levels.

Financial assets and liabilities measured at fair value on a recurring basis at June 30, 2014 and 2013, by type of inputs applicable to the fair value measurements, are as follows

Description	2014			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Investments				
Cash and cash equivalents	\$ 153,388	\$ -	\$ -	\$ 153,388
Debt securities				
U.S. Treasury obligations	458,959			458,959
Federal agency obligations		9,937,269		9,937,269
Corporate bonds and notes		6,390,696		6,390,696
Accrued interest	46,883			46,883
Common stock				
Domestic—predominantly large cap	5,924,166			5,924,166
Foreign	3,165,050			3,165,050
Mutual funds				
Mortgage-backed				
Stock index	5,968,610			5,968,610
International equities	3,427,239			3,427,239
Other	1,993,220			1,993,220
Total investments	<u>\$21,137,516</u>	<u>\$16,327,965</u>	<u>\$ -</u>	<u>\$ 37,465,481</u>
Assets limited as to use				
Cash and cash equivalents	\$ 3,505,346	\$ -	\$ -	\$ 3,505,346
Corporate bonds and notes		19,020,989		19,020,989
Common stock				
Large cap	13,841,181			13,841,181
Mid cap	8,601,077			8,601,077
Small cap	5,936,715			5,936,715
Foreign	1,812,525			1,812,525
U.S. Treasury obligations	9,628,555			9,628,555
Federal agency obligations		10,810,569		10,810,569
Mutual funds				
Mortgage-backed	8,276,311			8,276,311
Stock index	9,538,883			9,538,883
International equities	15,860,927			15,860,927
Inflation protected fixed income				
Multi-strategy hedge fund-of-funds			7,649,164	7,649,164
Other	6,259,648			6,259,648
Accrued interest	315,734			315,734
Other	180,553			180,553
Total assets limited as to use	<u>\$83,757,454</u>	<u>\$29,831,558</u>	<u>\$7,649,164</u>	<u>\$121,238,176</u>
Other assets—deferred compensation plan consisting of mutual funds and other investments	<u>\$ 814,515</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 814,515</u>
Other assets—cash surrender value of life insurance	<u>\$ -</u>	<u>\$ 496,219</u>	<u>\$ -</u>	<u>\$ 496,219</u>
Other liabilities—interest rate swap	<u>\$ -</u>	<u>\$ 1,810,258</u>	<u>\$ -</u>	<u>\$ 1,810,258</u>

2013

Description	Quoted Prices in			Total
	Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Investments				
Cash and cash equivalents	\$ 415.806	\$ -	\$ -	\$ 415.806
Debt securities				
U.S. Treasury obligations	237.150			237.150
Federal agency obligations		12,504.949		12,504.949
Corporate bonds and notes		4,675.184		4,675.184
Accrued interest	82.300			82.300
Common stock				
Domestic—predominantly large cap	5,725.853			5,725.853
Foreign	2,789.951			2,789.951
Mutual funds				
Mortgage-backed	1,250.891			1,250.891
Stock index	4,964.841			4,964.841
International equities	2,932.516			2,932.516
Other	3,058.359			3,058.359
Total investments	<u>\$21,457.667</u>	<u>\$17,180.133</u>	<u>\$ -</u>	<u>\$ 38,637.800</u>
Assets limited as to use				
Cash and cash equivalents	\$ 1,739.258	\$ -	\$ -	\$ 1,739.258
Corporate bonds and notes		19,777.922		19,777.922
Common stock				
Large cap	12,552.546			12,552.546
Mid cap	7,124.832			7,124.832
Small cap	5,381.686			5,381.686
Foreign	1,200.341			1,200.341
U.S. Treasury obligations	10,888.233			10,888.233
Federal agency obligations		14,430.351		14,430.351
Mutual funds				
Mortgage-backed	9,481.031			9,481.031
Stock index	8,851.471			8,851.471
International equities	13,089.437			13,089.437
Inflation protected fixed income				
Multi-strategy hedge fund-of-funds			6,904.266	6,904.266
Other	4,468.436			4,468.436
Accrued interest	210.011			210.011
Other	184.993			184.993
Total assets limited as to use	<u>\$75,172.274</u>	<u>\$34,208.273</u>	<u>\$6,904.266</u>	<u>\$116,284.813</u>
Other assets—deferred compensation plan consisting of mutual funds and other investments	<u>\$ 699.828</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 699.828</u>
Other assets—cash surrender value of life insurance	<u>\$ -</u>	<u>\$ 489.136</u>	<u>\$ -</u>	<u>\$ 489.136</u>
Other liabilities—interest rate swap	<u>\$ -</u>	<u>\$ 1,766.990</u>	<u>\$ -</u>	<u>\$ 1,766.990</u>

A rollforward of assets measured at fair value (consisting primarily of an investment in a multistrategy hedge fund of funds) on a recurring basis with the use of significant unobservable inputs (Level 3) for the years ended June 30, 2014 and 2013, is summarized in the following table

	<b>2014</b>	<b>2013</b>
Beginning balance	\$ 6,904,266	\$ 6,156,219
Unrealized gain (loss)	<u>744,898</u>	<u>748,047</u>
Ending balance	<u>\$ 7,649,164</u>	<u>\$ 6,904,266</u>

The fair market value of the Company's fixed-rate long-term debt is determined based on the current borrowing rates available to management for similar types of debt issues. The fair market value of the Series 2011 Bonds was \$43,936,148 and \$45,012,969 as of June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, the carrying value of variable rate debt, capital leases, and the ICASC note payable approximated fair value based on the current borrowing rates available for similar type issues.

### 3. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of June 30, 2014 and 2013, consisted of the following

	<b>2014</b>	<b>2013</b>
Land	\$ 6,443,194	\$ 7,258,393
Land improvements	671,943	693,641
Buildings and improvements	132,509,244	132,311,411
Major movable equipment and capitalized software costs	<u>119,711,111</u>	<u>115,594,784</u>
Property, plant, and equipment—gross	259,335,492	255,858,229
Less accumulated depreciation and amortization	<u>(168,701,099)</u>	<u>(163,944,917)</u>
Property, plant, and equipment—net excluding construction in progress	90,634,393	91,913,312
Construction in progress	<u>3,551,207</u>	<u>8,652,237</u>
Property, plant, and equipment—net	<u>\$ 94,185,600</u>	<u>\$ 100,565,549</u>

Capitalized interest expense for the years ended June 30, 2014 and 2013, was \$359,692 and \$392,663, respectively

Depreciation expense for the years ended June 30, 2014 and 2013, was \$10,908,701 and \$11,334,759, respectively

Gross property and equipment capitalized under capital lease obligations was \$2,667,372 as of June 30, 2014 and 2013. Accumulated amortization for property and equipment under capital lease obligations was \$2,345,689 and \$2,152,679 at June 30, 2014 and 2013, respectively

#### 4. INCOME TAXES

The IRS has determined that the Hospital and the Foundation are not-for-profit corporations. Services, a for-profit corporation, has deferred income taxes due to temporary differences between financial reporting and tax reporting bases of certain assets and liabilities. Deferred tax assets of \$13,235,434 and \$10,655,308 at June 30, 2014 and 2013, respectively, resulted primarily from net operating loss carry forwards and depreciation expense. Due to expected continuing nonoperating losses, the net deferred tax assets were fully offset by valuation allowances at June 30, 2014 and 2013.

At June 30, 2014, Services had net operating loss carry forwards of approximately \$27,396,956 for federal income tax purposes. The net operating losses expire between the fiscal years 2015 and 2033.

As of June 30, 2014 and 2013, the Company recorded no liabilities for unrecognized tax benefits.

The Company's tax returns from 2009 forward remain subject to examination by the IRS.

#### 5. LONG-TERM DEBT

Long-term debt as of June 30, 2014 and 2013, consisted of the following.

	2014	2013
Hospital Variable Rate Revenue Bonds, Series 2008, 0.04% and 0.08%, at June 30, 2014 and 2013, respectively, maturing in varying annual installments through 2035	\$ 36,585,000	\$ 37,090,000
Hospital Revenue Bonds, Series 2011, 3% to 5.25% maturing in varying annual installments through 2035	41,560,000	43,115,000
Capital lease obligations, due in monthly installments to February 2016, interest at 3.25%	317,634	509,996
ICASC notes payable		7,006,349
Add unamortized bond premium	113,471	118,842
Less unamortized bond discount	<u>(327,392)</u>	<u>(342,890)</u>
Total debt	78,248,713	87,497,297
Less current portion	<u>(2,321,775)</u>	<u>(2,785,363)</u>
Long-term portion	<u>\$ 75,926,938</u>	<u>\$ 84,711,934</u>

In April 2008, the Company issued \$39,235,000 of City of Hills, Iowa, Variable Rate Demand Health Facilities Revenue Bonds, Mercy Hospital Project, Series 2008 (the "2008 Bonds"). The proceeds of the 2008 Bonds were used to refund 2005 bonds and pay certain costs of issuance. The 2008 Bonds are variable rate bonds supported by a bank letter of credit that expires on August 10, 2015. The 2008 Bonds are remarketed daily and may be put back to the Company at the option of bondholders. In the event that remarketing efforts were unsuccessful, the put bonds would be purchased from the proceeds of the letter of credit and converted to a term loan. Interest on the term loan would be payable monthly in arrears beginning the month following the initial borrowing. Principal of the term loan would be payable in twelve quarterly installments beginning one year after the initial borrowing. The 2008 Bonds have been classified as liabilities in accordance with terms of the agreement. The 2008 Bond documents include certain financial and nonfinancial covenants with which the Company must comply during and at the end of each fiscal year. The Company was in compliance with the financial covenants at June 30, 2014 and 2013.

In November 2011, the Company issued \$44,615,000 of City of Hills, Iowa, Health Facilities Revenue Bonds, Series 2011 (the "2011 Bonds"). The proceeds of the 2011 Bonds were used to refinance bonds that were issued in 1998, provide funds for capital investment, and pay certain costs of issuance. The 2011 Bonds documents include certain financial and nonfinancial covenants with which the Company must comply during and at the end of each fiscal year. The Company was in compliance with the financial covenants at June 30, 2014 and 2013.

As of June 30, 2013, ICASC had real estate and equipment notes payable totaling \$5,198,514 and \$1,807,835, respectively. The real estate notes were for the construction of the surgical center. The notes are secured by the real estate and building. Upon completion of the facility in September 2008, the note converted to permanent financing with interest at 6.39% for the first five years. The interest rate was adjusted to 3.8% on February 14, 2014, based on the then-current market conditions. The new rate will be in effect for years six through 10. Principal and interest payments began in December 2008 and continue for 10 years, at which time all unpaid principal and accrued interest will be due.

The equipment note was used to purchase equipment and furnishings for the surgical center. The equipment note is collateralized by a security interest in substantially all the business assets of ICASC. Upon completion of the facility, the note converted to permanent financing with interest at 6.39% for the term of the note through January 2014 and adjusted to 3.8% in February of 2014.

In May 2014, the ICASC notes payable were removed from the consolidated financial statements in connection with the deconsolidation of ICASC (Note 1).

Maturities of the Company's long-term debt, excluding capital lease obligations, are as follows:

**Years Ending  
June 30**

2015	\$ 2,150,000
2016	2,240,000
2017	2,340,000
2018	2,450,000
2019	2,540,000
Thereafter	<u>66,425,000</u>
Total	<u>\$ 78,145,000</u>



The Company's capital lease obligations are payable as follows

**Years Ending  
June 30**

2015	\$ 188,914
2016	<u>137,392</u>
Total	326,306
Less amounts representing interest	<u>(8,672)</u>
Present value of net minimum lease payments	317,634
Less current portion	<u>(181,901)</u>
Long-term portion	<u>\$ 135,733</u>

**Interest Rate Swap**—In June 2005, the Company entered into an interest rate swap agreement to manage interest rate risk associated with the Company's variable-rate long-term debt. The swap agreement was effective August 1, 2005. Under this agreement, a notional amount of \$12 million of variable-rate tax-exempt debt is effectively converted to a fixed rate of 3.57%. This agreement expires on August 1, 2032. Management has designated the interest rate swap as a cash flow hedge under authoritative guidance. The Company is exposed to credit risk in the event of nonperformance by the counterparty to the interest rate swap agreement.

The fair value of the interest rate swap was recognized in the consolidated statements of financial position as a long-term liability of \$1,810,258 and \$1,766,990 as of June 30, 2014 and 2013, respectively. The interest rate swap is no longer considered an effective hedging instrument. As a result, the changes in the fair value of (\$43,268) and \$1,022,993 are recorded in other nonoperating gains (losses) in the consolidated statements of operations for fiscal years 2014 and 2013, respectively.

## 6. SHORT-TERM BORROWINGS

The Company has an unsecured \$5,000,000 revolving line of credit agreement. Payments are due on demand, with variable interest calculated using prime (3.25% at June 30, 2014), less a margin of 0.75%, with a floor of 5%, resulting in a current rate of 5%. There were no outstanding borrowings on the line of credit at June 30, 2014 and 2013. The Company renewed the line of credit agreement in September 2014. The expiration date of the line of credit is September 30, 2015.

## 7. ASSETS LIMITED AS TO USE

Assets limited as to use that are required for obligations classified as current liabilities are reported as other current assets. The composition of assets limited as to use as of June 30, 2014 and 2013, is as follows

	2014	2013
Investments designated by the Board for future capital donor-restricted investments		
Cash and cash equivalents	\$ 3,451,842	\$ 1,308,135
Corporate bonds and notes	19,020,403	19,556,666
Common stock—domestic and foreign	30,191,499	26,259,404
U S treasury obligations	9,628,555	10,432,703
Federal agency obligations	10,810,569	14,094,927
Mutual funds	45,179,551	41,673,125
Accrued interest	315,730	204,174
Other	<u>180,553</u>	<u>184,993</u>
Total investments	118,778,702	113,714,127
Less current portion	(40,694)	(30,690)
Less donor-restricted investments	<u>(4,684,001)</u>	<u>(4,118,424)</u>
Investments designated by the Board for future capital improvements	<u>\$ 114,054,007</u>	<u>\$ 109,565,013</u>
Investments held for self-insurance program (Note 11)		
Cash and cash equivalents	\$ 53,504	\$ 431,123
Corporate bonds and notes	586	221,256
U S treasury obligations		455,530
Federal agency obligations		335,424
Mutual funds	2,405,380	1,121,516
Accrued interest	<u>4</u>	<u>5,837</u>
Total investments	2,459,474	2,570,686
Less current portion	<u>(2,445,388)</u>	<u>(1,399,782)</u>
Long-term portion	<u>\$ 14,086</u>	<u>\$ 1,170,904</u>

The investment return and its classification in the consolidated statements of operations and changes in net assets for investments and assets limited as to use for the years ended June 30, 2014 and 2013, are as follows

	2014	2013
Investment income	\$ 4,208,150	\$ 3,738,080
Net realized gain on sales of investments	7,970,608	3,073,638
Net unrealized gain (loss) on interest rate swap	(43,268)	1,022,993
Net unrealized gain (loss) on investments	<u>6,366,963</u>	<u>6,400,340</u>
Total gain on investments	<u>\$ 18,502,453</u>	<u>\$ 14,235,051</u>
Reported as		
Nonoperating gains—other	\$ 734,131	\$ 1,022,993
Nonoperating gains—investment income	11,401,359	6,811,718
Net unrealized gain on investments	<u>6,366,963</u>	<u>6,400,340</u>
Total	<u>\$ 18,502,453</u>	<u>\$ 14,235,051</u>

## 8. ACCOUNTS RECEIVABLE BY PAYOR

The Company grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from patients and third-party payors (calculated at gross) as of June 30, 2014 and 2013, was as follows.

	2014	2013
Medicare	41 %	40 %
Medicaid	7	4
Insurers	36	37
Patients	14	17
Other	<u>2</u>	<u>2</u>
Total	<u>100 %</u>	<u>100 %</u>

## 9. EMPLOYEE BENEFIT PLANS AND EMPLOYMENT BENEFIT OBLIGATIONS

**Pension Plan**—The Company maintains a defined benefit pension plan that covers certain employees. The benefits are based on years of credited service and the employee's average monthly compensation over the five consecutive years that produce the highest total compensation. The Company makes annual contributions to meet the Employee Retirement Income Security Act of 1974 minimum funding requirements. The Company contributed \$0 and \$5,000,000 to the plan in fiscal year 2014 and in fiscal year 2013, respectively.

The defined benefit pension plan was amended effective April 4, 2010, to freeze benefits for certain plan participants. This change eliminated future benefit accruals for a significant number of employees, which meets the criteria for a curtailment as defined by authoritative accounting guidance.

Information regarding the plan as of and for the years ended June 30, 2014 and 2013, is as follows

	<b>2014</b>	<b>2013</b>
Change in benefit obligation		
Obligation—beginning of year	\$ 167,094,796	\$ 169,431,341
Service cost	1,018,875	1,289,643
Interest cost	8,852,889	8,474,623
Actuarial loss (gain)	8,141,818	(7,214,877)
Benefit payments	<u>(5,613,546)</u>	<u>(4,885,934)</u>
Obligation—end of year	<u>179,494,832</u>	<u>167,094,796</u>
Change in plan assets		
Fair value of plan assets—beginning of year	119,578,667	107,151,857
Employer contributions		5,000,000
Benefit payments	(5,613,546)	(4,885,934)
Actual return on plan assets	<u>17,781,275</u>	<u>12,312,744</u>
Fair value of plan assets—end of year	<u>131,746,396</u>	<u>119,578,667</u>
Funded status—end of year—net amount recognized, included in long-term liabilities	<u>\$ (47,748,436)</u>	<u>\$ (47,516,129)</u>

Components of net periodic benefit cost for the plan for fiscal years 2014 and 2013 are as follows.

	<b>2014</b>	<b>2013</b>
Service cost	\$ 1,018,875	\$ 1,289,643
Interest cost	8,852,889	8,474,623
Expected return on plan assets	(9,328,412)	(8,565,526)
Amortization of net loss	<u>894,644</u>	<u>1,291,220</u>
Net periodic pension cost	<u>\$ 1,437,996</u>	<u>\$ 2,489,960</u>

The recorded actuarial (gain) loss included in changes in unrestricted net assets, but not yet recognized as a component of net periodic benefit cost for the plan for fiscal years 2014 and 2013 are as follows.

	<b>2014</b>	<b>2013</b>
Amount disclosed—beginning of year	\$ 43,977,590	\$ 56,230,905
Unrecognized actuarial gain arising during the year	(311,234)	(10,962,095)
Amortization of unrecognized actuarial loss	<u>(894,644)</u>	<u>(1,291,220)</u>
Amount disclosed—end of year	<u>\$ 42,771,712</u>	<u>\$ 43,977,590</u>

The estimated unrecognized actuarial loss that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year is \$818,681

The accumulated benefit obligation for the plan as of June 30, 2014 and 2013, was \$174,722,883 and \$161,948,058, respectively

Weighted-average assumptions used to determine the benefit obligations as of June 30, 2014 and 2013, are as follows

	<b>2014</b>	<b>2013</b>
Discount rate	5.00 %	5.40 %
Rate of compensation increase	3.00	3.00

Weighted-average assumptions used to determine the net periodic benefit cost as of June 30, 2014 and 2013, are as follows

	<b>2014</b>	<b>2013</b>
Discount rate—July 1	5.40 %	5.05 %
Expected long-term return on plan assets—July 1	8.00	8.00
Rate of compensation increase	3.00	3.00

Estimated future benefit as of June 30, 2014, payments are as follows

2015	\$ 6,406,000
2016	6,802,000
2017	7,468,000
2018	8,232,000
2019	8,903,000
2020–2024	56,742,000

The Company's pension plan weighted-average asset allocation as of June 30, 2014 and 2013, by asset category, is as follows

	<b>2014</b>	<b>2013</b>
Debt securities	36 %	38 %
Equity securities	61	58
Other	<u>3</u>	<u>4</u>
Total	<u>100 %</u>	<u>100 %</u>

The fair value of plan assets by level within the fair value hierarchy by asset category at June 30, 2014 and 2013, is as follows

<b>As of June 30, 2014</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 3,143,438	\$ -	\$ -	\$ 3,143,438
Fixed income securities				
U S Treasury obligations	7,512,277			7,512,277
Federal agency obligations		283,333		283,333
Corporate bonds and notes		19,369,607		19,369,607
Mortgage/asset-backed securities		11,402,601		11,402,601
Municipal bond funds	567,677			567,677
Common stock				
Large cap	14,797,745			14,797,745
Mid cap	16,082,319			16,082,319
Small cap	7,297,102			7,297,102
Foreign	8,074,950			8,074,950
Mutual funds				
Stock index	14,373,540			14,373,540
International equities	20,111,634			20,111,634
Corporate bonds	8,531,286			8,531,286
Other	198,887			198,887
Total	<u>\$ 100,690,855</u>	<u>\$ 31,055,541</u>	<u>\$ -</u>	<u>\$ 131,746,396</u>
<b>As of June 30, 2013</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 4,999,418	\$ -	\$ -	\$ 4,999,418
Fixed income securities				
U S Treasury obligations	5,577,209			5,577,209
Federal agency obligations		289,055		289,055
Corporate bonds and notes		19,027,002		19,027,002
Mortgage/asset-backed securities		11,803,184		11,803,184
Municipal bond funds	556,641			556,641
Common stock				
Large cap	13,091,875			13,091,875
Mid cap	14,158,887			14,158,887
Small cap	6,920,724			6,920,724
Foreign	5,664,424			5,664,424
Mutual funds				
Stock index	11,892,701			11,892,701
International equities	17,118,052			17,118,052
Corporate bonds	8,304,505			8,304,505
Other	174,990			174,990
Total	<u>\$ 88,459,426</u>	<u>\$ 31,119,241</u>	<u>\$ -</u>	<u>\$ 119,578,667</u>

The Company expects to contribute \$5 million to the plan in fiscal year 2015

**Savings Plan**—For employees eligible for the defined benefit pension plan, the Company has a contributory employee retirement and savings plan, which is qualified under Section 401(k) of the Code. Contributions made are 100% employee, with no employer match.

For employees not eligible for the defined benefit pension plan, the Company established a contributory employee retirement and savings plan, which is qualified under Section 401(k) of the Code. Matching and profit-sharing contributions are made to employees who meet certain eligibility and service requirements. The safe harbor matching contribution is equal to 100% of the first 1% and 50% of the next 5% of an eligible employee's pay with a maximum employer match of 3.5%. The Company has the right to make a discretionary or fixed profit-sharing contribution.

Total employer contribution expense under the plans was \$4,077,056 and \$4,444,319 for fiscal years 2014 and 2013, respectively.

#### **10. SELF-INSURED EMPLOYEE HEALTH BENEFITS PROGRAM**

Substantially all employees of the Company are covered by an unfunded self-insured employee health and dental benefits program. Under this program, the Company pays the claims as incurred on a weekly basis. A reinsurance contract limits the Company's liability for each participant to annual foreign claims (defined as those claims paid to hospitals other than the Hospital) of \$450,000 for fiscal years 2014 and 2013, with no specific lifetime stop loss per covered individual for fiscal years 2014 and 2013. Total claims, which include both paid and incurred claims, were \$5,698,636 and \$4,923,516 for fiscal years 2014 and 2013, respectively. Employee health claims under the self-insurance plan that are provided by the Hospital or one of its subsidiaries are recognized as employee benefit expense and net patient service revenue in the consolidated statements of operations. Included in other accrued expenses was \$720,000 for estimated unprocessed claims and claims incurred but not reported at June 30, 2014 and 2013.

#### **11. PROFESSIONAL AND GENERAL LIABILITY PROGRAM**

The Company is self-insured for claims up to \$1,000,000 per occurrence and \$3,000,000 annual aggregate for the years ended June 30, 2014 and 2013 and has established a trust fund for self-insurance payments. Investment income earned on the professional liability trust of \$112,394 and \$58,123 for fiscal years 2014 and 2013, respectively, is included in other revenue. The Company's payments to the trust fund and accrued provision for related losses are based on actuarial estimates of funding and expected ultimate loss levels. The Company has recorded a liability for incurred claims and for claims incurred, but not reported in the amount of \$3,753,507 and \$4,068,785 as of June 30, 2014 and 2013, respectively. The long-term portion of this liability is recorded in accrued professional liability claims, the current portion is included within other accrued expenses. The discount rate used in determining the present value of the recorded obligation was 5.5% and 5% at June 30, 2014 and 2013, respectively.

Liability claims in excess of primary limits were insured up to \$10,000,000 per occurrence and in the annual aggregate for the years ended June 30, 2014 and 2013. Premium expense related to this coverage totaled \$343,400 for the years ended June 30, 2014 and 2013.

Services purchases claims made professional and general liability insurance through commercial insurance policies. The policy terms coincide with the fiscal year and cover claims up to \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Premiums expensed under the policies were \$351,380 and \$252,628 during fiscal years 2014 and 2013, respectively.

## 12. LEASES

The Company leases office and clinic space under operating leases to other parties. Rental receipts were \$998,371 and \$1,061,100 for fiscal years 2014 and 2013, respectively, and are recorded within other revenue. Rental income earned by the Hospital from its subsidiaries has been eliminated in consolidation. Future expected minimum lease receipts for the next five years are as follows:

**Years Ending  
June 30**

2015	\$ 609,000
2016	351,000
2017	222,000
2018	210,000
2019	<u>210,000</u>
Total	<u>\$ 1,602,000</u>

The Company leases medical equipment, buildings, and parking space under operating leases. Rental expenses were \$1,042,281 and \$1,090,800 for fiscal years 2014 and 2013, respectively. The Company is not a lessee under any noncancelable operating leases.

## 13. FUNCTIONAL EXPENSES

The Company provides general health care services to residents within its geographic location. Expenses related to providing these services included in the consolidated statements of operations and changes in net assets as of June 30, 2014 and 2013, are as follows:

	<b>2014</b>	<b>2013</b>
Health care services	\$ 131,689,875	\$ 132,967,970
General and administrative	<u>48,707,214</u>	<u>49,179,934</u>
Total expenses	<u>\$ 180,397,089</u>	<u>\$ 182,147,904</u>

## 14. CONTINGENCIES

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations can be subject to government review and interpretation as well as regulatory actions unknown and unasserted at this time. Government activity has increased with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties as well as significant repayments of previously billed and collected revenues for patient services. The Company has a corporate compliance plan designed in accordance with federal guidelines. As a part of this plan, the Company performs periodic internal reviews of its compliance with laws and regulations. As part of the Company's compliance efforts, the Company investigates and attempts to resolve and remedy all reported or suspected incidents of noncompliance with applicable laws, regulations, or policies on a timely basis. Management of the Company believes that the Company's compliance programs and procedures lead to substantial compliance with current laws and regulations.

\* \* \* \* \*



## **SUPPLEMENTAL SCHEDULES**

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATING SCHEDULE OF FINANCIAL POSITION AS OF JUNE 30, 2014

	Hospital	Services	Foundation	Total before Eliminating Entries	Eliminating Entries	Consolidated Total
<b>ASSETS</b>						
<b>CURRENT ASSETS</b>						
Cash and cash equivalents	\$ 9,417,153	\$ 1,150,437	\$ 22,071	\$ 10,589,661	\$ -	\$ 10,589,661
Current portion of investments held for self-insurance program and future capital improvements	2,486,082			2,486,082		2,486,082
Accounts receivable						
Patient—net	21,378,836	2,784,533		24,163,369		24,163,369
Due from affiliates	140,483			140,483	(140,483)	-
Other	1,982,431			1,982,431		1,982,431
Estimated third-party payor settlements receivable	2,284,213			2,284,213		2,284,213
Investments	25,674,740	1,575	8,987,277	34,663,592	2,801,889	37,465,481
Inventories	4,507,969			4,507,969		4,507,969
Other	4,397,784	526,657		4,924,441		4,924,441
Total current assets	<u>72,269,691</u>	<u>4,463,202</u>	<u>9,009,348</u>	<u>85,742,241</u>	<u>2,661,406</u>	<u>88,403,647</u>
INVESTMENT IN SERVICES	<u>3,539,648</u>			<u>3,539,648</u>	<u>(3,539,648)</u>	<u>-</u>
BENEFICIAL INTEREST IN NET ASSETS OF THE FOUNDATION	<u>16,456,746</u>			<u>16,456,746</u>	<u>(16,456,746)</u>	<u>-</u>
<b>ASSETS LIMITED AS TO USE</b>						
Investments designated by the Board for future capital improvements	114,054,007			114,054,007		114,054,007
Investments held for self-insurance program	14,086			14,086		14,086
Donor-restricted investments			7,485,890	7,485,890	(2,801,889)	4,684,001
Total assets limited as to use	<u>114,068,093</u>	<u>-</u>	<u>7,485,890</u>	<u>121,553,983</u>	<u>(2,801,889)</u>	<u>118,752,094</u>
PROPERTY, PLANT, AND EQUIPMENT—Net	<u>92,528,099</u>	<u>1,611,254</u>	<u>46,247</u>	<u>94,185,600</u>	<u>-</u>	<u>94,185,600</u>
INVESTMENTS IN UNCONSOLIDATED SUBSIDIARIES	<u>18,611,764</u>	<u>658,658</u>		<u>19,270,422</u>		<u>19,270,422</u>
OTHER	<u>3,230,306</u>	<u>1,234,547</u>		<u>4,464,853</u>	<u>(1,541,821)</u>	<u>2,923,032</u>
TOTAL	<u>\$ 320,704,347</u>	<u>\$ 7,967,661</u>	<u>\$ 16,541,485</u>	<u>\$ 345,213,493</u>	<u>\$ (21,678,698)</u>	<u>\$ 323,534,795</u>

(Continued)

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATING SCHEDULE OF FINANCIAL POSITION AS OF JUNE 30, 2014

	Hospital	Services	Foundation	Total before Eliminating Entries	Eliminating Entries	Consolidated Total
<b>LIABILITIES AND NET ASSETS</b>						
<b>CURRENT LIABILITIES</b>						
Current portion of long-term debt	\$ 2,321,775	\$ -	\$ -	\$ 2,321,775	\$ -	\$ 2,321,775
Trade accounts payable	6,051,585	198,839	956	6,251,380		6,251,380
Due to affiliates		60,051	80,432	140,483	(140,483)	
Accrued salaries and employee benefits	6,802,102	1,592,409		8,394,511		8,394,511
Other accrued expenses	<u>3,676,687</u>	<u>1,034,893</u>		<u>4,711,580</u>		<u>4,711,580</u>
Total current liabilities	18,852,149	2,886,192	81,388	21,819,729	(140,483)	21,679,246
ACCRUED PROFESSIONAL LIABILITY CLAIMS	2,437,674			2,437,674		2,437,674
PENSION BENEFIT LIABILITY	47,748,436			47,748,436		47,748,436
LONG-TERM DEBT—Net of current portion	75,926,938	1,541,821		77,468,759	(1,541,821)	75,926,938
FAIR VALUE OF INTEREST RATE SWAP	1,810,258			1,810,258		1,810,258
OTHER LONG-TERM LIABILITIES	<u>311,811</u>		<u>3,351</u>	<u>315,162</u>		<u>315,162</u>
Total liabilities	<u>147,087,266</u>	<u>4,428,013</u>	<u>84,739</u>	<u>151,600,018</u>	<u>(1,682,304)</u>	<u>149,917,714</u>
<b>NET ASSETS</b>						
Unrestricted	168,764,250	3,539,648	11,603,915	183,907,813	(15,143,563)	168,764,250
Temporarily restricted	2,220,021		2,220,021	4,440,042	(2,220,021)	2,220,021
Permanently restricted	<u>2,632,810</u>		<u>2,632,810</u>	<u>5,265,620</u>	<u>(2,632,810)</u>	<u>2,632,810</u>
Total net assets	<u>173,617,081</u>	<u>3,539,648</u>	<u>16,456,746</u>	<u>193,613,475</u>	<u>(19,996,394)</u>	<u>173,617,081</u>
TOTAL	<u>\$320,704,347</u>	<u>\$7,967,661</u>	<u>\$16,541,485</u>	<u>\$345,213,493</u>	<u>\$ (21,678,698)</u>	<u>\$323,534,795</u>

See note to consolidating schedules

(Concluded)

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATING SCHEDULE OF FINANCIAL POSITION AS OF JUNE 30, 2013

	Hospital	Services	Foundation	ICASC	Total before Eliminating Entries	Eliminating Entries	Consolidated Total
<b>ASSETS</b>							
CURRENT ASSETS							
Cash and cash equivalents	\$ 4,431,900	\$ 607,601	\$ 77,294	\$ 2,455,790	\$ 7,572,585	\$ -	\$ 7,572,585
Current portion of investments held for self-insurance program and future capital improvements	1,430,472				1,430,472		1,430,472
Accounts receivable							
Patient—net	19,407,955	2,910,234		1,648,551	23,966,740		23,966,740
Due from affiliates	3,209,790				3,209,790	(3,209,790)	-
Other	1,226,309				1,226,309		1,226,309
Estimated third-party payor settlements receivable	1,525,105				1,525,105		1,525,105
Investments	28,214,599	1,573	7,615,792		35,831,964	2,805,836	38,637,800
Inventories	4,720,126			462,613	5,182,739		5,182,739
Other	2,276,342	438,668		48,326	2,763,336		2,763,336
Total current assets	66,442,598	3,958,076	7,693,086	4,615,280	82,709,040	(403,954)	82,305,086
INVESTMENT IN SERVICES	739,749				739,749	(739,749)	-
BENEFICIAL INTEREST IN NET ASSETS OF THE FOUNDATION	14,587,215				14,587,215	(14,587,215)	-
ASSETS LIMITED AS TO USE							
Investments designated by the Board for future capital improvements	109,565,013				109,565,013		109,565,013
Investments held for self-insurance program	1,170,904				1,170,904		1,170,904
Donor-restricted investments			6,924,259		6,924,259	(2,805,835)	4,118,424
Total assets limited as to use	110,735,917	-	6,924,259	-	117,660,176	(2,805,835)	114,854,341
PROPERTY, PLANT, AND EQUIPMENT—Net	92,679,444	1,931,811	51,910	5,902,384	100,565,549	-	100,565,549
INVESTMENTS IN UNCONSOLIDATED SUBSIDIARIES	969,526	924,261			1,893,787	(757,622)	1,136,165
OTHER	3,464,096	1,529,613			4,993,709	(1,541,821)	3,451,888
TOTAL	\$289,618,545	\$8,343,761	\$14,669,255	\$10,517,664	\$323,149,225	\$ (20,836,196)	\$302,313,029

(Continued)

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATING SCHEDULE OF FINANCIAL POSITION AS OF JUNE 30, 2013

	Hospital	Services	Foundation	ICASC	Total before Eliminating Entries	Eliminating Entries	Consolidated Total
<b>LIABILITIES AND NET ASSETS</b>							
<b>CURRENT LIABILITIES</b>							
Current portion of long-term debt	\$ 2,193,514	\$ -	\$ -	\$ 591,849	\$ 2,785,363	\$ -	\$ 2,785,363
Trade accounts payable	4,582,829	201,560	2,403	125,618	4,912,410		4,912,410
Due to affiliates		3,133,691	76,099		3,209,790	(3,209,790)	-
Accrued salaries and employee benefits	6,772,048	1,641,734		254,064	8,667,846		8,667,846
Other accrued expenses	3,150,828	1,085,206		351,097	4,587,131		4,587,131
Total current liabilities	16,699,219	6,062,191	78,502	1,322,628	24,162,540	(3,209,790)	20,952,750
ACCRUED PROFESSIONAL LIABILITY CLAIMS	3,456,977				3,456,977		3,456,977
PENSION BENEFIT LIABILITY	47,516,129				47,516,129		47,516,129
LONG-TERM DEBT—Net of current portion	78,297,434	1,541,821		6,414,500	86,253,755	(1,541,821)	84,711,934
FAIR VALUE OF INTEREST RATE SWAP	1,766,990				1,766,990		1,766,990
OTHER LONG-TERM LIABILITIES			3,538		3,538		3,538
Total liabilities	147,736,749	7,604,012	82,040	7,737,128	163,159,929	(4,751,611)	158,408,318
<b>NET ASSETS</b>							
Unrestricted	141,881,796	739,749	10,316,670	2,780,536	155,718,751	(20,914,069)	134,804,682
Noncontrolling interest in ICASC						4,829,484	4,829,484
Total unrestricted net assets	141,881,796	739,749	10,316,670	2,780,536	155,718,751	(16,084,585)	139,634,166
Temporarily restricted			1,703,469		1,703,469		1,703,469
Permanently restricted			2,567,076		2,567,076		2,567,076
Total net assets	141,881,796	739,749	14,587,215	2,780,536	159,989,296	(16,084,585)	143,904,711
TOTAL	\$ 289,618,545	\$ 8,343,761	\$ 14,669,255	\$ 10,517,664	\$ 323,149,225	\$ (20,836,196)	\$ 302,313,029

See note to consolidating schedules

(Concluded)

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATING SCHEDULE OF OPERATIONS FOR THE YEAR ENDED JUNE 30, 2014

	Hospital	Services	Foundation	ICASC	Total before Eliminating Entries	Eliminating Entries	Consolidated Total
REVENUE							
Net patient service revenue	\$133,115,333	\$23,187,563	\$ -	\$14,447,987	\$170,750,883	\$ -	\$170,750,883
Provision for uncollectible accounts	<u>(3,256,157)</u>	<u>(388,641)</u>		<u>(275,804)</u>	<u>(3,920,602)</u>		<u>(3,920,602)</u>
Net patient service revenue less provision for uncollectible accounts	129,859,176	22,798,922	-	14,172,183	166,830,281	-	166,830,281
Other revenue	<u>14,540,257</u>	<u>1,022,153</u>		<u>4,040</u>	<u>15,566,450</u>	<u>(4,726,190)</u>	<u>10,840,260</u>
Total revenue	<u>144,399,433</u>	<u>23,821,075</u>	<u>-</u>	<u>14,176,223</u>	<u>182,396,731</u>	<u>(4,726,190)</u>	<u>177,670,541</u>
EXPENSES							
Salaries	58,919,614	20,399,631	184,358	2,119,911	81,623,514		81,623,514
Defined benefit pension	1,437,996				1,437,996		1,437,996
Other employee benefits	14,811,501	4,151,269	40,666	526,213	19,529,649		19,529,649
Supplies and other	52,561,362	5,652,627	713,273	4,292,439	63,219,701	(1,983,178)	61,236,523
Interest	2,903,643	50,109		223,891	3,177,643	(50,109)	3,127,534
Depreciation and amortization	<u>12,242,561</u>	<u>351,626</u>	<u>5,664</u>	<u>842,022</u>	<u>13,441,873</u>		<u>13,441,873</u>
Total expenses	<u>142,876,677</u>	<u>30,605,262</u>	<u>943,961</u>	<u>8,004,476</u>	<u>182,430,376</u>	<u>(2,033,287)</u>	<u>180,397,089</u>
INCOME (LOSS) FROM OPERATIONS BEFORE GAIN ON DECONSOLIDATION OF ICASC	1,522,756	(6,784,187)	(943,961)	6,171,747	(33,645)	(2,692,903)	(2,726,548)
GAIN ON DECONSOLIDATION OF ICASC	<u>15,961,458</u>				<u>15,961,458</u>		<u>15,961,458</u>
INCOME (LOSS) FROM OPERATIONS	<u>17,484,214</u>	<u>(6,784,187)</u>	<u>(943,961)</u>	<u>6,171,747</u>	<u>15,927,813</u>	<u>(2,692,903)</u>	<u>13,234,910</u>
NONOPERATING GAINS (LOSSES)							
Investment income	10,782,169		669,299		11,451,468	(50,109)	11,401,359
Net unrealized gain on investments	5,115,043		1,251,920		6,366,963		6,366,963
(Loss) income on investments accounted for under the equity method	<u>(7,419,667)</u>	<u>74,397</u>			<u>(7,345,270)</u>	<u>7,200,101</u>	<u>(145,169)</u>
Change in beneficial interest in net assets of the Foundation	1,869,531				1,869,531	(1,869,531)	
Other	<u>401,158</u>	<u>(490,311)</u>	<u>114,874</u>		<u>25,721</u>	<u>(495,179)</u>	<u>(469,458)</u>
Total nonoperating gains (losses)	<u>10,748,234</u>	<u>(415,914)</u>	<u>2,036,093</u>	<u>-</u>	<u>12,368,413</u>	<u>4,785,282</u>	<u>17,153,695</u>
EXCESS (DEFICIENCY) OF REVENUE AND NONOPERATING GAINS (LOSSES) OVER EXPENSES	<u>\$ 28,232,448</u>	<u>\$ (7,200,101)</u>	<u>\$1,092,132</u>	<u>\$ 6,171,747</u>	<u>\$ 28,296,226</u>	<u>\$ 2,092,379</u>	<u>\$ 30,388,605</u>

See note to consolidating schedules

# MERCY IOWA CITY AND SUBSIDIARIES

## CONSOLIDATING SCHEDULE OF OPERATIONS FOR THE YEAR ENDED JUNE 30, 2013

	Hospital	Services	Foundation	ICASC	Total before Eliminating Entries	Eliminating Entries	Consolidated Total
REVENUE							
Net patient service revenue	\$ 134,487,237	\$ 24,844,787	\$ -	\$ 14,511,183	\$ 173,843,207	\$ -	\$ 173,843,207
Provision for uncollectible accounts	<u>(6,258,779)</u>	<u>(420,398)</u>		<u>(267,323)</u>	<u>(6,946,500)</u>		<u>(6,946,500)</u>
Net patient service revenue less provision for uncollectible accounts	128,228,458	24,424,389	-	14,243,860	166,896,707	-	166,896,707
Other revenue	<u>10,824,732</u>	<u>1,295,275</u>		<u>9,019</u>	<u>12,129,026</u>	<u>(4,726,248)</u>	<u>7,402,778</u>
Total revenue	<u>139,053,190</u>	<u>25,719,664</u>	<u>-</u>	<u>14,252,879</u>	<u>179,025,733</u>	<u>(4,726,248)</u>	<u>174,299,485</u>
EXPENSES							
Salaries	60,055,976	19,152,415	178,326	2,142,961	81,529,678		81,529,678
Defined benefit pension	2,489,960				2,489,960		2,489,960
Other employee benefits	14,350,545	4,312,652	40,850	583,276	19,287,323		19,287,323
Supplies and other	53,009,111	5,903,370	720,471	4,225,013	63,857,965	(2,045,711)	61,812,254
Interest	2,987,797	56,663		300,298	3,344,758	(56,663)	3,288,095
Depreciation and amortization	<u>12,060,139</u>	<u>380,294</u>	<u>6,969</u>	<u>1,293,192</u>	<u>13,740,594</u>		<u>13,740,594</u>
Total expenses	<u>144,953,528</u>	<u>29,805,394</u>	<u>946,616</u>	<u>8,544,740</u>	<u>184,250,278</u>	<u>(2,102,374)</u>	<u>182,147,904</u>
(LOSS) INCOME FROM OPERATIONS	<u>(5,900,338)</u>	<u>(4,085,730)</u>	<u>(946,616)</u>	<u>5,708,139</u>	<u>(5,224,545)</u>	<u>(2,623,874)</u>	<u>(7,848,419)</u>
NONOPERATING GAINS (LOSSES)							
Investment income	6,330,557		537,823		6,868,380	(56,662)	6,811,718
Net unrealized gain on investments	5,463,211		937,129		6,400,340		6,400,340
(Loss) income on investments accounted for under the equity method	<u>(4,131,718)</u>	<u>42,293</u>			<u>(4,089,425)</u>	<u>4,043,438</u>	<u>(45,987)</u>
Change in beneficial interest in net assets of the Foundation	709,509				709,509	(709,509)	-
Other	<u>1,422,297</u>		<u>33,929</u>		<u>1,456,226</u>	<u>(549,033)</u>	<u>907,193</u>
Total nonoperating gains	<u>9,793,856</u>	<u>42,293</u>	<u>1,508,881</u>	<u>-</u>	<u>11,345,030</u>	<u>2,728,234</u>	<u>14,073,264</u>
EXCESS (DEFICIENCY) OF REVENUE AND NONOPERATING GAINS (LOSSES) OVER EXPENSES	<u>\$ 3,893,518</u>	<u>\$ (4,043,437)</u>	<u>\$ 562,265</u>	<u>\$ 5,708,139</u>	<u>\$ 6,120,485</u>	<u>\$ 104,360</u>	<u>\$ 6,224,845</u>

See note to consolidating schedules

# MERCY IOWA CITY AND SUBSIDIARIES

## NOTE TO CONSOLIDATING SCHEDULES AS OF AND FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

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### 1. BASIS OF PRESENTATION

The consolidating schedules of financial position and results of operations are presented for additional analysis of the sources and uses of funds within the overall organization. All intercompany accounts and transactions have been eliminated for consolidating purposes.

The schedules of operations of the Mercy Hospital Foundation (the "Foundation") reflect the sources and uses of funds raised on behalf of Mercy Hospital Iowa City (the "Hospital") and the schedules of financial position of the Foundation reflect funds held on behalf of the Hospital.

The Hospital periodically requests funds from the Foundation for various needs. Such requests are received by the Foundation and, if approved, funds are transferred to the Hospital. Such transfers of funds are reported in the consolidating financial schedules as nonoperating gains (losses), other. The Hospital's beneficial interest in the net assets of the Foundation is reported in the consolidating schedules as a noncurrent asset. The Hospital's share of the change in those assets is reported as nonoperating gains (losses).

The Hospital's investments in Mercy Services ("Services") and the Iowa City Ambulatory Surgical Center ("ICASC") are accounted for under the equity method of accounting. The Hospital's interest in the excess of revenue and nonoperating gains (losses) over expenses for Services and ICASC are presented as (loss) income on investments accounted for under the equity method.



## MERCY IOWA CITY AND SUBSIDIARIES

### NET PATIENT SERVICE REVENUE FOR THE YEAR ENDED JUNE 30, 2014

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	Hospital	Services	ICASC	Total
INPATIENT SERVICE REVENUE	\$ 205,940,216	\$ -	\$ -	\$ 205,940,216
OUTPATIENT SERVICE REVENUE	<u>180,858,709</u>	<u>38,895,424</u>	<u>40,325,947</u>	<u>260,080,080</u>
GROSS PATIENT SERVICE REVENUE	386,798,925	38,895,424	40,325,947	466,020,296
ALLOWANCES FOR CONTRACTUAL ADJUSTMENTS	<u>(253,683,592)</u>	<u>(15,707,861)</u>	<u>(25,877,960)</u>	<u>(295,269,413)</u>
NET PATIENT SERVICE REVENUE	133,115,333	23,187,563	14,447,987	170,750,883
PROVISION FOR UNCOLLECTIBLE ACCOUNTS	<u>(3,256,157)</u>	<u>(388,641)</u>	<u>(275,804)</u>	<u>(3,920,602)</u>
NET PATIENT SERVICES REVENUE LESS PROVISION FOR UNCOLLECTIBLE ACCOUNTS	<u>\$ 129,859,176</u>	<u>\$ 22,798,922</u>	<u>\$ 14,172,183</u>	<u>\$ 166,830,281</u>

## MERCY IOWA CITY AND SUBSIDIARIES

### PROPERTY, PLANT, AND EQUIPMENT—NET AS OF JUNE 30, 2014

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	Hospital	Services	Foundation	Total
LAND	\$ 6,234,374	\$ 208,820	\$ -	\$ 6,443,194
LAND IMPROVEMENTS	614,410	57,533		671,943
BUILDINGS AND IMPROVEMENTS	130,701,711	1,807,533		132,509,244
MAJOR MOVABLE EQUIPMENT AND CAPITALIZED SOFTWARE COSTS	<u>115,483,793</u>	<u>4,070,277</u>	<u>157,041</u>	<u>119,711,111</u>
PROPERTY, PLANT, AND EQUIPMENT—Gross	253,034,288	6,144,163	157,041	259,335,492
LESS ACCUMULATED DEPRECIATION	<u>(164,057,396)</u>	<u>(4,532,909)</u>	<u>(110,794)</u>	<u>(168,701,099)</u>
PROPERTY, PLANT, AND EQUIPMENT—Net—excluding construction in progress	88,976,892	1,611,254	46,247	90,634,393
CONSTRUCTION IN PROGRESS	<u>3,551,207</u>			<u>3,551,207</u>
PROPERTY, PLANT, AND EQUIPMENT—Net	<u>\$ 92,528,099</u>	<u>\$ 1,611,254</u>	<u>\$ 46,247</u>	<u>\$ 94,185,600</u>

## MERCY IOWA CITY AND SUBSIDIARIES

### INVESTMENTS AS OF JUNE 30, 2014

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	Hospital	Services	Foundation	Total
CASH AND CASH EQUIVALENTS	\$ -	\$ 1,575	\$ 151,813	\$ 153,388
DEBT SECURITIES				
U S Treasury obligations			458,959	458,959
Federal agency obligations	9,626,993		310,276	9,937,269
Corporate bonds and notes	4,953,894		1,436,802	6,390,696
Accrued interest	26,381		20,502	46,883
COMMON STOCK—Domestic and foreign	7,342,418		1,746,798	9,089,216
MUTUAL FUNDS	<u>3,725,054</u>	<u>          </u>	<u>7,664,016</u>	<u>11,389,070</u>
TOTAL INVESTMENTS	<u>\$ 25,674,740</u>	<u>\$ 1,575</u>	<u>\$ 11,789,166</u>	<u>\$ 37,465,481</u>

## MERCY IOWA CITY AND SUBSIDIARIES

### ASSETS LIMITED AS TO USE AS OF JUNE 30, 2014

	Hospital	Foundation	Total
INVESTMENTS DESIGNATED BY BOARD FOR FUTURE CAPITAL IMPROVEMENTS			
Cash and cash equivalents	\$ 3,161,394	\$ 290,448	\$ 3,451,842
Corporate bonds and notes	18,499,255	521,148	19,020,403
Common stock—domestic and foreign	29,557,911	633,588	30,191,499
U S Treasury obligations	9,462,084	166,471	9,628,555
Federal agency obligations	10,698,028	112,541	10,810,569
Mutual funds	42,399,707	2,779,844	45,179,551
Accrued interest	306,322	9,408	315,730
Other	<u>10,000</u>	<u>170,553</u>	<u>180,553</u>
Total investments	114,094,701	4,684,001	118,778,702
LESS CURRENT PORTION	(40,694)		(40,694)
LESS DONOR-RESTRICTED INVESTMENTS	<u>                    </u>	<u>(4,684,001)</u>	<u>(4,684,001)</u>
LONG-TERM INVESTMENTS	<u>\$ 114,054,007</u>	<u>\$ -</u>	<u>\$ 114,054,007</u>
INVESTMENTS HELD FOR SELF-INSURANCE PROGRAM			
Cash and cash equivalents	\$ 53,504	\$ -	\$ 53,504
Corporate bonds and notes	586		586
Mutual funds	2,405,380		2,405,380
Accrued interest	<u>4</u>	<u>                    </u>	<u>4</u>
Total investments	2,459,474	-	2,459,474
LESS CURRENT PORTION	<u>(2,445,388)</u>	<u>                    </u>	<u>(2,445,388)</u>
LONG-TERM PORTION	<u>\$ 14,086</u>	<u>\$ -</u>	<u>\$ 14,086</u>