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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MERCY MEDICAL CENTER - CLINTON INC

Doing Business As
SEE SCHEDULE O FOR LIST

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1410 NORTH 4TH STREET

City or town, state or province, country, and ZIP or foreign postal code
CLINTON, IA 527322940

D Employer identification number
42-1336618

E Telephone number
(563) 244-5555

G Gross receipts $ 99,441,341

F Name and address of principal officer
SEAN WILLIAMS
1410 NORTH 4TH STREET
CLINTON,IA 527322940

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MERCYCLINTON COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1989

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE QUALITY HEALTH CARE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,090
6	Total number of volunteers (estimate if necessary)	**6**	268
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	84,570
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	28,920

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	274,308	48,507
9	Program service revenue (Part VIII, line 2g)	94,516,694	92,968,465
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,897,050	4,021,777
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,078,446	2,012,622
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,766,498	99,051,371
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,672	47,356
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,801,570	45,241,174
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	49,188,135	47,370,035
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	95,029,377	92,658,565
19	Revenue less expenses Subtract line 18 from line 12	6,737,121	6,392,806

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	133,599,439	142,186,455
21	Total liabilities (Part X, line 26)	34,320,801	33,545,907
22	Net assets or fund balances Subtract line 21 from line 20	99,278,638	108,640,548

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2015-05-12
Signature of officer | Date

RODNEY SCHLADER REGIONAL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE QUALITY HEALTHCARE - SEE SCHEDULE H FOR MORE INFORMATION

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 $ 76,429,831 including grants of $ 47,356) (Revenue $ 93,614,595)

MERCY MEDICAL CENTER - CLINTON, INC (THE HOSPITAL), A NOT-FOR-PROFIT CORPORATION, IS THE HUB OF HEALTH CARE IN A FOUR-COUNTY, TWO-STATE AREA LYING IN THE IOWA/ILLINOIS MISSISSIPPI VALLEY THE HOSPITAL IS LICNESED FOR BOTH ACUTE CARE AND LONG-TERM CARE, LONG-TERM CARE BEDS INCLUDE A 23-BED DEMENTIA CARE UNIT RECOGNIZING CURRENT AND FUTURE HEALTH CARE NEEDS, THE HOSPITAL IS CONTINUALLY DEVELOPING STATE-OF-THE-ART SERVICES SUCH AS RADIATION ONCOLOGY, RENAL DIALYSIS AND OTHER OUTPATIENT TECHNOLOGY MERCY MEDICAL CENTER - CLINTON, INC IS A MEMBER OF TRINITY HEALTH UNDER ITS CORPORATE STRUCTURE

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

THE MISSION STATEMENT FOR MERCY MEDICAL CENTER-CLINTON IS AS FOLLOWS WE, MERCY MEDICAL CENTER - CLINTON AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 76,429,831

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	167		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,090		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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			
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? **Note.** 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	**1a**	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	7		
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** Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	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				
a	The governing body?			**8a** Yes	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	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	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶RODNEY SCHLADER 1410 NORTH 4TH STREET
CLINTON,IA 527322940 (563)244-5555

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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,919,993	7,117,638	2,369,054

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 21

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
APOGEE MEDICAL MANAGEMENT 2525 E CAMELBACK RD PHOENIX AZ 85016	HOSPITALISTS	1,295,757
STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD ST SUITE 2900 DETROIT MI 48226	STAFFING SERVICES	711,139
OTIS ELEVATOR 25365 INTERCHANGE COURT FARMINGTON HILLS MI 48335	ELEVATOR REPAIR SERVICES	696,682
MORRISON MGMT SPECIALISTS INC 5801 PEACHTREE DUNWOODY RD ATLANTA GA 30342	FOOD SERVICES MANAGEMENT	337,034
AGILITY HEALTH INC 607 DEWEY AVE NW SUITE 300 GRAND RAPIDS MI 49504	REHABILITATIVE SERVICES	327,836

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 20

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	21,713			
	e Government grants (contributions)	1e	26,794			
	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		48,507			
Program Service Revenue		Business Code				
	2a NET PATIENT SVC REV	622110	92,268,734	92,268,734		
	b PHARMACY REVENUE	446110	615,161			615,161
	c LABORATORY UBI	621500	82,732		82,732	
	d PARTNERSHIP UBI	621500	1,838		1,838	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		92,968,465			
	3 Investment income (including dividends, interest, and other similar amounts)		1,350,237			1,350,237
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents: 271,228 /					
	b Less rental expenses: 356,295 /					
	c Rental income or (loss): -85,067 /					
	d Net rental income or (loss)		-85,067			-85,067
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory: 2,678,225 / 26,990					
	b Less cost or other basis and sales expenses: 0 / 33,675					
	c Gain or (loss): 2,678,225 / -6,685					
	d Net gain or (loss)		2,671,540			2,671,540
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	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 GOV'T SUBSIDY - EHR	622110	540,255	540,255		
	b CAFETERIA REVENUE	722514	496,418			496,418
	c CHILDCARE REVENUE	624410	255,410			255,410
	d All other revenue		805,606	805,606		
	e **Total.** Add lines 11a–11d		2,097,689			
	12 **Total revenue.** See Instructions		99,051,371	93,614,595	84,570	5,303,699

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	47,356	47,356		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,351,868	1,034	1,350,834	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	158,361	158,361		
7 Other salaries and wages	35,557,781	33,232,666	2,325,115	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,927,941	1,817,330	110,611	
9 Other employee benefits	3,602,330	3,328,015	274,315	
10 Payroll taxes	2,642,893	2,341,094	301,799	
11 Fees for services (non-employees)				
a Management	1,083,975	1,083,975		
b Legal	16,361		16,361	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	133,017		133,017	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,761,285	4,120,550	640,735	
12 Advertising and promotion	229,095	680	228,415	
13 Office expenses	1,662,143	1,405,724	256,419	
14 Information technology	3,942,372	945	3,941,427	
15 Royalties				
16 Occupancy	1,370,499	1,169,694	200,805	
17 Travel	254,071	222,579	31,492	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,953	47,109	26,844	
20 Interest	730,395	730,395		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,660,004	5,962,980	1,697,024	
23 Insurance	609,040	609,040		
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 UBI TAXES	14,400		14,400	
b MEDICAL SUPPLIES	11,854,860	11,854,860		
c BAD DEBT	3,961,081	3,961,081		
d INTERCO PURCHASED SVCS	3,557,777	819,453	2,738,324	
e All other expenses	5,455,707	3,514,910	1,940,797	
25 **Total functional expenses.** Add lines 1 through 24e	92,658,565	76,429,831	16,228,734	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		248,105	1	646,767
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,714,378	4	11,532,146
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		58,333	5	8,333
	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		1,420,433	8	1,500,919
	9	Prepaid expenses and deferred charges		105,790	9	111,180
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 112,082,946			
	b	Less accumulated depreciation	10b 80,849,333	31,554,786	10c	31,233,613
	11	Investments—publicly traded securities		41,981,699	11	47,768,799
	12	Investments—other securities See Part IV, line 11		40,106,739	12	42,076,979
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,100,000	14	972,000
	15	Other assets See Part IV, line 11		5,309,176	15	6,335,719
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		133,599,439	16	142,186,455
Liabilities	17	Accounts payable and accrued expenses		11,300,868	17	11,184,791
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		16,374	21	16,020
	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		152,134	23	313,842
	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		22,851,425	25	22,031,254
	26	**Total liabilities.** Add lines 17 through 25		34,320,801	26	33,545,907
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		99,278,638	27	108,640,548
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		99,278,638	33	108,640,548
	34	Total liabilities and net assets/fund balances		133,599,439	34	142,186,455

Part XI Reconcilliation 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	99,051,371
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,658,565
3	Revenue less expenses Subtract line 2 from line 1	3	6,392,806
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,278,638
5	Net unrealized gains (losses) on investments	5	4,307,934
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	-1,338,830
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,640,548

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**	
(ii) A family member of a person described in (i) above?	**11g(ii)**	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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	Employer identification number
MERCY MEDICAL CENTER - CLINTON INC	42-1336618

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

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? ☐ Yes ☐ 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) Yes	(a) No	(b) 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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		19,392
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,420
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			34,812
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 MEDICAL CENTER - CLINTON HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS THESE ORGANIZATIONS HAVE PROVIDED MERCY MEDICAL CENTER - CLINTON WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS THAT ARE USED FOR LOBBYING ACTIVITIES MERCY MEDICAL CENTER - CLINTON MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES AS A MEMBER OF THE TRINITY HEALTH SYSTEM, MERCY MEDICAL CENTER - CLINTON CONTINUED TO PARTICIPATE IN THE SYSTEM WIDE "LEAD THE WAY" INITIATIVE WHICH BEGAN THREE YEARS AGO OUR 2014 FEDERAL ADVOCACY GOALS INCLUDED - SUSTAINABLE MEDICARE PAYMENT AND VALUE-BASED REIMBURSEMENT - REPEAL OF MEDICARE PHYSICIAN PAYMENT SUSTAINABLE GROWTH RATE (SGR) - REFORM OF RECOVERY AUDIT CONTRACTOR (RAC) PROGRAM - PACE FUNDING, ADAPTABILITY, AND AWARENESS OUR 2014 STATE ADVOCACY GOALS INCLUDED - HEALTH INSURANCE EXCHANGE ENROLLMENT - MEDICAID EXPANSION AND VALUE-BASED ENROLLMENT - WORKFORCE TRANSFORMATION - PACE ACCESS, FUNDING AND AWARENESS - BEHAVIORAL HEALTH ACCESS AND REIMBURSEMENT LOBBYING ACTIVITY PERFORMED BY TRINITY HEALTH INCLUDED - AN "ADVOCACY ACTION" WEBSITE TO ENGAGE ASSOCIATES IN FEDERAL ADVOCACY - DESIGNATE AN ADVOCACY LIAISON - ENGAGEMENT OF A LOBBYIST IN WASHINGTON, D C BY TRINITY HEALTH CORPORATION - LEGISLATOR VISITS - COLLABORATION WITH THE CATHOLIC HOSPITAL ASSOCIATION, AND THE AMERICAN HOSPITAL ASSOCIATION - COLLABORATION WITH THE IOWA HOSPITAL ASSOCIATION - ADVOCACY ACTION DAY AT THE STATE LEVEL ATTENDED BY EXECUTIVES REPRESENTING MEMBER HOSPITALS

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		778,890		778,890
b Buildings		73,663,496	55,865,297	17,798,199
c Leasehold improvements				
d Equipment		34,880,039	24,984,036	9,896,003
e Other		2,760,521		2,760,521
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				31,233,613

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	8,952,549	F
(B) HEDGE FUNDS	13,428,823	F
(C) EQUITY METHOD INVESTMENTS	19,695,607	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	42,076,979	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LONG-TERM LIABILITIES	371,470
INTERCOMPANY NOTES PAYABLE	18,312,737
INTERCOMPANY PAYABLES	1,274,013
OTHER CURRENT LIABILITIES	972,000
ASSET RETIREMENT OBLIGATION (FIN 47)	796,763
DEFERRED COMPENSATION LIABILITY	304,271
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	22,031,254

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

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

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

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

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

Part XIII Supplemental Information

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 IV, LINE 2B	MERCY LIVING CENTER, A LONG TERM CARE FACILITY, HAS TWO CUSTODIAL ACCOUNTS THAT WERE FOR LONG TERM CARE RESIDENTS' PERSONAL USE
PART V, LINE 4	ENDOWMENTS HELD BY MERCY HEALTHCARE FOUNDATION - CLINTON FOR THE BENEFIT OF MERCY MEDICAL CENTER - CLINTON ARE REPORTED ON THE FORM 990 OF MERCY HEALTHCARE FOUNDATION - CLINTON

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	1,925	1,501,899		1,501,899	1 690 %
b Medicaid (from Worksheet 3, column a)	2	11,670	13,914,708	14,015,268	-100,560	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	3	13,595	15,416,607	14,015,268	1,401,339	1 690 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	12,625	372,814	68,025	304,789	0 340 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	11	5,709	1,979,686	1,277,542	702,144	0 790 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	3,755	37,126		37,126	0 040 %
j **Total.** Other Benefits	40	22,089	2,389,626	1,345,567	1,044,059	1 170 %
k **Total.** Add lines 7d and 7j	43	35,684	17,806,233	15,360,835	2,445,398	2 860 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1	1	421		421	0 %
3 Community support	1	1	121		121	0 %
4 Environmental improvements						
5 Leadership development and training for community members	1	22	5,803		5,803	0 010 %
6 Coalition building						
7 Community health improvement advocacy	1	11	15,420		15,420	0 020 %
8 Workforce development	2	2	257		257	0 %
9 Other	5	33	28,076		28,076	0 030 %
10 **Total**	11	70	50,098		50,098	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	1,322,410		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	36,257,170
6	Enter Medicare allowable costs of care relating to payments on line 5	6	39,196,501
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,939,331
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 CLINTON IMAGING SERVICES LLC	MRI SERVICES	65 000 %		35 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group MERCY MEDICAL CENTER - CLINTON

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 11			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☑ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

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

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

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)
1	MERCY LIVING CENTER - NORTH 600 14TH AVE NORTH CLINTON,IA 52732	LONG TERM CARE
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS

Form and Line Reference	Explanation
PART I, LINE 6A	MERCY MEDICAL CENTER - CLINTON REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW TRINITY-HEALTH ORG IN ADDITION, MERCY MEDICAL CENTER - CLINTON INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE

Form and Line Reference	Explanation
PART I, LINE 7	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, $3,961,081 REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES - THE COMMUNITY BUILDING PROGRAMS SUPPORTED BY MERCY MEDICAL CENTER ARE INTENDED TO PROMOTE THE OVERALL HEALTH OF OUR COMMUNITY MANY ARE AIMED AT IMPROVING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, CHALLENGING FAMILY SITUATIONS, FINANCIAL CHALLENGES, AND ENVIRONMENTAL PROBLEMS THE MEDICAL CENTER SUPPORTS THE BIG BROTHERS/BIG SISTERS PROGRAM, THE CHAMBER OF COMMERCE, CLINTON REGIONAL DEVELOPMENT CORPORATION AND CLINTON ROTARY MERCY ALSO PROVIDES LEADERSHIP SUPPORT AND PARTICIPATION IN COMMUNITY DEVELOPMENT ACTIVITIES, AND PROVIDES IN-KIND AND FINANCIAL SUPPORT TO UNITED WAY, IN ORDER TO SUPPORT ITS EFFORTS TO ADDRESS THE CHALLENGES IN OUR COMMUNITY AT THE ROOT OF MANY HEALTH PROBLEMS OTHER COMMUNITY BUILDING ACTIVITIES ARE LISTED BELOW CLINTON SCHOOLS PROVIDES SUPPORT AS REQUESTED FOR CAREER DEVELOPMENT PROGRAMS WITH AN EMPHASIS ON THE AT-RISK STUDENTS ATTENDING LINCOLN HIGH, THE ALTERNATIVE HIGH SCHOOL GENERATION AREA AGENCY ON AGING GENERATION AREA AGENCY ON AGING WORKS WITH AND THROUGH COMMUNITY ORGANIZATIONS TO ADMINISTER A WIDE RANGE OF LOCAL SERVICES FOR ADULTS 60 YEARS OF AGE AND OLDER ADVOCACY - BROADER COMMUNITY LEADERSHIP AND ASSOCIATES ARE ACTIVELY ENGAGED IN ADVOCACY EFFORTS TO IMPROVE MEDICAL ACCESS AND COVERAGE FOR ALL ADVOCACY EFFORTS ARE TARGETED AT IMPROVING CARE FOR THE UNINSURED AND UNDERINSURED IN OUR COMMUNITY ASHFORD UNIVERSITY PROVIDE JOB SHADOWING OPPORTUNITIES FOR MASTERS IN HEALTH ADMINISTRATION STUDENTS CLINTON PUBLIC LIBRARY OFFERS IN-KIND TIME SPENT AS A BOARD MEMBER ON CLINTON PUBLIC LIBRARY BOARD OF DIRECTORS CHAMBER OF COMMERCE FOUNDATION OFFERS IN-KIND TIME SPENT AS A BOARD MEMBER CLINTON REGIONAL DEVELOPMENT CORPORATION OFFERS IN-KIND TIME SPENT AS A BOARD MEMBER YWCA PROVIDES IN-KIND TIME FOR A MONTHLY BOARD MEETING AND MONTHLY MARKETING MEETING TO IMPROVE COMMUNITY SUPPORT (HEALTH, WELLNESS, CHILDCARE)

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY USED FOR LINE 2 - BAD DEBT EXPENSE REPORTED ON LINE 2 IS SHOWN AT COST AND WAS CALCULATED USING A COST TO CHARGE RATIO METHODOLOGY ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS

Form and Line Reference	Explanation
PART III, LINE 3	MERCY MEDICAL CENTER - CLINTON USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED FY13 WAS THE FIRST YEAR MERCY MEDICAL CENTER - CLINTON UTILIZED THE PREDICTIVE MODEL WITH RESULTS USED FOR ANALYSIS ONLY STARTING IN FY14, MERCY MEDICAL CENTER - CLINTON IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL THEREFORE, MERCY MEDICAL CENTER - CLINTON IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL

Form and Line Reference	Explanation
PART III, LINE 4	MERCY MEDICAL CENTER-CLINTON IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY REGIONAL HEALTH MINISTRY AND FOR EACH TYPE OF PAYOR A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE "

Form and Line Reference	Explanation
PART III, LINE 8	MMC-CLINTON DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS IS SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT - MERCY MEDICAL CENTER-CLINTON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY IN THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE IN THE ASSESSMENT, THE HOSPITAL MAY USE PATIENT DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCY MEDICAL CENTER-CLINTON IS COMMITTED TO - PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE - BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, MERCY MEDICAL CENTER-CLINTON HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONSMERCY MEDICAL CENTER-CLINTON COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE WE ARE ASSISTED IN THIS PROCESS BY R & B SOLUTIONS, AN EXTERNAL VENDOR FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES R & B SOLUTIONS HELPS PATIENTS COMPLETE APPLICATIONS, CONDUCT APPEALS, ETC EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE MERCY MEDICAL CENTER-CLINTON OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH OUR PATIENT HANDBOOKS, MESSAGES ON PATIENT BILLS, AND NOTICES POSTED IN THE REGISTRATION AREA SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND CONTRACTED COLLECTION AGENCIES INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE IN ADDITION, INTERPRETERS ARE AVAILABLE TO THOSE NEEDING ASSISTANCE, PRIMARILY IN SPANISH MERCY MEDICAL CENTER-CLINTON HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS MERCY MEDICAL CENTER- CLINTON MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER MERCY MEDICAL CENTER-CLINTON EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION - MERCY MEDICAL CENTER-CLINTON SERVES A 16 ZIP CODE AREA ALONG THE MISSISSIPPI RIVER IN EASTERN IOWA AND WESTERN ILLINOIS ITS PRIMARY AND SECONDARY SERVICE AREAS HAVE A TOTAL POPULATION OF APPROXIMATELY 72,500, WHICH IS PROJECTED TO DECLINE SLIGHTLY BY 2% BETWEEN 2011 AND 2015 WHILE THE OVERALL POPULATION IS DECLINING, THE NUMBER OF RESIDENTS 65 YEARS OF AGE AND OLDER WILL INCREASE THE ETHNICITY OF MERCY'S SERVICE AREA IS PRIMARILY WHITE (94 7%), WITH SMALL BLACK AND HISPANIC COMMUNITIES (1 8% EACH) THE AVERAGE HOUSEHOLD INCOME FOR THE SERVICE AREA IS $53,450 WITH THE STATE AVERAGE BEING $61,960 AND US AVERAGE OF $71,071 THE MEDICAL CENTER CONSISTS OF AN ACUTE CARE HOSPITAL AND A STRONG CONTINUUM OF SERVICES FOR SENIORS (TWO NURSING HOMES, A DEMENTIA UNIT, TRANSITIONAL CARE BEDS, IRU, HOME CARE AND HOSPICE)

Form and Line Reference	Explanation
PART VI, LINE 5	OTHER INFORMATION - MERCY MEDICAL CENTER-CLINTON HAS AN OPEN MEDICAL STAFF AS A SOLE COMMUNITY PROVIDER, WE OFFER MANY SERVICES TO THE COMMUNITY THAT WOULD OTHERWISE BE UNAVAILABLE IN ADDITION TO TRADITIONAL ACUTE CARE SERVICES, WE OFFER EMERGENCY SERVICES REGARDLESS OF PAYMENT SOURCE, RADIATION ONCOLOGY, RENAL DIALYSIS, HOSPICE CARE, WOUND CARE AND INPATIENT BEHAVIORAL HEALTH WE ALSO HAVE A COMMUNITY IRB, WHICH APPROVES ANY MEDICAL-RELATED RESEARCH REQUESTS MERCY MEDICAL CENTER-CLINTON OFFERS MANY OPPORTUNITIES FOR STUDENTS PURSUING MEDICAL-RELATED CAREERS TO GAIN CLINICAL EXPERIENCE THIS INCLUDES, BUT IS NOT LIMITED TO, PHYSICIANS, NURSING, LAB, EEG, RADIOLOGY AND RESPIRATORY THERAPY WE PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE IN MANY WAYS FOR EXAMPLE, WE PARTNER WITH THE FREE CLINIC IN OUR COMMUNITY, AND HAVE INITIATED A DIABETIC CLINIC FOR THE UNINSURED MERCY MEDICAL CENTER ALSO HAS A VERY ACTIVE AND EXPANSIVE VOLUNTEER PROGRAM, WHICH OFFERS OPPORTUNITIES ACROSS THE CONTINUUM, FROM ACUTE CARE TO LONG-TERM CARE AND HOSPICE MAJOR COMMUNITY BENEFIT PROGRAMS ARE LISTED BELOW ALONG WITH THE DESCRIPTION OF THEIR IMPACT ON IMPROVING HEALTH IN THE COMMUNITY PRENATAL EDUCATION PROVIDES EDUCATION TO LOW INCOME FAMILIES TO PROMOTE HEALTHY OUTCOMES FOR MOTHER AND BABY THE MAJORITY OF DELIVERIES AT OUR HOSPITAL ARE WITH MOTHERS WHO ARE AT OR BELOW THE POVERTY LEVEL EVIDENCE HAS DOCUMENTED THAT EDUCATION HAS AN IMPACT ON HEALTHY PREGNANCIES AND HEALTHY BABIES AMBULANCE AND CAB SERVICE PROVIDES TRANSPORTATION FOR ADDITIONAL MEDICAL CARE OR TRANSPORTATION HOME ACCESS TO CARE CONTINUES TO BE A GAP IN OUR COMMUNITY MANY PATIENTS ARRIVE IN OUR ER AND DO NOT HAVE TRANSPORTATION AVAILABLE TO RETURN HOME IN ADDITION, IF A PATIENT IS ON IOWA CARE, THEY REQUIRE UNFUNDED AMBULANCE TRANSPORTATION TO THE UNIVERSITY OF IOWA GATEWAY FREE CLINIC PROVIDES A MEDICAL HOME FOR THE UNINSURED, GIVING ACCESS TO CARE TO THOSE WHO OTHERWISE HAVE NO ACCESS TO A MEDICAL HOME DRUG ENDANGERED CHILD TASK FORCE WORKS ON REDUCING THE RISK FOR DRUG-ENDANGERED CHILDREN BORN IN OUR FACILITY THIS WAS IDENTIFIED AS PART OF THE GOALS / STRATEGIES FOR THE CLINTON COUNTY HEALTH IMPROVEMENT PLAN FOR 2011-2015 SUBSIDIZED PROGRAMS BRIDGEVIEW MENTAL HEALTH PROVIDES FINANCIAL SUBSIDY TO THE PROGRAM, WHICH PROVIDES MENTAL HEALTH SERVICES TO COUNTY FUNDED AND OTHER LOW INCOME AND / OR UNINSURED PATIENTS IN OUR COMMUNITY SPECIALTY CLINIC SUBSIDY PROVIDES GI AND ENT SERVICES TO PATIENTS IN THE COMMUNITY, OPERATING AT A LOSS, DUE IN PART TO ACCEPTANCE OF MEDICAID AND CHARITY CARE PATIENTS THE PREGNANCY CENTER ASSISTS WITH SUPPORT FOR MOTHERS WITH UNWANTED PREGNANCIES ALSO PROMOTES AND PROVIDES EDUCATION ON HEALTHY RELATIONSHIPS REDUCING THE NUMBER OF SUBSEQUENT PREGNANCIES IN YOUNG WOMEN UNDER 20 IS ONE OF THE GOALS / STRATEGIES FOR THE CLINTON COUNTY HEALTH IMPROVEMENT PLAN FOR 2011-2015 CERTIFIED DIABETES CENTER PROVIDES EDUCATION AND MEDICAL MANAGEMENT FOR DIABETIC PATIENTS IN OUR COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 6	MERCY MEDICAL CENTER-CLINTON IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - COMMUNITY BENEFIT GOALS THAT INCLUDE IMPLEMENTING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS OVERALL, THE ORGANIZATION INVESTS MORE THAN $800 MILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING EACH COMMUNITY'S SPECIFIC NEEDS FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW TRINITY-HEALTH ORG

Additional Data

Software ID:
Software Version:
EIN: 42-1336618
Name: MERCY MEDICAL CENTER - CLINTON INC

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON	PART V, SECTION B, LINE 3 AS A WAY TO GAIN INSIGHT INTO UNDERSERVED POPULATIONS, MERCY DECIDED TO CONVENE A FOCUS GROUP THAT CONSISTED OF REPRESENTATIVES FROM VARIOUS SOCIAL SERVICE AGENCIES WITHIN MERCY'S SERVICE AREA TWELVE PEOPLE WERE INVITED, AND NINE ATTENDED THE SESSION THE AGENCIES THAT WERE REPRESENTED INCLUDED CLINTON COMMUNITY MENTAL HEALTH SERVICES, LUTHERAN SOCIAL SERVICES OF IOWA, CLINTON COUNTY SUBSTANCE ABUSE COUNCIL, INFORMATION ASSISTANCE AND REFERRAL, GENERATIONS AREA AGENCY ON AGING, THE PREGNANCY CENTER, AND PATHWAYS MERCY ALSO CHOSE TO CONDUCT TWO FOCUS GROUPS WITH WHAT THE HOSPITAL FELT WERE AT-RISK POPULATIONS INCLUDING THE ELDERLY AND RANDOMLY SELECTED UNINSURED FORMER MERCY PATIENTS

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON	PART V, SECTION B, LINE 4 THE EXECUTIVE DIRECTOR OF THE VISITING NURSES ASSOCIATION (VNA) SAT ON THE STEERING COMMITTEE THE VNA SERVES AS THE CLINTON COUNTY PUBLIC HEALTH DEPARTMENT AND IS OWNED BY GENESIS HEALTH SYSTEM (MEDICAL CENTER) OUT OF DAVENPORT AND DEWITT, IOWA

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON	PART V, SECTION B, LINE 5D THE FOLLOWING ARE ADDITIONAL WAYS MERCY MEDICAL CENTER COMMUNICATED ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO THE BROADER COMMUNITY 1) DISTRIBUTION OF COPIES TO INDIVIDUALS WHO SERVED ON OUR CHNA STEERING COMMITTEE 2) INDIVIDUALS WHO PARTICIPATED IN THE SOCIAL SERVICES FOCUS GROUP 3) THROUGH ARTICLES IN THE HOSPITAL'S FOUNDATION NEWSLETTER

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON	PART V, SECTION B, LINE 7 BEHAVIORAL HEALTH - IN THE AREA OF BEHAVIORAL HEALTH CHILD PSYCHIATRIC SERVICES WERE IDENTIFIED BRIDGEVIEW COMMUNITY HEALTH CENTER HANDLES THE MAJORITY OF OUTPATIENT NEEDS IN THIS AREA MERCY IS NOT PURSUING INPATIENT CHILD PSYCHIATRIC SERVICES DUE TO THE PRESENCE OF BRIDGEVIEW AND THE HOSPITAL'S INABILITY TO RECRUIT A PSYCHIATRIST WHO WANTS TO HAVE INPATIENT PSYCHIATRIC PRIVILEGES CHILD PSYCHIATRISTS ARE EVEN MORE DIFFICULT TO RECRUIT ACCESS TO PRIMARY CARE- ACCESS TO PRIMARY CARE WAS IDENTIFIED AS AN ISSUE BECAUSE MERCY DOES NOT EMPLOY ANY PRIMARY CARE PHYSICIANS THIS IS CURRENTLY OUT OF THE SCOPE OF WHAT THE HOSPITAL CAN DO THE HOSPITAL DOES FINANCIALLY SUPPORT THE LOCAL FREE CLINIC THE HOSPITAL HAS ALSO WORKED CLOSELY WITH THE COMMUNITY HEALTH CENTER IN DAVENPORT TO ENCOURAGE THEM TO OPEN A SATELLITE CLINIC IN CLINTON

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON	PART V, SECTION B, LINE 12I THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON	PART V, SECTION B, LINE 14G SIGNS AND BROCHURES REFERRING TO FINANCIAL ASSISTANCE ARE POSTED AND AVAILABLE IN ALL THE PATIENT REGISTRATION OFFICES AND WAITING ROOMS A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON	PART V, SECTION B, LINE 20D PATIENTS WITH INCOME AT OR BELOW 200% OF FEDERAL POVERTY GUIDELINES (FPG), ADJUSTED FOR FAMILY SIZE, ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES PATIENTS WITH INCOMES ABOVE 200% BUT NOT EXCEEDING 300% OF FPG, ADJUSTED FOR FAMILY SIZE, RECEIVE A PERCENTAGE DISCOUNT ON MEDICALLY NECESSARY SERVICES, BASED UPON A SLIDING SCALE

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

Form and Line Reference	Explanation
MERCY MEDICAL CENTER - CLINTON - PART V, SECTION B, LINE 5A	HTTP //WWW MERCYCLINTON COM/WORKFILES//CHNA_FINAL_WC PDF

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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) CLINTON REGIONAL DEVELOPMENT CORPORATION 144 8TH AVENUE SOUTH CLINTON,IA 52732	42-0738495	501(C)(4)	15,000				COMMUNITY SUPPORT
(2)							COMMUNITY SUPPORT
(3) UNITED WAY OF CLINTON COUNTY 405 SOUTH 3RD STREET CLINTON,IA 52732	42-0698299	501(C)(3)	9,000				COMMUNITY SUPPORT

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

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

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	DONATIONS MADE BY MERCY MEDICAL CENTER- CLINTON TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	MERCY MEDICAL CENTER - CLINTON, INC IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM THE CEO OF MERCY MEDICAL CENTER - CLINTON, INC IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION FOR MERCY MEDICAL CENTER - CLINTON, INC 'S CEO - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN CALENDAR 2013 THIS AMOUNT IS INCLUDED IN COLUMN B(III) KEDRICK ADKINS - $310,298 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES $1,347,759 OF SEVERANCE FOR KEDRICK ADKINS WHICH WAS UNPAID AS OF 12/31/13 ($814,924 WAS PAID IN 2014 AND $532,835 TO BE PAID IN 2015) THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH CASH BALANCE RESTORATION AND RETENTION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETENTION BENEFITS PLUS RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS ($255,000 FOR 2013) THE FOLLOWING ACCRUALS FOR 2013 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - $106,281 RICHARD O'CONNELL - $99,056 SEAN WILLIAMS - $14,684 THE FOLLOWING IS A PARTICIPANT IN A NON-QUALIFIED ELECTIVE DEFERRED COMPENSATION PLAN THE FOLLOWING DEFERRAL FOR 2013 FOR THIS PLAN IS INCLUDED IN COLUMN B (III) OF SCHEDULE J, PART II JAMES CODDINGTON, MD - $23,400 THE FOLLOWING IS A PARTICIPANT IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE FOLLOWING SERP ACCRUAL FOR 2013 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - $258,812 PART II THE FOLLOWING INDIVIDUALS WERE VESTED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE FOLLOWING VESTED SERP AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II JOSEPH SWEDISH - $543,977 MICHAEL SLUBOWSKI - $231,799 COLUMN F OF SCHEDULE J INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS PART II, COLUMN B (II) THE FOLLOWING INDIVIDUALS RECEIVED AMOUNTS IN 2013 FROM A LONG-TERM INCENTIVE PLAN (LTIP) PARTICIPANTS IN THE LTIP (CEO'S AND CERTAIN TRINITY EXECUTIVES) WERE ELIGIBLE TO RECEIVE A PAYMENT UNDER THE PLAN ONLY IF CERTAIN CULTURE OF SAFETY SURVEY SCORE TARGETS WERE ACHIEVED AT THE END OF A THREE-YEAR PERIOD (FY11 THROUGH FY13) THE FOLLOWING LTIP AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) KEDRICK ADKINS - $372,833 AMY E BERENTES - $30,574 RICHARD O'CONNELL - $294,870 SEAN WILLIAMS - $123,206
PART I, LINE 6	MERCY MEDICAL CENTER - CLINTON OFFERS AN INCENTIVE COMPENSATION ARRANGEMENT FOR NON-PHYSICIAN ASSOCIATES THIS PLAN STATES THAT IF PATIENT SATISFACTION AND QUALITY TARGETS ARE MET, AND FINANCIAL PERFORMANCE EXCEEDS BUDGET, THEN UP TO 50% OF OPERATING INCOME IN EXCESS OF BUDGETED OPERATING INCOME IS SHARED WITH ALL NON-PHYSICIAN ASSOCIATES IN EQUAL AMOUNTS BASED ON THE NUMBER OF HOURS WORKED BY EACH ASSOCIATE DURING THE FISCAL YEAR (NOT TO EXCEED 2080 HOURS PER YEAR) NO PAYOUTS WERE MADE IN 2013

Additional Data

Software ID:
Software Version:
EIN: 42-1336618
Name: MERCY MEDICAL CENTER - CLINTON INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SEAN WILLIAMS PRESIDENT & CEO	(I) (II)	0 275,938	0 214,902	0 39,920	0 22,334	0 18,836	0 571,930	0 0
JAMES CODDINGTON MD DIRECTOR AS OF 1/14, MMC-NI PHYS	(I) (II)	0 167,398	0 37,556	0 30,810	0 16,630	0 19,546	0 271,940	0 0
RICHARD O'CONNELL DIR AS OF 1/14, EVP & PRES TH DIV	(I) (II)	0 731,422	0 769,386	0 172,766	0 111,806	0 33,679	0 1,819,059	0 0
MARCIA SMITH SEC AS OF 1/14, MMC-NI ASSOC CNSL	(I) (II)	0 218,796	0 0	0 1,106	0 13,078	0 18,562	0 251,542	0 0
PAUL MANGIN TREASURER THR 12/13, CFO/VP FINANCE	(I) (II)	0 185,919	0 42,715	0 1,118	0 33,987	0 17,994	0 281,733	0 0
RODNEY SCHLADER TREAS AS OF 1/14, REGIONAL CFO	(I) (II)	0 276,450	0 66,685	0 1,439	0 28,291	0 21,801	0 394,666	0 0
AMY E BERENTES VP PATIENT CARE/CNO	(I) (II)	0 144,207	0 62,858	0 282	0 10,986	0 5,582	0 223,915	0 0
RODNEY TOKHEIM VP BUSINESS DEVELOPMENT	(I) (II)	0 138,638	0 31,732	0 1,212	0 22,360	0 19,179	0 213,121	0 0
MOHAMMED IRSHAD PHYSICIAN, GASTROENTEROLOGY	(I) (II)	548,473 0	0 0	2,834 0	12,750 0	1,689 0	565,746 0	0 0
MARK LEDING DO PHYSICIAN, ANESTHESIOLOGY	(I) (II)	411,152 0	0 0	52,028 0	16,750 0	28,213 0	508,143 0	0 0
DOUGLAS CODY MD PHYSICIAN, ENT	(I) (II)	389,732 0	26,982 0	623 0	13,968 0	27,789 0	459,094 0	0 0
STEPHEN JEWELL CRNA	(I) (II)	234,797 0	0 0	663 0	9,003 0	17,822 0	262,285 0	0 0
JAMES BABESHOFF CRNA	(I) (II)	201,057 0	0 0	1,966 0	11,507 0	20,621 0	235,151 0	0 0
JOSEPH SWEDISH FORMER KEY EMPLOYEE	(I) (II)	0 344,758	0 0	0 1,119,237	0 21,706	0 7,182	0 1,492,883	0 0
KEDRICK ADKINS FORMER KEY EMPLOYEE	(I) (II)	0 504,488	0 873,685	0 430,416	0 1,730,702	0 8,534	0 3,547,825	0 45,090
MICHAEL SLUBOWSKI FORMER KEY EMPLOYEE	(I) (II)	0 0	0 0	0 231,799	0 0	0 0	0 231,799	0 231,799

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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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) MARK LEDING DO	EMPLOYEE	PHYSICIAN LOAN		X	100,000	8,333		No	Yes		Yes	
Total		▶ $				8,333						

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 42-1336618
Name: MERCY MEDICAL CENTER - CLINTON INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1)					No
(2)					No
(3) JESSICA WINKEL	FAMILY MEMBER OF RICHARD WINKEL, BOARD DIRECTOR	47,754	EMPLOYMENT ARRANGEMENT		No
(4)					No
(5) KATHRYN CALVIN	FAMILY MEMBER OF LAMETTA WYNN, BOARD DIRECTOR	41,758	EMPLOYMENT ARRANGEMENT		No
(6) JACIE WHERRY	FAMILY MEMBER OF MARK REGENWETHER, BOARD DIRECTOR	68,849	EMPLOYMENT ARRANGEMENT		No
(7) MEDICAL ASSOCIATES OF CLINTON (MAC)	JAMES OLNEY, MD, BOARD DIRECTOR, IS A PARTNER & BD MEMBER OF MAC	648,312	PAYMENTS MADE BY MMC-CLINTON TO MEDICAL ASSOCIATES OF CLINTON FOR MEDICAL SERVICES		No

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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 MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	RODNEY SCHLADER, IOWA REGIONAL CFO, AND MARTI RODAMAKER, BOARD DIRECTOR, HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE AMENDED AND RESTATED EFFECTIVE APRIL 23, 2014 THE SIGNIFICANT CHANGES TO THE BYLAWS PROVIDE THAT THE SYSTEM PARENT, TRINITY HEALTH CORPORATION, HAS RESERVED POWERS TO - APPOINT AND REMOVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS -APPOINT AND REMOVE THE PRESIDENT OF THE CORPORATION -APPROVE A MERGER, CONSOLIDATION, OR DISSOLUTION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF MERCY MEDICAL CENTER - CLINTON, INC ARE MERCY HEALTHCARE FOUNDATION - CLINTON (THE CLASS A MEMBER) AND MERCY HEALTH SERVICES-IOWA CORP (THE CLASS B MEMBER) SEE LINE 7 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SYSTEM PARENT, TRINITY HEALTH CORPORATION, APPOINTS THE DIRECTORS OF MERCY MEDICAL CENTER-CLINTON THE BOARD OF DIRECTORS ELECTS THE BOARD OFFICERS AS IF JANUARY 1, 2014, THE IOWA REGIONAL BOARD FOR TRINITY HEALTH BECAME THE GOVERNING BOARD OF DIRECTORS FOR MERCY MEDICAL CENTER - CLINTON FORMER BOARD DIRECTORS CONTINUED IN AN ADVISORY ROLE.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MERCY HEALTH SERVICES-IOWA, CLASS B MEMBER, AND TRINITY HEALTH CORPORATION, SYSTEM PARENT, MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET MERCY HEALTH SERVICES-IOWA CORP MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS AS CLASS A MEMBER, MERCY HEALTHCARE FOUNDATION - CLINTON MUST APPROVE THE SALE OF SUBSTANTIALLY ALL ASSETS TO, OR MERGER OF MERCY MEDICAL CENTER-CLINTON WITH, AN ENTITY NOT AFFILIATED WITH TRINITY HEALTH CORPORATION MERCY HEALTHCARE FOUNDATION - CLINTON MUST ALSO APPROVE ANY MODIFICATIONS TO GOVERNING DOCUMENTS THAT WOULD CHANGE THE VOTING OR APPROVAL RIGHTS OF THE CLASS A MEMBER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE FORM 990 FOR MERCY MEDICAL CENTER - CLINTON, INC IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MERCY MEDICAL CENTER - CLINTON, INC HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS IT APPLIES TO ALL "INTERESTED PERSONS" OF MERCY MEDICAL CENTER - CLINTON, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH MERCY MEDICAL CENTER - CLINTON'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MERCY MEDICAL CENTER - CLINTON OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF MERCY MEDICAL CENTER - CLINTON IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO MERCY MEDICAL CENTER - CLINTON ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF DIRECTORS OF MERCY MEDICAL CENTER - CLINTON ON A YEARLY BASIS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR MERCY MEDICAL CENTER - CLINTON'S CEO, OFFICERS, AND KEY MANAGEMENT OFFICIALS IS ESTABLISHED AND PAID BY TRINITY HEALTH, A RELATED ORGANIZATION TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MERCY MEDICAL CENTER - CLINTON, INC ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MERCY MEDICAL CENTER - CLINTON, INC IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW TRINITY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE IN ADDITION, MERCY MEDICAL CENTER - CLINTON, INC INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE MERCY MEDICAL CENTER - CLINTON INC 'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO/FROM AFFILIATES -1,338,830

Return Reference	Explanation
FORM 990, PART XII, LINE 2	MERCY MEDICAL CENTER - CLINTON'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 14 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES	MERCY MEDICAL CENTER - CLINTON, MERCY HOME CARE & HOSPICE - CLINTON, MERCY LIVING CENTER - NORTH, MERCY LIVING CENTER - SOUTH AND MERCY SPECIALTY CLINIC - CLINTON

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	
See Additional Data Table												

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

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

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

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 42-1336618
Name: MERCY MEDICAL CENTER - CLINTON INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(1) ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	MANAGEMENT & SUPPORT SERVICES	FL	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(2) AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(3) AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	SUPPORTS SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(4) BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	ACUTE/AMBULATORY HEALTHCARE SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(5) BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	Yes	
(6) BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	REAL ESTATE HOLDING	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
(7) BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(8) BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	BEHAVIORAL CARE	MA	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(9) CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	NURSING HOME	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(10) CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MI	501(C)(3)	LINE 11B, II	TRINITY HEALTH-MICHIGAN	Yes	
(11) CATHOLIC HEALTH EAST 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-2929748	MANAGEMENT SERVICES	PA	501(C)(3)	LINE 11C, III-FI	CHE TRINITY INC	Yes	
(12) CHE TRINITY INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 90-0931907	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	N/A		No
(13) COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAELS MEDICAL CENTER	Yes	
(14) COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(15) CONTINUING CARE MANAGEMENT SERVICES NETWORK 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 35-2336834	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(16) CRANBROOK HOSPICE CARE 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	PROVIDE HOSPICE HEALTH SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(17) DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
(18) DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(19) DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) EAST NORRITON PHYSICIAN SERVICES C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2515999	PHYSICIAN SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(1) EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH	NY	501(C)(3)	LINE 3	LTC(EDDY) INC	Yes	
(2) EMPIRE HOME INFUSION SERVICES INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME CARE	NY	501(C)(3)	LINE 9	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
(3) FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(4) FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILMINGTON, DE 19805 22-3008680	ELDERCARE	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
(5) GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	INDEPENDENT/ASSISTED LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(6) GLOBAL HEALTH MINISTRY 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-3068656	HEALTH CARE	PA	501(C)(3)	LINE 7	CATHOLIC HEALTH EAST	Yes	
(7) GOOD SAMARITAN HOSPITAL INC 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HOSPITAL	GA	501(C)(3)	LINE 3	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(8) GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	SUPPORT THE SERVICES OF RELATED HOSPITAL	IL	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	Yes	
(9) GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	SUPPORT THE SERVICES OF RELATED HOSPITAL	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
(10) GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
(11) GRAND RAPIDS MEDICAL EDUCATION PARTNERS INC 1000 MONROE AVENUE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(12) HACKLEY HOSPITAL 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI 49443 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	MERCY HEALTH PARTNERS	Yes	
(13) HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MI	501(C)(3)	LINE 11C, III-FI	MERCY HEALTH PARTNERS	Yes	
(14) HACKLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI 49442 38-1386362	COUNSELING, EDUCATION, AND SUPPORT	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
(15) HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(16) HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	NURSING HOME	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(17) HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MD	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
(18) HOLY CROSS HEALTH FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	CHARITABLE FUNDRAISING	MD	501(C)(3)	LINE 11A, I	HOLY CROSS HEALTH INC	Yes	
(19) HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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(41) HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HOSPITAL-HEALTHCARE PROVIDER	FL	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(1) HOLY CROSS LONG TERM CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0787320	MEDICAL SERVICES	FL	501(C)(3)	LINE 3	HOLY CROSS HOSPITAL INC	Yes	
(2) HOLY CROSS MEDICAL CENTER 20555 VICTOR PARKWAY LIVONIA, MI 48152 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(3) HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	MEDICAL BUILDING REAL ESTATE MANAGEMENT	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
(4) HOME AIDE SERVICE OF EASTERN NEW YORK 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(5) HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE HEALTH CARE SERVICES	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(6) HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
(7) HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(8) IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	PROVIDES OFFICE-BASED MEDICAL CARE	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(9) INTRACOASTAL HEALTH SYSTEMS INC 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 65-0556413	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(10) JAMES A EDDY MEMORIAL GERIATRIC CENTER INC 2256 BURDETT AVE TROY, NY 12180 22-2570478	NURSING HOME	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(11) LAKESHORE COMMUNITY HOSPITAL INC 72 S STATE STREET SHELBY, MI 49455 38-2549295	ACUTE HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	MERCY HEALTH PARTNERS	Yes	
(12) LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	INACTIVE ENTITY	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(13) LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	PHYSICIAN SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(14) LIFE AT LOURDES INC 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	ELDERLY CARE	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(15) LIFE AT ST FRANCIS HEALTHCARE INC 7TH CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	ELDERLY CARE	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
(16) LIFE ST FRANCIS CORPORATION 601 HAMILTON AVENUE TRENTON, NJ 08629 22-2797282	HEALTH SERVICES	NJ	501(C)(3)	LINE 11A, I	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
(17) LIFE ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 27-2159847	HEALTHCARE SERVICES	NC	501(C)(3)	LINE 3	ST JOSEPH'S OF THE PINES INC	Yes	
(18) LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	ELDERLY CARE	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(19) LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	SUPPORTING ORGANIZATION	NJ	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	

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						Yes	No
(61) LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	CARDIOLOGY SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(1) LOURDES DIALYSIS AT INNOVA INC 3716 CHURCH ROAD MT LAUREL, NJ 08054 26-3237625	HOSPITAL	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(2) LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HOSPITAL	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(3) LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(4) LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
(5) LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	ELDERLY HEALTH/HOUSING SUPPORTING ORG	NY	501(C)(3)	LINE 11B, II	NORTHEAST HEALTH INC	Yes	
(6) MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 24-0711230	HOSPITAL	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
(7) MARIAN COMMUNITY HOSPITAL AUXILIARY 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 25-1874733	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MAXIS FOUNDATION	Yes	
(8) MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	PROVIDE HOME HEALTH CARE SERVICES	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(9) MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	PROVIDES HOUSING FOR ELDERLY INDIVIDUALS	MI	501(C)(3)	LINE 11A, I	TRINITY CONTINUING CARE SERVICES	Yes	
(10) MAXIS FOUNDATION 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 23-2330090	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
(11) MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM	PA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(12) MAXIS MEDICAL SERVICES 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 23-2577185	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
(13) MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	INDEPENDENT LIVING	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
(14) MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
(15) MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11A, I	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(16) MEMORIAL HOSPITAL ALBANY NY 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	GENERAL HOSPITAL	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
(17) MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(18) MERCY AMICARE HOME HEALTHCARE PORT HURON 505 HURON AVENUE PORT HURON, MI 48060 38-3320701	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(19) MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FUNDRAISING	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	

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						Yes	No
(81) MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191	ACUTE CARE HOSPITAL	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(1) MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	MANAGEMENT & SUPPORT SERVICES	CT	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(2) MERCY COMMUNITY HOMECARE SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1488137	IN HOME HEALTH CARE	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
(3) MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH	PA	501(C)(3)	LINE 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(4) MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	SUPPORTS THE SERVICES OF RELATED HEALTH CARE SYSTEM	IL	501(C)(3)	LINE 11A, I	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
(5) MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 684 HARVEY STREET MUSKEGON, MI 49442 38-3321856	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(6) MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2829864	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(7) MERCY HEALTH NETWORK 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE MANAGEMENT	DE	501(C)(3)	LINE 11A, I	N/A		No
(8) MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966	HEALTHCARE SYSTEM SUPPORT	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
(9) MERCY HEALTH PLAN C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 22-2483605	HEALTH PLANS	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(10) MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(11) MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(12) MERCY HEALTH SYSTEM OF CHICAGO LIABILITY SELF INSURANCE TRUST BK OF AMERICA 231 S LASALLE CHICAGO, IL 60697 91-2092113	SELF INSURANCE FOR PROFESSIONAL AND COMPREHENSIVE LIABILITY	IL	501(C)(3)	LINE 11C, III-FI	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
(13) MERCY HEALTH SYSTEM OF MAINE 144 STATE STREET PORTLAND, ME 04101 01-0484074	MANAGEMENT & SUPPORT SERVICES	ME	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH EAST	Yes	
(14) MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2212638	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(15) MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	IN DISSOLUTION	NY	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(16) MERCY HEALTHCARE FOUNDATION-CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IA	501(C)(3)	LINE 11C, III-FI	N/A		No
(17) MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH	PA	501(C)(3)	LINE 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(18) MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	HOME HEALTH	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(19) MERCY HOSPITAL 144 STATE STREET PORTLAND, ME 04101 01-0211534	HOSPITAL	ME	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF MAINE	Yes	

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(101) MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
(1) MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI 49601 20-3357131	SUPPORT THE SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(2) MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(3) MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	ACUTE CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(4) MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HOSPITAL	FL	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH EAST	Yes	
(5) MERCY JEANNETTE HOSPITAL 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 25-1310602	INACTIVE ENTITY	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(6) MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY TREATMENT	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(7) MERCY LIFE OF ALABAMA PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 27-3163002	HOSPITAL	AL	501(C)(3)	LINE 3	MERCY MEDICAL CORPORATION	Yes	
(8) MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	ACUTE CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(9) MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2627944	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(10) MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	TO PROVIDE QUALITY HEALTH CARE	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP		No
(11) MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(12) MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 11C, III-FI	N/A		No
(13) MERCY MEDICAL CORPORATION PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 63-6002215	HOSPITAL	AL	501(C)(3)	LINE 9	CATHOLIC HEALTH EAST	Yes	
(14) MERCY MEDICAL DEVELOPMENT INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-2789194	OUTPATIENT SERVICES	FL	501(C)(3)	LINE 9	MERCY HOSPITAL INC	Yes	
(15) MERCY MISSION SERVICES INC 3661 SOUTH MIAMI AVENUE MIAMI, FL 33133 65-0435764	HEALTH CARE	FL	501(C)(3)	LINE 3	MERCY HOSPITAL INC	Yes	
(16) MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897	HOME HEALTH AND HOSPICE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(17) MERCY ONCOLOGY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	ONCOLOGY MEDICAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(18) MERCY OUTPATIENT SERVICES INC DBA SISTER EMMANUEL HOSPITAL 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 51-0461511	HOSPITAL	FL	501(C)(3)	LINE 9	MERCY HOSPITAL INC	Yes	
(19) MERCY SENIOR CARE INC 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	

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(121) MERCY SERVICES CORPORATION 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1453323	SUPPORT SERVICES	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(1) MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	REAL ESTATE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(2) MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MI	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
(3) MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	NEUROSURGERY MEDICAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(4) MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1396763	ACUTE CARE HOSPITAL	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(5) MERCY UIHLEIN HEALTH CORPORATION 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 16-1535133	MGT & SUPPORT SERVICES	NY	501(C)(3)	LINE 11B, II	MERCY HEALTHCARE CENTER	Yes	
(6) MERCYKNOLL INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0757380	SKILLED NURSING	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(7) MIDWEST MEDFLIGHT 1300 VICTORS WAY ANN ARBOR, MI 48108 38-2684671	AEROMEDICAL TRANSPORT	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(8) MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	FACILITY USED FOR AMBULATORY CARE	DE	501(C)(3)	LINE 11A, I	N/A		No
(9) MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
(10) MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(11) MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO FOR SENIORS	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(12) MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(13) MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	SUPPORT THE SERVICES OF RELATED HOSPITAL	OH	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
(14) MOUNT CARMEL HOME CARE LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH 43215 26-2729300	PROVIDE HOME HEALTH CARE SERVICES	OH	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(15) MRI MOBILE SERVICES OF WEST MICHIGAN 1820 - 44TH STREET KENTWOOD, MI 49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(16) MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
(17) NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(18) NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	ACUTE CARE HOSPITAL	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(19) NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 20-3261266	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	

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						Yes	No
(141) NE PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2497355	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(1) NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
(2) OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(3) OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	SUPPORTS SERVICES OF RELATED HOSPITAL	NE	501(C)(3)	LINE 11C, III-FI	N/A		No
(4) OSUMOUNT CARMEL HEALTH ALLIANCE 793 WEST STATE STREET COLUMBUS, OH 43222 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 11A, I	N/A		No
(5) OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	MANAGEMENT & SUPPORT SERVICES	NJ	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(6) OUR LADY OF LOURDES HEALTH FOUNDATION INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(7) OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HOSPITAL	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(8) OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	NURSING HOME FACILITY	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(9) PIONEER VALLEY CARDIOLOGY ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	CARDIOLOGY SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(10) PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH EAST	Yes	
(11) PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(12) PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(13) PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes	
(14) SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(15) SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
(16) SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
(17) SAINT ALPHONSUS FOUNDATION-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
(18) SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(19) SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	

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(161) SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(1) SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	SUPPORT THE SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
(2) SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(3) SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(4) SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(5) SAINT JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAELS MEDICAL CENTER	Yes	
(6) SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(7) SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC PO BOX 1935 SOUTH BEND, IN 46634 35-0868157	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(8) SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	HOSPITAL SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER-S BEND	Yes	
(9) SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY INC 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	HOSPITAL SERVICE AUXILIARY	IN	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH	Yes	
(10) SAINT JOSEPH REGIONAL MEDICAL CENTER INC 801 EAST LASALLE AVE SOUTH BEND, IN 46617 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(11) SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	MANAGEMENT & SUPPORT SERVICES	GA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(12) SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(13) SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES-INDIANA	Yes	
(14) SAINT MARY HOME II INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1164104	ELDERLY CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(15) SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW GRAND RAPIDS, MI 49505 38-3320700	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(16) SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
(17) SAINT MICHAELS MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HOSPITAL	NJ	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(18) SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD DAY CARE	NY	501(C)(3)	LINE 9	NORTHEAST HEALTH INC	Yes	
(19) SAMARITAN HOSPITAL OF TROY NEW YORK 2215 BURDETT AVE TROY, NY 12180 14-1338544	GENERAL HOSPITAL	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	

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(181) SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(1) SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
(2) SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	SKILLED NURSING	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
(3) SETON HEALTH FOUNDATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM INC	Yes	
(4) SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HOSPITAL	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(5) SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(6) SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	MANAGEMENT & SUPPORT SERVICES	MA	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(7) SJHSJOC HOLDINGS INC 424 DECATUR STREET ATLANTA, GA 30312 47-2299757	REAL ESTATE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(8) SSJ HEALTH FOUNDATION INC 3661 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-1709438	FUNDRAISING	FL	501(C)(3)	LINE 7	MERCY HOSPITAL INC	Yes	
(9) ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(10) ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2840137	CONTINUING CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(11) ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2415137	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(12) ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11B, II	ST FRANCIS HOSPITAL	Yes	
(13) ST FRANCIS HOSPITAL PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HOSPITAL	DE	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(14) ST FRANCIS HOSPITAL INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 59-0624442	GRANT-MAKING ORGANIZATION	FL	501(C)(3)	LINE 11A, I	ALLEGANY FRANCISCAN MINISTRIES INC	Yes	
(15) ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
(16) ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HOSPITAL	NJ	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(17) ST JAMES MERCY FOUNDATION INC 411 CANISTEO STREET HORNELL, NY 14843 16-1486437	FOUNDATION	NY	501(C)(3)	LINE 7	ST JAMES MERCY HEALTH SYSTEM INC	Yes	
(18) ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	MANAGEMENT & SUPPORT SERVICES	NY	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH EAST	Yes	
(19) ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HOSPITAL	NY	501(C)(3)	LINE 3	ST JAMES MERCY HEALTH SYSTEM INC	Yes	

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						Yes	No
(201) ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 56-0694200	HOSPITAL	NC	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(1) ST MARY BUILDING AND DEVELOPMENT COMPANY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	BUILDING DEVELOPMENT COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
(2) ST MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	EMERGENCY MEDICAL SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(3) ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	SKILLED NURSING	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(4) ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HOSPITAL	PA	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(5) ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
(6) ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FUNDRAISING	GA	501(C)(3)	LINE 11A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(7) ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HOSPITAL	GA	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(8) ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	ASSISTED LIVING & RETIREMENT COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(9) ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HOSPITAL / PHYSICIAN SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(10) ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	SAINT MICHAELS MEDICAL CENTER	Yes	
(11) ST PETER'S AUXILIARY 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2843206	AUXILIARY	NY	501(C)(3)	LINE 11A, I	ST PETER'S HEALTH CARE SERVICES	Yes	
(12) ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	MANAGEMENT & SUPPORT SERVICES	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
(13) ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	MANAGEMENT & SUPPORT SERVICES	NY	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(14) ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	PHYSICIANS PRACTICE	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(15) ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HOSPITAL	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(16) ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD SUITE 114 ALBANY, NY 12208 22-2262982	FUNDRAISING & PUBLIC RELATIONS	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH CARE SERVICES	Yes	
(17) SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	SUPPORTING FOUNDATION	NY	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION CTR	Yes	
(18) SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	REHABILITATION HOSPITAL	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
(19) THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FUNDRAISING & PUBLIC RELATIONS	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	

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						Yes	No
(221) THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	SERVING SERIOUSLY ILL PEOPLE & THEIR FAMILIES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(1) THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 4215 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 35-1654543	SUPPORTS SERVICES OF RELATED HOSPITAL	IN	501(C)(3)	LINE 11A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(2) THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	ADULT HOME/ALZHEIMERS	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(3) THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478	SUPPORTING FOUNDATION	NY	501(C)(3)	LINE 7	NORTHEAST HEALTH INC	Yes	
(4) TRI-COUNTY HUMAN SERVICES CENTER INC 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 23-1938528	BEHAVIORAL HEALTH ORGANIZATION	PA	501(C)(3)	LINE 7	MAXIS HEALTH SYSTEM	Yes	
(5) TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	PROVIDE EMERGENCY AMBULANCE SERVICES	MI	501(C)(3)	LINE 11D, III-O	N/A		No
(6) TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	MRI SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
(7) TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(8) TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
(9) TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(10) TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	CHE TRINITY INC	Yes	
(11) TRINITY HEALTH INTERNATIONAL 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE TRAINING AND SUPPORT SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(12) TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE COVERAGE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
(13) TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	HOME HEALTH CARE SYSTEM MANAGEMENT SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
(14) UIHLEIN MERCY CENTER 185 OLD MILITARY ROAD TUPPER LAKE, NY 12986 15-0532190	IN DISSOLUTION	NY	501(C)(3)	LINE 3	MERCY HEALTHCARE CENTER	Yes	
(15) UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	MEDICAL PROPERTY HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAELS MEDICAL CENTER	Yes	
(16) VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	NURSING HOME & PHYSICAL REHAB	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
(17) VNA HOME HEALTH & HOSPICE 50 FODEN ROAD SOUTH PORTLAND, ME 04106 01-0246804	HOME HEALTH & HOSPICE	ME	501(C)(3)	LINE 11A, I	MERCY HEALTH SYSTEM OF MAINE	Yes	
(18) WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	SUPPORT SERVICES	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A									
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
CATHERINE HORAN BUILDING LIMITED PARTNERSHIP 1221 MAIN STREET ROOM 108 HOLYOKE, MA 01040 04-2723429	PROPERTY MANAGEMENT	MA	N/A									
CENTENNIAL SURGUNIT LLC 502 CENTENNIAL BLVD SUITE 1 VOORHEES, NJ 08043 22-3580847	HEALTHCARE SERVICES	NJ	N/A									
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI 48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A									
CENTRAL NEW JERSEY HEART SERVICES LLC PO BOX 148 BAYONNE, NJ 07002 20-8525458	CARDIAC PROGRAM	NJ	N/A									
CENTRAL OHIO SLEEP MEDICINE LTD 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A									
CLINTON IMAGING SERVICES LLC 615 VALLEY VIEW DR STE 202 MOLINE, IL 61265 41-2044739	MRI DIAGNOSTIC SERVICES	IA	MERCY MEDICAL CENTER-CLINTON INC	RELATED	-14,381	-117,327		No			No	65 000 %
EAST NORRITON MEDICAL ASSOCIATES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2319531	MEDICAL OFFICE BUILDING	PA	N/A									
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A									
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	N/A									
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA 93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A									
GATEWAY HEALTH PLAN 300 GRANT STREET PITTSBURGH, PA 15219 25-1691945	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
HAWARDEN REGIONAL HEALTH CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	N/A									
IDAHO ASC HOLDINGS LLC 4400 E FLAMINGO AVE NAMPA, ID 83687 36-4729605	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK LP 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 36-4119522	SURGICAL SERVICES	IL	N/A									
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A									
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	N/A									
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH 43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MERCY ADVANCED MRI LLC 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721	SUBLEASE MRI EQUIPMENT	IL	N/A									
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A									
MERCYMANOR PARTNERSHIP PO BOX 10086 TOLEDO, OH 43699 52-1931012	NURSING HOME	PA	N/A									
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES LP C/O NAZARETH HOSP 2601 HOLME AVE PHILADELPHIA, PA 19152 23-2388040	MEDICAL OFFICE BUILDING	PA	N/A									
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI 48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A									
PHYSICIANS OUTPATIENT SURGERY CENTER LLC 1000 NE 56TH STREET OAKLAND PARK, FL 33334 35-2325646	AMBULATORY SURGERY CENTER	FL	N/A									
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID 83706 51-0483218	PHARMACY	ID	N/A									
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SJV MANAGEMENT LLC 200 CENTURY PKWY STE 200E MOUNT LAUREL, NJ 08054 20-2273476	RADIOLOGY	NJ	N/A									
SMMC MOB II LP 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 36-4559869	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A									
ST AGNES LONG-TERM INTENSIVE CARE LLP C/O MHS ONE WEST ELM ST STE 100 CONSHOHOCKEN, PA 19428 20-0984882	LONG TERM INTENSIVE CARE	PA	N/A									
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	RADIATION ONCOLOGY	ID	N/A									
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
ST MARY REHABILITATION HOSPITAL LLP 113 SEABOARD LANE SUITE B201 FRANKLIN, TN 37067 27-3938747	MEDICAL SERVICES	DE	N/A									
ST PETER'S AMBULATORY SURGERY CENTER LLC 1375 WASHINGTON AVENUE STE 201 ALBANY, NY 12206 46-0463892	OUTPATIENT SURGERY	NY	N/A									
TAMARACK MEDICAL CLINIC LLC 402 OLD STATE HWY CASCADE, ID 83611 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A									
THE AMBULATORY SURGERY CENTER AT ST MARY LLC 1203 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2871206	OUTPATIENT SURGERY	PA	N/A									
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
CARBONDALE AREA PHYSICIANS' ASSOCIATION PC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801677	MEDICAL INSURANCE CONTRACTING	PA	N/A	C				Yes	
CARBONDALE AREA PHYSICIANS' PHO INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801676	INACTIVE	PA	N/A	C				Yes	
CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C				Yes	
CATHERINE HORAN BUILDING INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CATHOLIC HEALTH EAST SENIOR SERVICES 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
GATEWAY HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1505506	HEALTH CARE	PA	N/A	C				Yes	
GATEWAY HEALTH PLAN INC OF OHIO 600 GRANT STREET PITTSBURGH, PA 15219 30-0282076	HEALTH CARE	PA	N/A	C				Yes	
GEORGIA HEALTH ENTERPRISES LLC 1230 BAXTER STREET ATHENS, GA 30606 54-1806329	HEALTHCARE	GA	N/A	C				Yes	
GHE PHYSICIANS PC 3500 PIEDMONT ROAD ATLANTA, GA 30305 58-2277939	PRACTICE MANAGEMENT	GA	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	

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

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								Yes	**No**
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	N/A	C				Yes	
HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	HEALTH CARE BILLING	NJ	N/A	C				Yes	
HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS,	PA	N/A	C				Yes	
LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C				Yes	
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49546 38-2647304	ATHLETIC CLUB	MI	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA 50401 42-1382308	MEDICAL SERVICES	IA	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST 1221 MAIN STREET ROOM 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C				Yes	
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C				Yes	
PROVIDENCE HOME CARE INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	PHYSICIANS	ID	N/A	C				Yes	
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	

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

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								Yes	**No**
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
STELLA MARIS INSURANCE COMPANY LIMITED PO BOX 69 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0632008	INSURANCE	CJ	N/A	C				Yes	
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-2938181	LAB SERVICES	MA	N/A	C				Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CLINTON IMAGING SERVICES LLC	L	86,034	PER BOOKS
CLINTON IMAGING SERVICES LLC	M	69,975	PER BOOKS
TRINITY HEALTH CORPORATION	B	1,338,830	PER BOOKS
TRINITY HEALTH CORPORATION	M	6,524,196	PER BOOKS
TRINITY HEALTH CORPORATION	P	7,825,482	PER BOOKS
TRINITY HEALTH CORPORATION	Q	77,124	PER BOOKS
TRINITY HEALTH CORPORATION	R	796,497	PER BOOKS
TRINITY CONTINUING CARE SERVICES	M	728,796	PER BOOKS
TRINITY CONTINUING CARE SERVICES	P	85,273	PER BOOKS

CHE Trinity Inc.

Consolidated Financial Statements as of
and for the Year Ended June 30, 2014, and
Independent Auditors' Report

CHE TRINITY INC.

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
CHE Trinity Inc
Livonia, Michigan

We have audited the accompanying consolidated financial statements of CHE Trinity Inc and its subsidiaries (the "Corporation"), which comprise the consolidated balance sheet as of June 30, 2014, and the related consolidated statement of operations and changes in net assets and cash flows for the year 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 audit We did not audit the consolidated financial statements of Baycare Health System, the Corporation's investment in which is accounted for by the use of the equity method The accompanying consolidated financial statements of the Corporation include its investment in the net assets of Baycare Health System of $1,770,927 as of June 30, 2014, respectively, and its equity method income from Baycare Health System of $288,196 for the year then ended. The consolidated financial statements of Baycare Health System for the year ended December 31, 2013, were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Baycare Health System, is based on the report of the other auditors and the procedures that we considered necessary in the circumstances with respect to the inclusion of the Corporation's equity investment and equity method income in the accompanying consolidated financial statements taking into consideration the differences in fiscal years

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 Corporation'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 Corporation'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, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of CHE Trinity Inc and its subsidiaries as of June 30, 2014, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America

Deloitte & Touche LLP

October 3, 2014

CHE TRINITY INC.

CONSOLIDATED BALANCE SHEET
JUNE 30, 2014
(In thousands)

ASSETS

CURRENT ASSETS		
Cash and cash equivalents	$	901,282
Investments		3,231,318
Security lending collateral		187,882
Assets limited or restricted as to use - current portion		274,202
Patient accounts receivable, net of allowance for doubtful accounts of $545 3 million		1,475,579
Estimated receivables from third-party payors		155,527
Other receivables		269,110
Inventories		206,226
Assets held for sale		207,989
Prepaid expenses and other current assets		140,359
Total current assets		7,049,474
ASSETS LIMITED OR RESTRICTED AS TO USE - Noncurrent portion		
Held by trustees under bond indenture agreements		53,652
Self-insurance, benefit plans and other		672,537
By Board		2,891,790
By donors		308,572
Total assets limited or restricted as to use - noncurrent portion		3,926,551
PROPERTY AND EQUIPMENT - Net		6,592,913
INVESTMENTS IN UNCONSOLIDATED AFFILIATES		2,257,555
GOODWILL		153,773
OTHER ASSETS		452,923
TOTAL ASSETS	$	20,433,189

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Commercial paper	$	239,961
Short-term borrowings		1,123,620
Current portion of long-term debt		96,038
Accounts payable		685,748
Accrued expenses		275,960
Salaries, wages and related liabilities		656,467
Current portion of self-insurance reserves		197,040
Payable under security lending agreements		187,882
Liabilities held for sale		257,991
Estimated payables to third-party payors		323,546
Total current liabilities		4,044,253
LONG-TERM DEBT - Net of current portion		3,619,237
SELF-INSURANCE RESERVES - Net of current portion		920,799
ACCRUED PENSION AND RETIREE HEALTH COSTS		727,873
OTHER LONG-TERM LIABILITIES		577,565
Total liabilities		9,889,727
NET ASSETS		
Unrestricted net assets		10,125,003
Noncontrolling ownership interest in subsidiaries		38,090
Total unrestricted net assets		10,163,093
Temporarily restricted net assets		293,306
Permanently restricted net assets		87,063
Total net assets		10,543,462
TOTAL LIABILITIES AND NET ASSETS	$	20,433,189

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

CHE TRINITY INC.

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014
(In thousands)

UNRESTRICTED REVENUE		
Patient service revenue, net of contractual and other allowances	$	12,395,306
Provision for bad debts		(620,011)
Net patient service revenue less provision for bad debts		11,775,295
Capitation and premium revenue		689,053
Net assets released from restrictions		28,366
Other revenue		1,093,765
Total unrestricted revenue		13,586,479
EXPENSES		
Salaries and wages		5,870,246
Employee benefits		1,202,093
Contract labor		102,504
Total labor expenses		7,174,843
Supplies		2,153,313
Purchased services		1,494,036
Depreciation and amortization		707,707
Occupancy		581,579
Medical claims		284,449
Interest		159,228
Other		649,186
Total expenses		13,204,341
OPERATING INCOME BEFORE OTHER ITEMS		382,138
Pension curtailment gain		149,734
Pension settlement loss		(195,987)
Asset impairment charges		(91,279)
Restructuring costs		(45,720)
Consolidation costs		(42,856)
Litigation accrual		(36,448)
OPERATING INCOME		119,582
NONOPERATING ITEMS		
Investment income		609,010
Equity in earnings of unconsolidated affiliates		265,815
Change in market value and cash payments of interest rate swaps		(25,514)
Other, including income taxes		(17,488)
Total nonoperating items		831,823
EXCESS OF REVENUE OVER EXPENSES		951,405
EXCESS OF REVENUE OVER EXPENSES ATTRIBUTABLE TO NONCONTROLLING INTEREST		(14,135)
EXCESS OF REVENUE OVER EXPENSES, net of noncontrolling interest	$	937,270

	Controlling Interest	Noncontrolling Interest	Total
UNRESTRICTED NET ASSETS			
Excess of revenue over expenses	$ 937,270	$ 14,135	$ 951,405
Net assets released from restrictions for capital acquisitions	25,739	-	25,739
Net change in retirement plan related items - consolidated organizations	28,402	-	28,402
Net change in retirement plan related items - unconsolidated organizations	44,219	-	44,219
Other	13,934	(7,079)	6,855
Increase in unrestricted net assets before discontinued operations	1,049,564	7,056	1,056,620
Discontinued operations			
Loss from operations	(39,199)	-	(39,199)
Losses on substitutions of membership interests	(85,883)	-	(85,883)
Increase in unrestricted net assets	924,482	7,056	931,538
TEMPORARILY RESTRICTED NET ASSETS			
Contributions	68,354	-	68,354
Net investment gain	15,757	-	15,757
Net assets released from restrictions	(54,105)	-	(54,105)
Other	(6,354)	-	(6,354)
Increase in temporarily restricted net assets	23,652	-	23,652
PERMANENTLY RESTRICTED NET ASSETS			
Contributions for endowment funds	3,621	-	3,621
Net investment gain	2,858	-	2,858
Other	(12,094)	-	(12,094)
Increase in permanently restricted net assets	(5,615)	-	(5,615)
INCREASE IN NET ASSETS	942,519	7,056	949,575
NET ASSETS - July 1, 2013	9,562,853	31,034	9,593,887
NET ASSETS - June 30, 2014	$ 10,505,372	$ 38,090	$ 10,543,462

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

CHE TRINITY INC.

CONSOLIDATED STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2014
(In thousands)

OPERATING ACTIVITIES		
Increase in net assets	$	949.575
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization		707.707
Provision for bad debts		620.011
Asset impairment charges		91.279
Asset impairment charge and other non-cash items - discontinued operations		37.022
Restructuring costs		30.892
Litigation accrual		36.448
Losses on substitutions of membership interests		85.883
Equity in earnings of unconsolidated affiliates		(320.639)
Deferred retirement items - consolidated organizations		(28.402)
Deferred retirement items - unconsolidated organizations		(44.219)
Change in net unrealized and realized gains on investments		(571.787)
Change in market values of interest rate swaps		13.359
Restricted contributions and investment income received		(26.510)
Other adjustments		11.657
Changes in		
Patient accounts receivable		(691.299)
Other assets		(59.010)
Accounts payable and accrued expenses		(30.734)
Estimated receivables from third-party payors		13.258
Estimated payables to third-party payors		(69.534)
Self-insurance reserves		73.341
Accrued pension and retiree health costs		(28.990)
Other liabilities		(600)
Net cash provided by operating activities of discontinued operations		(24.155)
Total adjustments		(175.022)
Net cash provided by operating activities		774.553

INVESTING ACTIVITIES	
Purchases of investments	(3,107,406)
Proceeds from sales of investments	3,056,208
Purchases of property and equipment	(1,013,473)
Proceeds from disposal of property and equipment	14,047
Acquisitions	(3,768)
Dividends received from unconsolidated affiliates	39,551
Increase in assets limited as to use and other changes	(18,290)
Net cash used in investing activities of discontinued operations	(12,961)
Net cash used in investing activities	(1,046,092)
FINANCING ACTIVITIES	
Proceeds from issuance of debt	664,194
Repayments of debt	(379,241)
Net decrease in commercial paper	(128,961)
Increase in financing costs and other	(3,655)
Proceeds from restricted contributions and restricted investment income	26,510
Net cash used in investing activities of discontinued operations	(4,395)
Net cash provided by financing activities	174,452
NET DECREASE IN CASH AND CASH EQUIVALENTS	(97,087)
CASH AND CASH EQUIVALENTS - Beginning of year	998,369
CASH AND CASH EQUIVALENTS - End of year	$ 901,282
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION	
Cash paid for interest (net of amounts capitalized)	$ 155,268
New capital lease obligations for buildings and equipment	4,388
Accruals for purchases of property and equipment and other long-term assets	92,001
Unsettled investment trades, purchases	120,562
Unsettled investment trades, sales	135,756
Decrease in security lending collateral	34,299
Decrease in payable under security lending agreements	(34,299)

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

CHE TRINITY INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2014

1. ORGANIZATION AND MISSION

Effective May 1, 2013, CHE Trinity Inc (the "Corporation") became the sole member of Catholic Health East, a Pennsylvania nonprofit corporation ("CHE"), and Trinity Health Corporation, an Indiana nonprofit corporation ("Trinity Health") creating a unified Catholic national health system that enhances the mission of service to people and communities across the United States. This transaction was accounted for as a merger and thus the Corporation's balance sheet was recorded at its historical basis under the carryover method Transition and integration are ongoing with the Corporation incurring $42 9 million of expenses for the year ended June 30, 2014, as a result of the transaction, which are included in consolidation costs in the statement of operations and changes in net assets

The Corporation has adopted a fiscal year end of June 30 Effective July 1, 2013, CHE changed its fiscal year end from December 31 to June 30 in order to align CHE's year end with the Corporation These statements reflect the adoption of a June 30 fiscal year end

The Corporation is sponsored by Catholic Health Ministries, a Public Juridic Person of the Holy Roman Catholic Church The Corporation operates a comprehensive integrated network of health services including inpatient and outpatient services, physician services, managed care coverage, home health care, long-term care, assisted living care, and rehabilitation services located in 20 states The operations are organized into Regional Health Ministries ("RHMs") The mission statement for the Corporation is as follows

We, CHE Trinity Inc , serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities

Community Benefit Ministry – Consistent with its mission, the Corporation provides medical care to all patients regardless of their ability to pay In addition, the Corporation provides services intended to benefit the poor and underserved, including those persons who cannot afford health insurance or other payments such as copays and deductibles because of inadequate resources and/or are uninsured or underinsured, and to improve the health status of the communities in which it operates The following summary has been prepared in accordance with the Catholic Health Association of the United States', *A Guide for Planning and Reporting Community Benefit*, 2013 Edition

The quantifiable costs of the Corporation's community benefit ministry for the year ended June 30, 2014 are as follows (in thousands)

Ministry for the poor and underserved:		
Charity care at cost	$	242.064
Unpaid cost of Medicaid and other public programs		325.575
Programs for the poor and the underserved		
Community health services		21.345
Subsidized health services		46.962
Financial contributions		9.707
Community building activities		1.221
Community benefit operations		2.880
Total programs for the poor and underserved		82.115
Ministry for the poor and underserved		649.754
Ministry for the broader community:		
Community health services		13.914
Health professions education		102.401
Subsidized health services		43.543
Research		4.407
Financial contributions		28.301
Community building activities		2.306
Community benefit operations		2.491
Ministry for the broader community		197.363
Community benefit ministry	$	847.117

The Corporation provides a significant amount of uncompensated care to its uninsured and underinsured patients, which is reported as bad debt at cost and not included in the amounts reported above During the year ended June 30, 2014, the Corporation reported bad debt at cost (determined using a cost-to-charge ratio applied to the provision for bad debts) of $196 1 million.

Ministry for the poor and underserved represents the financial commitment to seek out and serve those who need help the most, especially the poor, the uninsured and the indigent This is done with the conviction that healthcare is a basic human right.

Ministry for the broader community represents the cost of services provided for the general benefit of the communities in which the Corporation operates Many programs are targeted toward populations that may be poor, but also include those areas that may need special health services and support These programs are not intended to be financially self-supporting

Charity care at cost represents the cost of services provided to patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured A patient is classified as a charity patient in accordance with the Corporation's established policies as further described in Note 4 The cost of charity care is calculated using a cost-to-charge ratio methodology

Unpaid cost of Medicaid and other public programs represents the cost (determined using a cost-to-charge ratio) of providing services to beneficiaries of public programs, including state Medicaid and indigent care programs, in excess of governmental and managed care contract payments

Community health services are activities and services for which no patient bill exists These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding Some examples include community health education, free immunization services, free or low cost prescription medications, and rural and urban outreach programs The Corporation actively collaborates with community groups and agencies to assist those in need in providing such services

Health professions education includes the unreimbursed cost of training health professionals such as medical residents, nursing students, technicians and students in allied health professions

Subsidized health services are net costs for billed services that are subsidized by the Corporation These include services offered despite a financial loss because they are needed in the community and either other providers are unwilling to provide the services or the services would otherwise not be available in sufficient amount Examples of services include free-standing community clinics, hospice care, mobile units and behavioral health services.

Research includes unreimbursed clinical and community health research and studies on health care delivery.

Financial contributions are made by the Corporation on behalf of the poor and underserved to community agencies These amounts include special system-wide funds used for charitable activities as well as resources contributed directly to programs, organizations, and foundations for efforts on behalf of the poor and underserved Amounts included here also represent certain in-kind donations

Community building activities include the costs of programs that improve the physical environment, promote economic development, enhance other community support systems, develop leadership skills training, and build community coalitions

Community benefit operations include costs associated with dedicated staff, community health needs and/or asset assessments, and other costs associated with community benefit strategy and operations

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation – The consolidated financial statements include the accounts of the Corporation and all wholly owned, majority-owned, and controlled organizations Investments where the Corporation holds less than 20% of the ownership interest are accounted for using the cost method All other investments that are not controlled by the Corporation are accounted for using the equity method of accounting. The Corporation has included its equity share of income or losses from investments in unconsolidated affiliates in other revenue and in nonoperating equity gains in unconsolidated affiliates in the consolidated statement of operations and changes in net assets All material intercompany transactions and account balances have been eliminated in consolidation

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Corporation to make assumptions, estimates and judgments that affect the amounts reported in the consolidated financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any The Corporation considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following, recognition of net patient service revenue, which includes contractual allowances, provisions for bad debts and charity care, recorded values of investments, derivatives, and goodwill, reserves for losses and expenses related to health care professional and general liabilities, and risks and assumptions for measurement of pension and retiree medical liabilities. Management relies on historical experience and other assumptions believed to be reasonable in making its judgments and estimates Actual results could differ materially from those estimates

Cash and Cash Equivalents – For purposes of the consolidated statement of cash flows, cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less

Investments – Investments, inclusive of assets limited or restricted as to use, include marketable debt and equity securities Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value and are classified as trading securities Investments also include investments in commingled funds, hedge funds and other investments structured as limited liability corporations or partnerships. Commingled funds and hedge funds that hold securities directly are stated at the fair value of the underlying securities, as determined by the administrator, based on readily determinable market values or based on net asset value, which is calculated using the most recent fund financial statements Limited liability corporations and partnerships are accounted for under the equity method

Investment Earnings – Investment earnings include interest, dividends, realized gains and losses on investments, holding gains and losses, and equity earnings Investment earnings on assets held by trustees under bond indenture agreements, assets designated by the Board for debt redemption, assets held for borrowings under the intercompany loan program, assets held by grant-making foundations and assets deposited in trust funds by a captive insurance company for self-insurance purposes in accordance with industry practices are included in other revenue in the consolidated statement of operations and changes in net assets Investment earnings from all other investments and board designated funds are included in nonoperating investment income unless the income or loss is restricted by donor or law

Derivative Financial Instruments – The Corporation periodically utilizes various financial instruments (e g , options and swaps) to hedge interest rates, equity downside risk and other exposures The Corporation's policies prohibit trading in derivative financial instruments on a speculative basis The Corporation recognizes all derivative instruments on the consolidated balance sheet at fair value.

Securities Lending – The Corporation participates in securities lending transactions whereby a portion of its investments are loaned, through its agent, to various parties in return for cash and securities from the parties as collateral for the securities loaned Each business day the Corporation, through its agent, and the borrower determine the market value of the collateral and the borrowed securities If on any business day the market value of the collateral is less than the required value, additional collateral is obtained as appropriate. The amount of cash collateral received under securities lending is reported as an asset and a corresponding payable in the consolidated balance sheet and is up to 105% of the market value of securities loaned At June 30, 2014, the Corporation had securities loaned of $207 1 million, and received collateral (cash and noncash) totaling $212 7 million, relating to the securities loaned The fees received for these transactions are recorded in investment income on the consolidated statement of operations and changes in net assets

Assets Limited as to Use – Assets set aside by the Board for future capital improvements, future funding of retirement programs and insurance claims, retirement of debt, held for borrowings under the intercompany loan program, and other purposes over which the Board retains control and may at its discretion subsequently use for other purposes, assets held by trustees under bond indenture and certain other agreements, and self-insurance trust and benefit plan arrangements are included in assets limited as to use

Donor-Restricted Gifts – Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently 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 consolidated statement of operations and changes in net assets as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the consolidated statement of operations and changes in net assets

Inventories – Inventories are stated at the lower of cost or market The cost of inventories is determined principally by the weighted average cost method.

Assets and Liabilities Held for Sale – The Corporation has classified certain long-lived assets as assets held for sale in the consolidated balance sheet when the assets have met applicable criteria for this classification The Corporation has also classified as held for sale those liabilities related to assets held for sale

Property and Equipment – Property and equipment, including internal-use software, are recorded at cost, if purchased, or at fair value at the date of donation, if donated Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using either the straight-line or an accelerated method and includes capital lease and internal-use software amortization The useful lives of these assets range from 2 to 50 years Interest costs incurred during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support

Goodwill – Goodwill represents the future economic benefits arising from assets acquired in a business combination that are not individually identified and separately recognized

Asset Impairments –

> ***Property and Equipment*** – The Corporation evaluates long-lived assets for possible impairment annually or whenever events or changes in circumstances indicate that the carrying amount of the asset, or related group of assets, may not be recoverable from estimated future undiscounted cash flows If the estimated future undiscounted cash flows are less than the carrying value of the assets, the impairment recognized is calculated as the carrying value of the long-lived assets in excess of the fair value of the assets. The fair value of the assets is estimated based on appraisals, established market values of comparable assets or internal estimates of future net cash flows expected to result from the use and ultimate disposition of the asset
>
> ***Goodwill*** – Goodwill is tested for impairment on an annual basis or when an event or change in circumstance indicates the value of a reporting unit may have changed Testing is conducted at the reporting unit level If the carrying amount of the reporting unit goodwill exceeds the implied fair value of that goodwill, an impairment loss is recognized in an amount equal to that excess Estimates of fair value are based on appraisals, established market prices for comparable assets or internal estimates of future net cash flows and presume stable, improving or, in some cases, declining results at our hospitals, depending on their circumstances

As of July 1, 2013, the consolidated balance sheet included goodwill of $151 6 million Additional goodwill of $2 2 million was recorded during the year ended June 30, 2014 related to acquisitions

Other Assets – Other assets includes long-term notes receivable, reinsurance recovery receivables, definite and indefinite-lived intangible assets, deferred financing costs, and prepaid pension and retiree health costs The majority of the net balances of definite-lived intangible assets include noncompete agreements and physician guarantees with finite lives amortized using the straight-line method over their estimated useful lives, which generally range from 5 to 22 years and 2 to 12 years, respectively Indefinite-lived intangible assets primarily include trade names.

Short-Term Borrowings – Short-term borrowings include puttable variable rate demand bonds supported by self liquidity or liquidity facilities considered short-term in nature

Other Long-Term Liabilities – Other long-term liabilities include deferred compensation, asset retirement obligations, interest rate swaps and deferred revenue from entrance fees Deferred revenue from entrance fees are fees paid by residents of facilities for the elderly upon entering into continuing care contracts (net of the portion that is refundable to the resident) which are recorded as deferred revenue and amortized to income using the straight-line method over the estimated remaining life expectancy of the resident

Temporarily and Permanently Restricted Net Assets – Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity

Patient Accounts Receivable, Estimated Receivables from and Payables to Third-Party Payors and Net Patient Service Revenue – The Corporation has agreements with third-party payors that provide for payments to the Corporation's RHMs at amounts different from established rates Patient accounts receivable and net patient service revenue are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered Estimated retroactive adjustments under reimbursement agreements with third-party payors and other changes in estimates are included in net patient service revenue and estimated receivables from and payables to third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined Estimated receivables from third-party payors include amounts receivable from Medicare and state Medicaid meaningful use programs

Self-Insured Employee Health Benefits – The Corporation administers self-insured employee health benefit plans for employees The majority of the Corporation's employees participate in the programs. The provisions of the plans permit employees and their dependents to elect to receive medical care at either the Corporation's RHMs or other health care providers Gross patient service revenue has been reduced by an allowance for self-insured employee health benefits which represents revenue attributable to medical services provided by the Corporation to its employees and dependents in such years

Allowance for Doubtful Accounts – The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though the Corporation does not assess the patient's ability to pay at that time As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts) For uninsured and underinsured patients that do not qualify for charity care, the Corporation establishes an allowance to reduce the carrying value of such receivables to their estimated net realizable value This allowance is established based on the aging of accounts receivable and the historical collection experience by RHM and for each type of payor A significant portion of the Corporation's provision for doubtful accounts relates to self-pay patients, as well as co-payments and deductibles owed to the Corporation by patients with insurance

Premium and Capitation Revenue – The Corporation has certain RHMs that arrange for the delivery of health care services to enrollees through various contracts with providers and common provider entities Enrollee contracts are negotiated on a yearly basis Premiums are due monthly and are recognized as revenue during the period in which the Corporation is obligated to provide services to enrollees Premiums received prior to the period of coverage are recorded as deferred revenue and included in accrued expenses in the consolidated balance sheet

Certain of the Corporation's RHMs have entered into capitation arrangements whereby they accept the risk for the provision of certain health care services to health plan members. Under these agreements, the Corporation's RHMs are financially responsible for services provided to the health plan members by other institutional health care providers Capitation revenue is recognized during the period for which the RHM is obligated to provide services to health plan enrollees under capitation contracts Capitation receivables are included in other receivables in the consolidated balance sheet

Reserves for incurred but not reported claims have been established to cover the unpaid costs of health care services covered under the premium and capitation arrangements The premium and capitation arrangement reserves are classified with accrued expenses in the consolidated balance sheet The liability is estimated based on actuarial studies, historical reporting, and payment trends Subsequent actual claim experience will differ from the estimated liability due to variances in estimated and actual utilization of health care services, the amount of charges, and other factors As settlements are made and estimates are revised, the differences are reflected in current operations

Income Taxes – The Corporation and substantially all of its subsidiaries have been recognized as tax-exempt pursuant to Section 501(a) of the Internal Revenue Code The Corporation also has taxable subsidiaries, which are included in the consolidated financial statements Certain of the taxable subsidiaries have entered into tax sharing agreements and file consolidated federal income tax returns with other corporate taxable subsidiaries The Corporation includes penalties and interest, if any, with its provision for income taxes in other nonoperating items in the consolidated statement of operations and changes in net assets

Excess of Revenue Over Expenses – The consolidated statement of operations and changes in net assets includes excess of revenue over expenses Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, include the effective portion of the change in market value of derivatives that meet hedge accounting requirements, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets received or gifted (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), net change in retirement plan related items, discontinued operations, extraordinary items and cumulative effects of changes in accounting principles

Adopted Accounting Pronouncements –

On July 1, 2013, the Corporation adopted Accounting Standard Update ("ASU") 2011-11, "*Disclosures About Offsetting Assets and Liabilities* " This guidance contains new disclosure requirements regarding the nature of an entity's rights of setoff and related arrangements associated with its financial instruments and derivative instruments The adoption of this guidance had no impact on the Corporation's consolidated financial statements

On July 1, 2013, the Corporation adopted ASU 2012-02, "*Intangibles Goodwill and Other (Topic 350) Testing Indefinite-lived Intangible Assets for Impairment* " This guidance provides entities the option of first assessing qualitative factors about the likelihood that an indefinite-lived intangible asset is impaired to determine whether further impairment assessment is necessary It also enhances the consistency of the

impairment testing guidance among long-lived asset categories by permitting entities to assess qualitative factors to determine whether it is necessary to calculate the asset's fair value when testing an indefinite-lived intangible asset for impairment The adoption of this guidance had no impact on the Corporation's consolidated financial statements

On July 1, 2013, the Corporation adopted ASU 2012-05, "*Statement of Cash Flows (Topic 230) Not-for-Profit Entities Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows* " This guidance provides clarification on how entities classify cash receipts arising from the sale of certain donated financial assets in the statement of cash flows. The adoption of this guidance had no impact on the Corporation's consolidated statement of cash flows.

On July 1, 2013, the Financial Accounting Standards Board ("FASB") issued ASU 2013-01, "*Clarifying the Scope of Disclosures About Offsetting Assets and Liabilities* " This guidance provides clarification on the scope of the offsetting disclosure requirements in ASU 2011-11 The adoption of this guidance did not have a material impact on the Corporation's consolidated financial statements

Forthcoming Accounting Pronouncements –

In February 2013, the FASB issued ASU 2013-04, "*Obligations Resulting From Joint and Several Liability Arrangements for Which the Total Amount of the Obligation is Fixed at the Reporting Date*," which requires entities to measure obligations within the scope of this guidance at the reporting date This guidance is effective for the Corporation beginning July 1, 2014 The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements

In July 2013, the FASB issued ASU 2013-11, "*Presentation of an Unrecognized Tax Benefit When a Net Operating Loss Carryforward, a Similar Tax Loss, or a Tax Credit Carryforward Exists* " This guidance requires entities to present an unrecognized tax benefit, or a portion of an unrecognized tax benefit, in the financial statements as a reduction to a deferred tax asset for a net operating loss carryforward, a similar tax loss, or a tax credit, with some exceptions This guidance is effective for the Corporation beginning July 1, 2014 The Corporation does not expect this guidance to have an impact on its consolidated financial statements

In April 2014, the FASB issued ASU 2014-08, "*Reporting Discontinued Operations and Disclosures of Disposals of Components of an Entity* " This guidance amends the definition of a discontinued operation and requires entities to provide additional disclosures about discontinued operations as well as disposal transactions that do not meet the discontinued operations criteria. This guidance is effective for the Corporation beginning July 1, 2015, with early adoption permitted The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements

In May 2014, the FASB issued ASU 2014-09, "Revenue From Contracts With Customers " This guidance outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers This guidance is effective for the Corporation beginning July 1, 2017 The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements

3. INVESTMENTS IN UNCONSOLIDATED AFFILIATES AND DISCONTINUED OPERATIONS

Investments in Unconsolidated Affiliates – The Corporation and certain of its RHMs have investments in entities that are recorded under the cost and equity methods of accounting At June 30, 2014, the Corporation maintained investments in unconsolidated affiliates with ownership interests ranging from 0 7% to 51 0% The Corporation's share of equity earnings from entities accounted for under the equity method was $320 6 million for the year ended June 30, 2014, of which $54 8 million is included in other revenue and $265 8 million is included in nonoperating items in the consolidated statement of operations and changes in net assets. The most significant of these investments include the following.

BayCare Health System – The Corporation has a 50 4% interest in BayCare Health System Inc and Affiliates ("BayCare"), a Florida not-for-profit corporation exempt from state and federal income taxes BayCare was formed in 1997 pursuant to a Joint Operating Agreement ("JOA") among the not-for-profit, tax-exempt members of the CHE BayCare Participants, Morton Plant Mease Health Care, Inc , and South Florida Baptist Hospital, Inc (collectively, the "Members") BayCare consists of three community health alliances located in the Tampa Bay area of Florida including St Joseph's-Baptist Healthcare Hospital, St Anthony's Health Care, and Morton Plant Mease Health Care The Corporation has the right to appoint nine of the twenty-one voting members of the Board of Directors of BayCare, therefore the Corporation accounts for BayCare under the equity method of accounting At June 30, 2014, the Corporation's investment in BayCare totaled $1,770.9 million

Gateway Health Plan – The Corporation has a 50 0% interest in Gateway Health Plan, L P and Subsidiaries ("GHP"), a Pennsylvania limited partnership GHP has two general partners, Highmark Ventures Inc formerly known as Alliance Ventures, Inc , and Mercy Health Plan, each owning 1% In addition to the general partners, there are two limited partners, Highmark Inc and Mercy Health Plan, each owning 49% At June 30, 2014, the Corporation's investment in GHP totaled $178 9 million

Catholic Health System, Inc. – The Corporation has a one-third interest in Catholic Health System, Inc and Subsidiaries ("CHS") CHS, formed in 1998, is a not-for-profit integrated delivery healthcare system in western New York jointly sponsored by the Sisters of Mercy, Ascension Health System, the Franciscan Sisters of St Joseph, and the Diocese of Buffalo CHE, Ascension Health System, and the Diocese of Buffalo are the corporate members of CHS CHS operates several organizations, the largest of which are four acute care hospitals located in Buffalo, New York, Mercy Hospital of Buffalo, Kenmore Mercy Hospital, Sisters of Charity Hospital, and St Joseph Hospital At June 30, 2014, the Corporation's investment in CHS totaled $68 0 million

Emory Healthcare/St. Joseph's Health System – The Corporation has a 49% interest in Emory Healthcare/St Joseph's Health System ("EH/SJHS") EH/SJHS operates several organizations, including two acute care hospitals, St Joseph's Hospital of Atlanta and John's Creek Hospital At June 30, 2014, the Corporation's investment in EH/SJHS totaled $60 3 million

Condensed consolidated balance sheets of BayCare, GHP, CHS and EH/SJHS as of June 30, 2014 are as follows (in thousands).

	Baycare	GHP	CHS	EH/SJHS
Total assets	$5,390,589	$643,593	$872,106	$430,434
Total liabilities	$1,676,157	$285,835	$662,733	$289,101

Condensed consolidated statements of operations of BayCare, GHP, CHS and EH/SJHS for the year ended June 30, 2014 are as follows (in thousands)

	Baycare	GHP	CHS	EH/SJHS
Revenue, net	$2,591,325	$1,849,055	$939,581	$368,190
Excess (deficiency) of revenue over expenses	$576,392	$32,377	$42,821	($33,832)

The following amounts have been recognized in the accompanying consolidated statement of operations and changes in net assets related to the investments in BayCare, GHP, CHS and EH/SJHS for the year ended June 30, 2014 (in thousands)

	Baycare	GHP	CHS	EH/SJHS
Other revenue	$ -	$ 15,996	$ -	$ -
Equity in earnings of unconsolidated organizations	288,196	-	14,260	(26,446)
Other changes in unrestricted net assets	9,282	(3,948)	36,781	(7,382)
Changes in restricted net assets	462	-	-	-
	$ 297,940	$ 12,048	$ 51,041	$ (33,828)

The unaudited summarized financial position and results of operations for the entities accounted for under the equity method excluding BayCare, GHP, CHS and EH/SJHS as of and for the period ended June 30, 2014 are as follows (in thousands)

	Medical Office Buildings	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Hospital Organizations	Other Investees	Total
Total assets	$ 87,931	$ 106,813	$ 72,113	$ 26,845	$ 512,647	$ 806,349
Total liabilities	$ 69,872	$ 38,732	$ 42,502	$ 21,609	$ 280,263	$ 452,978
Net assets	$ 18,059	$ 68,081	$ 29,611	$ 5,236	$ 232,384	$ 353,371
Revenue, net	$ 18,103	$ 145,907	$ 134,207	$ 35,474	$ 682,900	$ 1,016,591
Excess of revenue over expenses	$ 3,454	$ 16,245	$ 40,508	$ (421)	$ 20,080	$ 79,866

Discontinued Operations –

The Corporation has several entities that met the criteria for being presented as discontinued operations for the year ended June 30, 2014, the most significant of which include the following

Mercy Health System of Maine ("Mercy Maine") – Effective October 1, 2013, membership of Mercy Maine was assumed by Eastern Maine Health System ("EMHS") via a membership substitution Substantially all assets and liabilities transferred to EMHS on that date As a result of the transfer, a loss on membership transfer of $80 7 million was recorded in unrestricted net assets The consolidated financial statements present the operations of Mercy Maine as a discontinued operation For the year ended June 30, 2014, the Corporation reported revenue of $55 5 million and loss on operations of $0 4 million in discontinued operations in the consolidated statement of operations and changes in net assets

Saint Michael's Medical Center – On February 8, 2013, Saint Michael's Medical Center entered into an asset purchase agreement under which the hospital would be acquired by Prime Healthcare Services The majority of assets and liabilities of Saint Michael's Medical Center have been classified as held for sale on the consolidated balance sheet The transaction is pending subject to approval by the state of New Jersey The consolidated financial statements present the operations of Saint Michael's Medical Center as a discontinued operation For the year ended June 30, 2014, the Corporation reported revenue of $194.2 million and losses on operations of $15.0 million in discontinued operations in the consolidated statement of operations and changes in net assets As of June 30, 2014, assets held for sale of $127 9 million and liabilities held for sale of $257 9 million and consisted of (in thousands)

Patient accounts receivable	$ 21,475	Current portion of long-term debt	$ 4,490
Other current assets	9,418	Accounts payable & accrued expenses	17,085
Property and equipment	81,465	Other current liabilities	8,546
Other assets	15,559	Long-term debt, net of current portion	227,799
Total assets	$ 127,917	Total liabilities	$ 257,920

Saint James Mercy Hospital ("SJMH") – During December 2013, the Board of Directors of SJMH approved a plan to undergo a visioning plan and to transfer the majority of the operations of SJMH Certain assets and liabilities of SJMH have been classified as held for sale on the consolidated balance sheet The consolidated financial statements present the operations of SJMH as a discontinued operation For the year ended June 30, 2014, the Corporation reported revenue of $40 3 million and loss on operations of $6 2 million in discontinued operations in the consolidated statement of operations and changes in net assets As of June 30, 2014, assets held for sale were $12 1 million The majority of assets held for sale consist of property and equipment

Mercy Health Partners, North ("North") – On May 8, 2014, the Corporation entered into a non-binding letter of intent with Munson Health under which substantially all of the healthcare operations located in Cadillac, Michigan and Grayling, Michigan would be acquired by Munson Healthcare Discussions are subject to a definitive agreement The letter of intent will remain in effect until the execution of a definitive agreement or the letter of intent is terminated by either party Certain assets and liabilities of North have been classified as held for sale on the consolidated balance sheet The consolidated financial statements present the hospital operations of North as a discontinued operation For the year ended June 30, 2014, the Corporation reported revenue of $150 2 million and loss on operations of $13 4 million impairment, which includes a $13 0 million asset impairment, in discontinued operations in the consolidated statement of operations and changes in net assets As of June 30, 2014, assets held for sale of $44 7 million consisted of (in thousands).

Inventories	$ 3,369
Assets limited or restricted as to use	2,313
Property and equipment	36,710
Investments in unconsolidated affiliates	2,314
Total assets	$ 44,706

4. NET PATIENT SERVICE REVENUE

A summary of the payment arrangements with major third-party payors follows:

Medicare – Acute inpatient and outpatient services rendered to Medicare program beneficiaries are paid primarily at prospectively determined rates These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Certain items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediaries.

Medicaid – Reimbursement for services rendered to Medicaid program beneficiaries includes prospectively determined rates per discharge, per diem payments, discounts from established charges, fee schedules, and cost reimbursement methodologies with certain limitations. Cost reimbursable items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediaries

Other – Reimbursement for services to certain patients is received from commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for reimbursement includes prospectively determined rates per discharge, per diem payments, and discounts from established charges

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs

Charity Care – The Corporation provides services to all patients regardless of ability to pay In accordance with the Corporation's policy, a patient is classified as a charity patient based on income eligibility criteria as established by the Federal Poverty Guidelines Charges for services to patients who meet the Corporation's guidelines for charity care are not reflected in the accompanying consolidated financial statements

Patient service revenues, net of contractual and other allowances (but before the provision for bad debts), recognized during the year ended June 30, 2014 is as follows (in thousands)

Medicare	$	4,690,876
Blue Cross		2,538,707
Medicaid		1,609,374
Uninsured		489,355
Commercial and Other		3,066,994
Total	$	12,395,306

A summary of net patient service revenue before provision for bad debts for the year ended June 30, 2014 is as follows (in thousands)

Gross charges:	
Acute inpatient	$ 17,030,436
Outpatient, nonacute inpatient, and other	19,025,984
Gross patient service revenue	36,056,420
Less:	
Contractual and other allowances	(22,695,773)
Charity care charges	(965,341)
Net patient service revenue before provision for bad debts	$ 12,395,306

5. PROPERTY AND EQUIPMENT

A summary of property and equipment at June 30, 2014 is as follows (in thousands)

Land	$ 318,368
Buildings and improvements	7,655,128
Equipment	5,190,900
Capital leased assets	192,754
Total	13,357,150
Accumulated depreciation	(7,324,759)
Construction in progress	560,522
Property and equipment, net	$ 6,592,913

At June 30, 2014, commitments to purchase property and equipment of approximately $424 million were outstanding Significant commitments are primarily for facility expansion at existing campuses and related infrastructures at the following RHMs Holy Cross Hospital in Silver Spring, Maryland - $153 million, Mercy Health System of Chicago ("MHSC") in Chicago, Illinois - $56 million, and Loyola University Health System ("LUHS") in Chicago, Illinois - $53 million Costs of these projects are expected to be financed by proceeds from bond issuances, available funds, future operations of the hospitals and contributions

As part of the acquisition of LUHS that occurred in fiscal year 2012, the Corporation has committed to spend at least $300 million on capital projects for LUHS through fiscal year ending June 30, 2018. This amount may be increased to $400 million if certain operating thresholds are met Through June 30, 2014, approximately $154 million of capital expenditures have been accrued on capital projects for LUHS In addition, as part of the acquisition of MHSC that occurred in fiscal year 2012, the Corporation has committed to spend at least $140 million for capital, information systems and equipment needs to support the operations of MHSC through the fiscal year ending June 30, 2017 This amount may be increased to $150 million if certain operating thresholds are met Through June 30, 2014, approximately $65 million of capital expenditures have been accrued on such MHSC projects

During the year ended June 30, 2014, the Corporation recorded total impairment charges of $91 million included in asset impairment charges in the consolidated statement of operations and changes in net assets Material adverse trends in the most recent estimates of future undiscounted cash flows of certain hospitals indicated that the carrying value of the long-lived assets was not recoverable from the estimated future cash flows The Corporation believes the most significant factors contributing to the

continuing adverse financial trends include reductions in volumes of insured patients and shifts in payor mix. Fair value was determined using a third party valuation. Impairments were recorded at the following locations because fair value estimates were lower than carrying value: Mercy Suburban Hospital, Pennsylvania – $32.7 million, Mount Carmel West, Columbus, Ohio – $19.2 million, St Francis, Wilmington, Delaware – $15.5 million, St. Francis, Trenton, New Jersey – $5.9 million, and other Southeast Michigan locations – $17.2 million.

6. LONG-TERM DEBT AND OTHER FINANCING ARRANGEMENTS

A summary of short-term borrowings and long-term debt at June 30, 2014 is as follows (in thousands):

Short-term borrowings:	
Variable rate demand bonds with contractual maturities through 2048. Interest payable monthly at rates ranging from 0.02% to 0.19% during 2014	$ 1,123,620
Long-term debt:	
Tax-exempt revenue bonds and refunding bonds	
Fixed rate term and serial bonds, payable at various dates through 2048. Interest rate ranges from 2.0% to 7.62% during 2014	$ 2,922,513
Variable rate term bonds, payable at various dates through 2048. Interest rate ranges from 0.48% to 4.1% during 2014	465,410
Notes payable to banks. Interest payable at rates ranging from 0.03% to 6.7%, fixed and variable, payable in varying monthly installments through 2032	11,675
Capital lease obligations (excluding imputed interest of $64.6 million at June 30, 2014)	132,985
Mortgage obligations. Interest payable at rates ranging from 1.0% to 11.0% during 2014	111,161
Other	35,299
Total long-term debt	3,679,043
Less current portion, net of current discounts	(96,038)
Unamortized premiums, net	36,232
Long-term debt, net of current portion	$ 3,619,237

Contractually obligated principal repayments on short-term borrowings and long-term debt are as follows (in thousands).

	Short-Term Borrowings	Long-Term Debt
Years ending June 30		
2015	$ 24,910	$ 96,038
2016	26,215	102,434
2017	27,890	93,778
2018	30,200	95,081
2019	29,400	104,007
Thereafter	985,005	3,187,705
Total	$ 1,123,620	$ 3,679,043

A summary of interest costs on borrowed funds primarily under the revenue bond indentures during the year ended June 30, 2014 is as follows (in thousands)

Interest costs incurred	$	174,203
Less capitalized interest		(14,975)
Interest expense included in operations	$	159,228

Obligated Group and Other Requirements – The Corporation has debt outstanding under a Master Trust Indenture dated October 3, 2013, as amended and supplemented, the Amended and Restated Master Indenture ("ARMI") The ARMI permits the Corporation to issue obligations to finance certain activities Obligations issued under the ARMI are joint and several obligations of the Corporation, CHE and Trinity Health (the "Obligated Group") Proceeds from tax-exempt bonds and refunding bonds are to be used to finance the construction, acquisition and equipping of capital improvements Certain RHMs of the Corporation constitute designated affiliates and the Corporation covenants to cause each designated affiliate to pay, loan or otherwise transfer to the Obligated Group such amounts necessary to pay the amounts due on all obligations issued under the ARMI The Obligated Group and the designated affiliates are referred to as the Credit Group

The Credit Group does not include certain Affiliates that borrow on their own or are members of a separate New York obligated group, but which are included in the Corporation's consolidated financial statements St Peter's Hospital of the City of Albany ("St Peter's") currently is a member and the Obligated Group Agent of an obligated group created under that certain Master Trust Indenture dated as of January 1, 2008, between St Peter's and Manufacturers and Traders Trust Company, as Master Trustee St Peter's received approval from the New York State Department of Health to permit the entry into that obligated group of additional entities within St. Peter's Health Care Services, Northeast Health, Inc and Seton Health System, Inc

The Obligated Group agrees in the ARMI to cause Designated Affiliates to grant to the Master Trustee security interests in their Pledged Property in order to secure all Obligations issued under the Master Indenture The Designated Affiliates when combined with the current Members of the Obligated Group represent no less than 85% of the consolidated net revenues of the Credit Group The aggregate amount of obligations outstanding using the ARMI (other than obligations that have been advance refunded) were $4,264 million at June 30, 2014

There are several conditions and covenants required by the ARMI with which the Corporation must comply, including covenants that require the Corporation to maintain a minimum debt service coverage and limitations on liens or security interests in property, except for certain permitted encumbrances, affecting the property of the Corporation or any material designated affiliate (a designated affiliate whose total revenues for the most recent fiscal year exceed 5% of the combined total revenues of the Corporation for the most recent fiscal year) Long-term debt outstanding as of June 30, 2014, excluding amounts issued under the ARMI, is generally collateralized by certain property and equipment

MHSC has obtained a mortgage loan in the amount of approximately $66 million that is insured by the U S Department of Housing and Urban Development ("HUD") under the Federal Housing Administration's Section 242 Hospital Mortgage Insurance Program Final closing of this HUD-insured loan occurred on June 30, 2014, at which time the remaining proceeds of this loan were disbursed to MHSC At June 30, 2014, the unpaid principal balance of this loan was $63 1 million The loan collateral includes MHSC's main hospital campus, two MHSC satellite facilities and personal property (including deposit accounts) of both MHSC and its affiliate Mercy Foundation, Inc MHSC's payment obligations under the two mortgage notes evidencing this loan are guaranteed by Trinity Health, The

mortgage loan agreements with HUD contain various covenants including: those relating to limitations on incurring additional debt, transactions with affiliates, transferring or disposing of designated property, use of funds and other assets of the mortgaged property, financial performance, required reserves, insurance coverage, timely submission of specified financial reports, and restrictions on prepayment of the mortgage loan Mercy Health System of Chicago and Trinity Health provided covenants to HUD not to interfere in the performance of MHSC's obligations under the HUD-insured loan documents.

The Corporation issued $627 million in tax-exempt variable rate hospital revenue bonds (the "Series 2013 Bonds") and remarketed $89 million in CHE tax-exempt, variable rate hospital revenue bonds under the ARMI Proceeds were used to retire $44 million of CHE's then outstanding fixed rate hospital revenue bonds, $120 million of CHE's then outstanding variable rate hospital revenue bonds and $269 million of Trinity Health's then outstanding taxable commercial paper obligations The remaining proceeds of the Series 2013 Bonds will be used to finance, refinance and reimburse a portion of the costs of acquisition, construction, renovation and equipping of health facilities, and to pay related costs of issuance These transactions resulted in a loss from extinguishment of debt of $1 6 million recorded in other nonoperating items in the consolidated statement of operations and changes in net assets

Commercial Paper – The Corporation's commercial paper program is authorized for borrowings up to $600 million At June 30, 2014, the total amount of commercial paper outstanding was $240 million Proceeds from this program are to be used for general purposes of the Corporation The notes are payable from the proceeds of subsequently issued notes and from other funds available to the Corporation, including funds derived from the liquidation of securities held by the Corporation in its investment portfolio The interest rate charged on borrowings outstanding during the year ended June 30, 2014 ranged from 0 06% to 0 17%

Liquidity Facilities – In July 2013, the Corporation renewed the Trinity Health credit agreements (collectively, the "Credit Agreements") previously entered into between Trinity Health and U S Bank National Association, which acts as an administrative agent for a group of lenders thereunder The Credit Agreements establish a revolving credit facility for the Corporation, under which that group of lenders agree to lend to the Corporation amounts that may fluctuate from time to time In October 2013, the Corporation exercised its option to increase by $200 million the 2013 Credit Agreements from $731 million to $931 million Amounts drawn under the 2013 Credit Agreements can only be used to support the Corporation's obligation to pay the purchase price of bonds which are subject to tender and that have not been successfully remarketed, and the maturing principal of and interest on commercial paper notes Of the $931 million available balance, $150 million expires in July 2014, $175 million expires in July 2015, $321 million expires in July 2016 and $285 million expires in July 2017 The Credit Agreements are secured by Obligations under the Master Indenture As of June 30, 2014, there were no amounts outstanding on these credit agreements In July 2014, the Corporation renewed and extended the Credit Agreements for an additional year through an amendment and restatement of the 2013 Credit Agreements

The Corporation also maintains a CHE general purpose facility of $300 million, of which $42 million is related to letters of credit At the Corporation's direction, this general purpose facility was reduced to $45 million effective March 14, 2014 As of June 30, 2014, there were no draws on this general purpose credit facility

In addition, in July 2013, the Corporation renewed a Trinity Health three year general purpose credit facility of $200 million As of June 30, 2014, there were no amounts outstanding under this credit facility

Standby Letters of Credit – The Corporation entered into various standby letters of credit totaling approximately $17.3 million at June 30, 2014. These standby letters of credit are renewed annually and are available to the Corporation as necessary under its insurance programs and for unemployment liabilities. There were no draws on these letters of credit during the year ended June 30, 2014.

7. PROFESSIONAL AND GENERAL LIABILITY PROGRAMS

The Corporation operates a wholly owned insurance company, Venzke Insurance Company, Ltd. ("Venzke") that qualifies as a captive insurance company and provides certain insurance coverage to the Corporation's RHMs under a centralized program. The Corporation is self-insured for certain levels of general and professional liability, workers' compensation and certain other claims. The Corporation has limited its liability by purchasing reinsurance and commercial coverage from unrelated third-party insurers.

Effective January 1, 2014, all assets and liabilities of Stella Maris Insurance Company, Ltd. ("Stella Maris"), which qualified as a captive insurance company, merged into Venzke. Policies issued and reinsurance purchased by Stella Maris prior to January 1, 2014 and all losses previous to January 1, 2014 have been assumed by Venzke.

The Corporation's current self-insurance program includes $20 million per occurrence for the first layers of professional liability, as well as $10 million per occurrence for hospital government liability, $5 million per occurrence for errors and omission liability, and $1 million per occurrence for directors' and officers' liability. Additional layers of professional liability insurance are available with coverage provided through other insurance carriers and various reinsurance arrangements. The total amount available for these subsequent layers is $100 million in aggregate. The Corporation self-insures $750,000 per occurrence for workers' compensation in most states, with commercial insurance providing coverage up to the statutory limits, and self-insures up to $500,000 in property damage liability with commercial insurance providing coverage up to $1 billion.

The liability for self-insurance reserves represents estimates of the ultimate net cost of all losses and loss adjustment expenses, which are incurred but unpaid at the consolidated balance sheet date. The reserves are based on the loss and loss adjustment expense factors inherent in the Corporation's premium structure. Independent consulting actuaries determined these factors from estimates of the Corporation's expenses and available industry-wide data. The Corporation discounts the reserves to their present value using a discount rate of 3.0%. The reserves include estimates of future trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the liability for unpaid claims and related adjustment expenses is adequate based on the loss experience of the Corporation. The estimates are continually reviewed and adjusted as necessary.

Claims in excess of certain insurance coverage and the recorded self-insurance liability have been asserted against the Corporation by various claimants. The claims are in various stages of processing, and some may ultimately be brought to trial. There are known incidents occurring through June 30, 2014 that may result in the assertion of additional claims, and other claims may be asserted arising from services provided in the past. While it is possible that settlement of asserted claims and claims that may be asserted in the future could result in liabilities in excess of amounts for which the Corporation has provided, management, based upon the advice of Counsel, believes that the excess liability, if any, should not materially affect the consolidated financial position, operations or cash flows of the Corporation.

8. PENSION AND OTHER BENEFIT PLANS

Deferred Compensation – The Corporation has nonqualified deferred compensation plans at certain RHMs that permit eligible employees to defer a portion of their compensation The deferred amounts are distributable in cash after retirement or termination of employment As of June 30, 2014, the assets under these plans totaled $137 8 million and liabilities totaled $145 1 million

Defined Contribution Benefits – The Corporation sponsors defined contribution pension plans covering substantially all of its employees. These programs vary by location and are funded by employee voluntary contributions, subject to legal limitations Employer contributions to these plans include varying levels of matching and non-elective contributions The employees direct their voluntary contributions and employer contributions among a variety of investment options Trinity Health suspended the majority of employer matching contributions for the fiscal year 2014 Contribution expense under the plans totaled $68.8 million for the year ended June 30, 2014

Noncontributory Defined Benefit Pension Plans ("Pension Plans") – Substantially all of the Corporation's employees participate in qualified, noncontributory defined benefit pension plans Certain non-qualified, supplemental plan arrangements also provide retirement benefits to specified groups of participants

CHE maintains several defined benefit pension plans One of the plans is subject to the provisions of the Employee Retirement Security Act of 1974 ("ERISA") The remaining plans have Church Plan status as determined by the Internal Revenue Service and are not governed by ERISA The majority of the CHE qualified defined benefit plans are frozen and participants are no longer accruing benefits in those plans Funding for the ERISA plan is made in accordance with ERISA requirements Funding for the Church Plans varies by plan but generally is based on plan liabilities with amortization of any under or over funding, over a seven year period

Trinity Health maintains three defined benefit pension plans, two of which have frozen benefits and are subject to the provisions of ERISA The third plan, the Trinity Health Pension Plan, has church plan status For the majority of plan participants in the Trinity Health Pension Plan, prior to June 30, 2010, benefits were based on years of service and employees' highest five years of compensation at which time an accrued frozen benefit was calculated for all active participants As of July 1, 2010, participants accrue benefits based on a cash balance formula, which credits participants annually with a percentage of eligible compensation based on age and years of service, as well as an interest credit based on a benchmark interest rate. A transition adjustment was provided to participants who were vested as of June 30, 2010, whose age and service met certain requirements at that date The transition adjustment applies to the pension benefit earned through June 30, 2010 and increased compensation under the final average pay formula over a five-year period Effective June 2014, the Trinity Health Pension Plan was amended to freeze all future benefit accruals as of December 31, 2014 As a result of this amendment, the Trinity Health Pension Plan projected benefit obligation decreased $49 5 million, and the Corporation recognized a curtailment gain of $149 7 million in the consolidated statement of operations and changes in net assets Because this plan has Church Plan status, funding in accordance with ERISA is not required The Corporation's adopted funding policy for its qualified plan, which is reviewed annually, is to fund the current normal cost based on the accumulated benefit obligation at the plans' December 31 year-end, and amortization of any under or over funding over a ten-year period

Effective December 2013, the majority of the CHE and Trinity Health Plans were amended to implement a voluntary lump sum distribution window The amendments provided the opportunity for certain eligible participants to elect to receive a full distribution of their pension benefits as a lump sum during the program window period from March 24, 2014 to May 2, 2014 To be eligible a participant

must have terminated employment on or before December 31, 2013 As a result of this program, the Plans' projected benefit obligations decreased $698 4 million for benefits paid, and the Corporation recognized a settlement loss of $196 million in the consolidated statement of operations and consolidated statement of operations and changes in net assets

Postretirement Health Care and Life Insurance Benefits ("Postretirement Plans") – The Corporation sponsors both funded and unfunded contributory plans to provide health care benefits to certain of its retirees All of the Postretirement Plans are closed to new participants The plans cover certain hourly and salaried employees who retire from certain RHMs. Medical benefits for these retirees are subject to deductibles and co-payment provisions Effective January 1, 2011, the funded plans provide benefits to certain retirees at fixed dollar amounts in Health Reimbursement Account arrangements for Medicare eligible participants

The following table sets forth the changes in projected benefit obligations, accumulated postretirement obligations, and changes in plan assets and funded status of the plans for both the Pension and Postretirement Plans for the year ended June 30, 2014 (in thousands)

	Pension Plans	Postretirement Plans
Change in Benefit Obligation:		
Benefit obligation, beginning of year	$ 6,244,763	$ 107,865
Service cost	149,138	628
Interest cost	331,554	5,297
Actuarial loss (gain)	448,872	(302)
Benefits paid	(198,505)	(5,081)
Medicare Part D reimbursement	-	111
Curtailments	(49,449)	-
Settlements	(698,354)	-
Benefit obligation, end of year	6,228,019	108,518
Change in Plan Assets:		
Fair value of plan assets, beginning of year	5,491,447	84,523
Actual return on plan assets	699,893	15,338
Employer contributions	230,360	1,329
Benefits paid	(198,505)	(5,081)
Settlements	(698,354)	-
Fair value of plan assets, end of year	5,524,841	96,109
Unfunded amount recognized June 30	$ (703,178)	$ (12,409)
Recognized in other long-term assets	$ 8,258	$ 4,028
Recognized in accrued pension and retiree health costs	$ (711,436)	$ (16,437)

Actuarial losses incurred in the pension plans during the year ended June 30, 2014 are primarily related to changes in discount rates used to measure the plans' liabilities

The accumulated benefit obligation and fair value of plan assets for the qualified defined benefit pension plans for the year ended June 30, 2014 are as follows (in thousands)

	Pension Plans
Accumulated benefit obligation	$ 6,182,463
Fair value of plan assets	5,524,841
Funded status	$ (657,622)

Components of net periodic benefit cost for the year ended June 30, 2014 consisted of the following (in thousands)

	Pension Plans	Postretirement Plans
Service cost	$ 149,138	$ 627
Interest cost	331,554	5,297
Expected return on assets	(398,683)	(6,008)
Amortization of prior service cost	(27,345)	(5,763)
Recognized net actuarial loss	104,089	(167)
Net periodic benefit cost (income) before curtailments/settlements	$ 158,753	$ (6,014)
Curtailment gain	(149,734)	-
Settlement loss	195,987	-
Net periodic benefit cost (income)	$ 205,006	$ (6,014)

The amounts in unrestricted net assets, including amounts arising during the year and amounts reclassified into net periodic benefit cost, are as follows (in thousands)

	Pension Plans		
	Net Loss (Gain)	Prior Service Cost	Total
Balance at July 1, 2013	$ 1,813,218	$ (221,844)	$ 1,591,374
Curtailments	100,285		100,285
Settlements	(195,987)		(195,987)
Reclassified into net periodic benefit cost	(104,089)	27,345	(76,744)
Arising during the year	147,643	-	147,643
Balance at June 30, 2014	$ 1,761,070	$ (194,499)	$ 1,566,571

	Postretirement Plans			All Plans
	Net Loss (Gain)	Prior Service Credit	Total	Grand Total
Balance at July 1, 2013	$ 3,287	$ (10,159)	$ (6,872)	$ 1,584,502
Curtailments	-	-	-	100,285
Settlements	-	-	-	(195,987)
Reclassified into net periodic benefit cost	167	5,763	5,930	(70,814)
Arising during the year	(9,529)	-	(9,529)	138,114
Balance at June 30, 2014	$ (6,075)	$ (4,396)	$ (10,471)	$ 1,556,100

The following are estimated amounts to be amortized from unrestricted net assets into net periodic benefit cost during fiscal year 2015 (in thousands)

	Pension Plans	Postretirement Plans
Amortization of prior service credit	$ (5,877)	$ (564)
Recognized net actuarial loss (gain)	31,580	(261)
Total	$ 25,703	$ (825)

Assumptions used to determine benefit obligations and net periodic benefit cost as of and for the year ended June 30, 2014 were as follows

	Pension Plans	Postretirement Plans
Benefit Obligations:		
Discount rate	4 60% - 5 20%	4 00% - 4 75%
Rate of compensation increase in 2014 Graduated to 4% by 2017	2 50%	N/A
Net Periodic Benefit Cost:		
Discount rate	4 95% - 5 70%	4 40% - 5 20%
Expected long-term return on plan assets	7 00% - 7 50%	7 50%
Rate of compensation	3 0%	N/A

Approximately 93% of the Corporation's pension plan liabilities are measured using the 4.90% discount rate at June 30, 2014.

The Corporation utilizes a pension liability driven investment strategy in determining its asset allocation and long-term rate of return for plan assets. This risk management strategy uses a glide path methodology based on funded status to initiate asset allocation changes across the efficient frontier. Efficient frontier analysis models the risk and return trade-offs among asset classes while taking into consideration the correlation among the asset classes. Historical market returns and risks are examined as part of this process, but risk-based adjustments are made to correspond with modern portfolio theory. Long-term historical correlations between asset classes are used, consistent with widely accepted capital markets principles. Current market factors, such as inflation and interest rates, are evaluated before long-term capital market assumptions are determined. The long-term rate of return is established using the efficient frontier analysis approach with proper consideration of asset class diversification and rebalancing. Peer data and historical returns are reviewed to check for reasonableness and appropriateness.

Health Care Cost Trend Rates – Assumed health care cost trend rates have a significant effect on the amounts reported for the postretirement plans. The postretirement benefit obligation includes assumed health care cost trend rates as of June 30, 2014 as follows:

Medical and drugs, pre-age 65	7.5%
Medical and drugs, post-age 65	7.5%
Ultimate trend rate	5.0%
Year rate reaches the ultimate rate	2023

A one-percentage point change in assumed health care cost trend rates would have the following effects at June 30, 2014 (in thousands):

	One-Percentage-Point Increase	One-Percentage-Point Decrease
Effect on postretirement benefit obligation	$ 3,358	$ (2,861)
Effect on total of service cost and interest cost components	$ 209	$ (176)

The Corporation's investment allocations at June 30, 2014 by investment category are as follows

	Pension Plans	Postretirement Plans
Investment Category:		
Cash and cash equivalents	5%	1%
Marketable securities		
U S and non-U S equity securities	10%	-
Equity mutual funds	7%	-
Debt securities	33%	32%
Other investments		
Commingled funds	14%	67%
Hedge funds	24%	-
Private equity funds	6%	-
Other	1%	-
Total	100%	100%

The Corporation employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return of plan assets for a prudent level of risk Risk tolerance is established through careful consideration of plan liabilities, plan funded status, and corporate financial condition The investment portfolio contains a diversified blend of equity and fixed-income investments Furthermore, equity investments are diversified across U S and non-U S stocks, as well as growth, value, and small and large capitalizations Other investments, such as hedge funds, interest rate swaps, and private equity are used judiciously to enhance long-term returns while improving portfolio diversification Derivatives may be used to gain market exposure in an efficient and timely manner, however, derivatives may not be used to leverage the portfolio beyond the market value of the underlying investments Investment risk is measured and monitored on an ongoing basis through quarterly investment portfolio reviews, annual liability measurements, and periodic asset/liability studies For the majority of the Corporation's pension plan investments, the combined target investment allocation at June 30, 2014 was global and traditional equity securities 30%, long/short equity 10%, fixed income obligations 40%, hedge funds 15%, and alternative debt 5%

The following table summarizes the Pension and Postretirement Plans' assets measured at fair value at June 30, 2014 (in thousands) See Note 10 for definitions of Levels 1, 2 and 3 of the fair value hierarchy

Pension Plans:	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	$ 294,057	$ 602	$ -	$ 294,659
Equity securities	551,831	1,897	-	553,728
Debt securities				
Government and government agency obligations	-	538,138	-	538,138
Corporate bonds	-	1,132,025	-	1,132,025
Asset backed securities	-	69,621	2,467	72,088
Mutual funds				
Equity mutual funds	369,515	6,954	-	376,469
Fixed income mutual funds	107,318	-	-	107,318
Commingled funds				
Equity commingled funds	-	716,472	-	716,472
Fixed income commingled funds	-	66,950	-	66,950
Hedge funds	-	671,757	672,245	1,344,002
Private equity	-	-	309,163	309,163
Other	13,803	26	-	13,829
Total pension plans' assets at fair value	$ 1,336,524	$ 3,204,442	$ 983,875	$ 5,524,841
Postretirement Plans:				
Mutual funds				
Short term investment mutual funds	$ 1,188	$ -	$ -	$ 1,188
Fixed income mutual fund	30,862	-	-	30,862
Equity commingled fund	-	63,819	-	63,819
Other	240	-	-	240
Total postretirement plans' assets at fair value	$ 32,290	$ 63,819	$ -	$ 96,109

Unfunded capital commitments related to Level 3 private equity investments totaled $119 5 million at June 30, 2014

The Corporation's policy is to recognize transfers between all levels as of the beginning of the reporting period There were no significant transfers to or from Levels 1 and 2 during the year ended June 30, 2014

See Note 10 for the Corporation's methods and assumptions to estimate the fair value of equity and debt securities, mutual funds, commingled funds, and hedge funds

Private Equity – These assets include several private equity funds that invest primarily in the United States, Asia and Europe, both directly and on the secondary market, pursuing distressed opportunities and natural resources, primarily energy These funds are valued at net asset value, which is calculated using the most recent fund financial statements

Other – Represents unsettled transactions relating primarily to purchases and sales of plan assets, accrued income, and derivatives Due to the short maturity of these assets and liabilities, the fair value is equal to the carrying amounts Concerning derivatives, the Pension Plans are party to certain agreements, which are designed to manage exposures to equities and interest rate risks These instruments are used for the purpose of hedging changes in the fair value of assets and actuarial present value of accumulated plan benefits that result from interest rate changes, or as an efficient substitute for traditional securities. The fair value of the derivatives is estimated utilizing the terms of the derivative instruments and publicly available market yield curves The Pension Plans' investment policies specifically prohibit the use of derivatives for speculative purposes

The following table summarizes the changes in Level 3 Pension Plan assets for the year ended June 30 (in thousands)

	Asset Backed Securities	Hedge Funds	Private Equity	Total
Balance at July 1, 2013	$ -	$ 767,942	$ 251,228	$ 1,019,170
Realized gain	-	3,787	9,576	13,363
Unrealized (loss) gain	5	70,891	26,584	97,480
Purchases	2,462	-	78,006	80,468
Sales	-	(126,903)	(44,681)	(171,584)
Settlements	-	35,418	(11,550)	23,868
Transfers out to Level 2	-	(78,890)	-	(78,890)
Balance at June 30, 2014	$ 2,467	$ 672,245	$ 309,163	$ 983,875

Transfers out of Level 3 into Level 2 were made for direct hedge funds where initial lock-up periods expired during fiscal year 2014

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values Furthermore, although the Corporation believes the valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

Expected Contributions – The Corporation expects to contribute $192 2 million to its Pension Plans and $1 4 million to its Postretirement Plans during the year ended June 30, 2015 under the Corporation's stated funding policy

Expected Benefit Payments – The Corporation expects to pay the following for pension benefits, which reflect expected future service as appropriate, and expected postretirement benefits, before deducting the Medicare Part D subsidy (in thousands)

	Pension Plans	Postretirement Plans	Postretirement Medicare Part D Subsidy
2015	$ 293,899	$ 7,475	$ 97
2016	296,896	7,549	93
2017	315,274	7,696	89
2018	334,068	7,789	83
2019	352,511	7,843	76
Years 2020 - 2024	1,959,666	38,456	296

9. COMMITMENTS AND CONTINGENCIES

Operating Leases – The Corporation leases various land, equipment and facilities under operating leases Total rental expense, which includes provisions for maintenance in some cases, was $202 million for the year ended June 30, 2014

The following is a schedule of future minimum lease payments under operating leases as of June 30, 2014, that have initial or remaining lease terms in excess of one year (in thousands).

Years ending June 30:	
2015	$ 141,356
2016	113,831
2017	97,093
2018	78,476
2019	61,978
Thereafter	186,425
Total	$ 679,159

Litigation and Settlements –

Saint Alphonsus Regional Medical Center and its subsidiary Saint Alphonsus Diversified Care, Inc (together, "Saint Alphonsus") have been involved in litigation arising out of the withdrawal of Saint Alphonsus from an imaging center partnership. The matter first went to trial in 2007, was appealed and tried a second time in 2011 In the second trial, the jury held against Saint Alphonsus in the amount of $52 million, which was offset by the value of Saint Alphonsus' partnership interest, which, together with interest, was approximately $6.6 million at the time of judgment. Saint Alphonsus appealed the second jury verdict to Idaho Supreme Court On June 16, 2014, the Idaho Supreme Court affirmed the jury award, which, when combined with attorney fees, costs and interest, is a total judgment of approximately $56 million The Corporation recorded management's estimation for damages of $20 million in fiscal year 2007 As a result, an additional litigation accrual of $36 million was recorded in the fiscal year 2014 consolidated statement of operations and statement of changes in net assets The judgment was paid subsequent to year end

CHE Trinity, Inc as successor to CHE is the defendant in a purported class action lawsuit in New York state court brought by Emmet & Co, Inc , and First Manhattan Co, with respect to one series of bonds

issued for the benefit of CHE Plaintiffs allege that CHE breached the Indenture relating to those bonds and violated the covenant of good faith and fair dealing in the exercise of its optional redemption rights for those bonds in connection with CHE's tender offer for those bonds This lawsuit is similar to an earlier action by the plaintiffs against CHE and Merrill Lynch, Pierce, Fenner & Smith, one of the Corporation's underwriters, that was dismissed in 2013 The present lawsuit was preceded by plaintiff's unsuccessful 2014 request that the Trustee bring an action against CHE on the bonds in question The Corporation believes that the tender and redemption process was properly conducted. The Corporation's management does not believe that this matter, if decided adversely, would have a material adverse effect on the financial condition of the Corporation In June 2013, CHE received a notice from the IRS that these transactions were under audit, asking for information CHE does not believe it has any direct exposure as these bonds are held by Merrill Lynch and is fully cooperating in the investigation

On March 29, 2013, the CHE was notified that it is a defendant in a lawsuit which challenges the church plan status of the CHE Employee Pension Plan In response thereto, CHE has filed a motion to dismiss the complaint which is now pending before the United States District Court for the Eastern District of Pennsylvania At this point, it is not possible to assess the exposure, if any, related to these claims and no amount has been reserved at this time

The Corporation is involved in other litigation and regulatory investigations arising in the course of doing business After consultation with legal Counsel, management estimates that these matters will be resolved without material adverse effect on the Corporation's future consolidated financial position or results of operations

Health Care Regulatory Environment

The health care industry is subject to numerous and complex laws and regulations of federal, state and local governments These laws and regulations include, but are not limited to, matters such as licensure, accreditation, privacy, government health care program participation requirements, government reimbursement for patient services, and fraud and abuse Compliance with such laws and regulations is complex and can be subject to future government interpretation as well as regulatory enforcement actions, including fines, penalties and exclusion from government health care programs such as Medicare and Medicaid The Corporation and its RHM's periodically receive notices from governmental agencies requesting information regarding billing, payment, or other reimbursement matters, or notices of the initiation of government investigations. The healthcare industry in general is experiencing an increase in these activities as federal and state governments increase their enforcement activities and institute new programs designed to identify potential irregularities in reimbursement or quality of patient care Based on the information received to date, management does not believe the ultimate resolution of these matters will have a material adverse effect on the Corporation's future consolidated financial position or results of operations

10. FAIR VALUE MEASUREMENTS

The Corporation's consolidated financial statements reflect certain assets and liabilities recorded at fair value Assets and liabilities measured at fair value on a recurring basis in the Corporation's consolidated balance sheet include cash, cash equivalents, equity securities, debt securities, mutual funds, commingled funds, hedge funds, securities lending collateral, and derivatives Defined benefit retirement plan assets are measured at fair value on an annual basis Liabilities measured at fair value on a recurring basis for disclosure only include debt

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date The fair value should be based on assumptions that market participants would use, including a consideration of non-performance risk

To determine fair value, the Corporation uses various valuation methodologies based on market inputs For many instruments, pricing inputs are readily observable in the market, the valuation methodology is widely accepted by market participants and involves little to no judgment For other instruments, pricing inputs are less observable in the marketplace These inputs can be subjective in nature and involve uncertainties and matters of considerable judgment. The use of different assumptions, judgments and/or estimation methodologies may have a material effect on the estimated fair value amounts

The Corporation assesses the inputs used to measure fair value using a three level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market The fair value hierarchy is as follows

Level 1 – Quoted (unadjusted) prices for identical instruments in active markets

Level 2 – Other observable inputs, either directly or indirectly, including

- Quoted prices for similar instruments in active markets
- Quoted prices for identical or similar instruments in non-active markets (few transactions, limited information, non-current prices, high variability over time, etc)
- Inputs other than quoted prices that are observable for the instrument (interest rates, yield curves, volatilities, default rates, etc)

Inputs that are derived principally from or corroborated by other observable market data

Level 3 – Unobservable inputs that cannot be corroborated by observable market data

Valuation Methodologies – Exchange-traded securities whose fair value is derived using quoted prices in active markets are classified as Level 1 In instances where quoted market prices are not readily available, fair value is estimated using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures The inputs to these models depend on the type of security being priced but are typically benchmark yields, credit spreads, prepayment speeds, reported trades and broker-dealer quotes, all with reasonable levels of transparency Generally, significant changes in any of those inputs in isolation would result in a significantly different fair value measurement The Corporation classifies these securities as Level 2 within the fair value hierarchy.

The Corporation maintains policies and procedures to value instruments using the best and most relevant data available The Corporation's Level 3 securities are primarily investments in hedge funds The fair values of Level 3 investments in these securities are predominately valued using a net asset value per share, which is provided by third-party administrators, however, in some cases they are obtained directly from the investment fund manager The Corporation did not adjust the prices obtained Third-party administrators do not provide access to their proprietary valuation models, inputs, and assumptions Accordingly, the Corporation reviews the independent reports of internal controls for these service providers In addition, on a quarterly basis, the Corporation performs reviews of investment consultant

industry peer group benchmarking and supporting relevant market data Finally, all of the fund managers of the Corporation's Level 3 securities have an annual independent audit performed by an accredited accounting firm The Corporation reviews these audited financials for ongoing validation of pricing used Based on the information available, we believe that the fair values provided by the third-party administrators and investment fund managers are representative of prices that would be received to sell the assets at June 30, 2014

In instances where the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety The Corporation's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset

Following is a description of the valuation methodologies the Corporation used for instruments recorded at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy.

Cash and Cash Equivalents – The carrying amounts reported in the consolidated balance sheet approximate their fair value Certain cash and cash equivalents are included in investments and assets limited or restricted as to use in the consolidated balance sheet

Commercial Paper – The fair value of commercial paper is based on amortized cost Commercial paper is designated as Level 2 investments with significant observable inputs including security cost, maturity and credit rating Commercial paper is classified as either cash and cash equivalents or marketable securities in the consolidated balance sheet depending upon the length to maturity when purchased and are included in cash and cash equivalents or debt securities in the fair value table

Security Lending Collateral – The security lending collateral is invested in a Northern Trust sponsored commingled collateral fund, which is comprised primarily of short-term securities The fair value amounts of the commingled collateral fund are determined using the calculated net asset value per share (or its equivalent) for the fund with the underlying investments valued using techniques similar to those used for marketable securities noted below

Equity Securities – Equity securities are valued at the closing price reported on the applicable exchange on which the security is traded, or are estimated using quoted market prices for similar securities

Debt Securities – Debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures

Mutual Funds – Mutual funds are valued using the net asset value based on the value of the underlying assets owned by the fund, minus liabilities, divided by the number of shares outstanding, and multiplied by the number of shares owned

Commingled Funds – Commingled funds are developed for investment by institutional investors only and therefore do not require registration with the Securities and Exchange Commission Commingled funds are recorded at fair value based on either the underlying investments that have a readily determinable market value or based on net asset value, which is calculated using the most recent fund financial statements Commingled funds are categorized as Level 2 unless they have a redemption restriction greater than 95 days, in which case they are categorized as Level 3

Hedge Funds – The Corporation invests in various hedge fund strategies These funds utilize either a direct or a "fund-of-funds" approach resulting in diversified multi-strategy, multi-manager investments Underlying investments in these funds may include equities, fixed income securities, commodities, currencies and derivatives These funds are valued at net asset value, which is calculated using the most recent fund financial statements Hedge funds are categorized as Level 2 unless they have a redemption restriction greater than 95 days, in which case they are categorized as Level 3

The Corporation classifies its equity and debt securities, mutual funds, commingled funds and hedge funds as trading securities. The amount of holding gains for fiscal year 2014 included in the excess of revenue over expenses related to securities still held at June 30, 2014 were $471 6 million

Equity Method Investments – The Corporation accounts for certain other investments using the equity method These investments are structured as limited liability corporations and partnerships and are designed to produce stable investment returns regardless of market activity These investments utilize a combination of "fund-of-funds" and direct fund investment strategies resulting in a diversified multi-strategy, multi-manager investments approach Some of these funds are developed by investment managers specifically for the Corporation's use and are similar to mutual funds, but are not traded on a public exchange Underlying investments in these funds may include other funds, equities, fixed income securities, commodities, currencies and derivatives Audited information is only available annually based on the limited liability corporations, partnerships or funds' year-end. Management's estimates of the fair values of these investments are based on information provided by the third-party administrators and fund managers or the general partners Management obtains and considers the audited financial statements of these investments when evaluating the overall reasonableness of the recorded value In addition to a review of external information provided, management's internal procedures include such things as review of returns against benchmarks and discussions with fund managers on performance, changes in personnel or process, along with evaluations of current market conditions for these investments Investment managers meet with the Corporation's Investment Subcommittee of the Finance and Stewardship Committee of the Board of Directors on a periodic basis Because of the inherent uncertainty of valuations, values may differ materially from the values that would have been used had a ready market existed The balance of these investments at June 30, 2014 was $1,416 million Unfunded capital commitments related to equity method investments totaled $75 9 million at June 30, 2014

Cash and cash equivalents, equity and debt securities, mutual funds, commingled funds, hedge funds, and equity method investments totaled $8,427 million at June 30, 2014

Interest Rate Swaps – The fair value of the Corporation's derivatives, which are mainly interest rate swaps, are estimated utilizing the terms of the swaps and publicly available market yield curves along with the Corporation's nonperformance risk as observed through the credit default swap market and bond market and based on prices for recent trades These swap agreements are classified as Level 2 within the fair value hierarchy.

The following table presents information about the fair value of the Corporation's financial instruments measured at fair value on a recurring basis and recorded at June 30, 2014 (in thousands)

Assets:	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	$ 1,585,907	$ 38,630	$ -	$ 1,624,537
Security lending collateral	-	187,882	-	187,882
Equity securities	988,848	5,674	972	995,494
Debt securities				
Government and government agency obligations	-	445,517	1,529	447,046
Corporate bonds	-	350,744	583	351,327
Asset backed securities	-	81,376	100	81,476
Bank loans	-	64,126	-	64,126
Other	-	10,599	-	10,599
Mutual funds				-
Equity mutual funds	847,924	-	-	847,924
Fixed income mutual funds	596,739	-	-	596,739
Real estate investment funds	10,682	-	-	10,682
Other	16,384	-	-	16,384
Commingled funds	-	774,926	-	774,926
Hedge funds	-	657,781	344,544	1,002,325
Interest rate swaps	-	32,258	-	32,258
Total assets	$ 4,046,484	$ 2,649,513	$ 347,728	$ 7,043,725
Liabilities:				
Interest rate swaps	$ -	$ 148,885	$ -	$ 148,885

The Corporation's policy is to recognize transfers between all levels as of the beginning of the reporting period There were no significant transfers to or from Levels 1 and 2 during the year ended June 30, 2014

The following table summarizes the changes in Level 3 assets for the year ended June 30, 2014 (in thousands)

	Equity Securities	Government and Government Agency Obligations	Corporate Bonds	Asset Backed Securities	Hedge Funds	Total
Balance at July 1, 2013	$ 1,449	$ -	$ 2,886	$ -	$ 376,807	$ 381,142
Realized gain	-	(2)	(99)	-	2,287	2,186
Unrealized (loss) gain	-	(609)	(96)	-	30,197	29,492
Purchases	-	2,140	1,230	100	14,170	17,640
Settlements	(3)	-	(4,638)	-	(17,243)	(21,884)
Transfers (to) from Level 2	(474)	-	1,300	-	(61,674)	(60,848)
Balance at June 30, 2014	$ 972	$ 1,529	$ 583	$ 100	$ 344,544	$ 347,728

Investments in Entities that Calculate Net Asset Value per Share – The Corporation holds shares or interests in investment companies at year-end, included in commingled funds and hedge funds, where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company There were no unfunded commitments as of June 30, 2014 The fair value and redemption rules of these investments are as follows as of June 30, 2014 (in thousands)

	Fair Value	Redemption Frequency	Redemption Notice Period
Commingled funds	$ 774,926	Daily - Monthly	0 - 60 days
Hedge funds	1,002,325	Monthly, quarterly, semi-annually	30 - 95 days
Total	$ 1,777,251		

The hedge fund category includes equity long/short hedge funds, multi-strategy hedge funds and relative value hedge funds Equity long/short hedge funds invest both long and short, primarily in U S common stocks Management of the fund has the ability to shift investments from value to growth strategies, from small to large capitalization stocks, and from a net long position to a net short position Multi-strategy hedge funds pursue multiple strategies to diversify risks and reduce volatility Relative value hedge fund's strategy is to exploit structural and technical inefficiencies in the market by investing in financial instruments that are perceived to be inefficiently priced as a result of business, financial or legal uncertainties Investments representing approximately 6 1% of the value of the investments in this category can only be redeemed bi-annually subsequent to the initial investment date Investment representing 18 4% of the investments in this category can only be redeemed at the rate of 25% per quarter

The commingled fund category primarily includes investments in funds that invest in financial instruments of U S and non-U S entities, primarily bonds, notes, bills, debentures, currencies, and interest rate and derivative products

The composition of investment returns included in the consolidated statement of operations and changes in net assets for the year ended June 30, 2014 is as follows (in thousands)

Dividend, interest income and other	$	130,961
Realized gain, net		196,727
Realized equity gain, other investments		24,528
Change in net unrealized gain on investments		350,532
Total investment return	$	702,748
Included in:		
Operating income	$	75,123
Nonoperating items		609,010
Changes in restricted net assets		18,615
Total investment return	$	702,748

In addition to investments, assets restricted as to use include receivables for unconditional promises to give cash and other assets net of allowances for uncollectible promises to give Unconditional promises to give consist of the following at June 30, 2014 (in thousands):

Amounts expected to be collected in:		
Less than one year	$	24,359
One to five years		34,761
More than five years		5,840
		64,960
Discount to present value of future cash flows		(2,819)
Allowance for uncollectible amounts		(6,030)
Total unconditional promises to give, net	$	56,111

Patient Accounts Receivable, Estimated Receivables from Third-Party Payors and Current Liabilities – The carrying amounts reported in the consolidated balance sheet approximate their fair value

Long-Term Debt – The carrying amounts of the Corporation's variable rate debt approximate their fair values The fair value of the Corporation's fixed rate long-term debt is estimated using discounted cash flow analyses, based on current incremental borrowing rates for similar types of borrowing arrangements The fair value of the fixed rate long-term revenue and refunding bonds was $3,195 million at June 30, 2014 Under the fair value hierarchy, these financial instruments are valued primarily using Level 2 inputs The related carrying value of the fixed rate long-term revenue and refunding bonds was $2,923 million at June 30, 2014 The fair values of the remaining fixed rate capital leases, notes payable to banks, and mortgage loans are not materially different from their carrying values.

11. DERIVATIVE FINANCIAL INSTRUMENTS

Derivative Financial Instruments – In the normal course of business, the Corporation is exposed to market risks, including the effect of changes in interest rates and equity market volatility To manage these risks the Corporation enters into various derivative contracts, primarily interest rate swaps Interest rate swaps are used to manage the effect of interest rate fluctuations

Management reviews the Corporation's hedging program, derivative position, and overall risk management on a regular basis The Corporation only enters into transactions it believes will be highly effective at offsetting the underlying risk

Interest Rate Swaps – The Corporation utilizes interest rate swaps to manage interest rate risk related to the Corporation's variable interest rate debt, variable rate leases and a fixed income investment portfolio Cash payments on interest rate swaps totaled $15 6 million for the year ended June 30, 2014 and are included in nonoperating income

Certain of the Corporation's interest rate swaps contain provisions that give certain counterparties the right to terminate the interest rate swap if a rating is downgraded below specified thresholds If a ratings downgrade threshold is breached, the counterparties to the derivative instruments could demand immediate termination of the swaps Such termination could result in a payment from the Corporation or a payment to the Corporation depending on the market value of the interest rate swap.

Effect of Derivative Instruments on Excess of Revenue over Expenses – The following table represents the effect derivative instruments had on the Corporation's financial performance for the year ended June 30, 2014 (in thousands)

Derivatives Not Designated as Hedging Instruments	Location of Net Gain (Loss) Recognized in Excess of Revenue over Expenses or Unrestricted Net Assets	Amount of Net Gain (Loss) Recognized in Excess of Revenue over Expenses
Excess of Revenue over Expenses:		
Interest rate swaps	Change in market value and cash payment on interest rate swaps	$ (25,514)
Interest rate swaps	Investment income	(593)
		$ (26,107)

Balance Sheet Effect of Derivative Instruments - The following table summarizes the estimated fair value of the Corporation's derivative financial instruments at June 30, 2014 (in thousands)

Derivatives Not Designated as Hedging Instruments	Consolidated Balance Sheet Location	Fair Value
Asset Derivatives		
Interest rate swaps	Investments	$ 5,855
Interest rate swaps	Other assets	26,403
Total asset derivatives		$ 32,258
Liability Derivatives		
Interest rate swaps	Other long-term liabilities	$ 148,885

The counterparties to the interest rate swaps expose the Corporation to credit loss in the event of non-performance At June 30, 2014, an adjustment for non-performance risk reduced derivative assets by $1 0 million and derivatives liabilities by $11 2 million

12. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity Temporarily restricted net assets and permanently restricted net assets at June 30, 2014 are available for the following purposes (in thousands)

Temporarily Restricted Net Assets:		
Education and research	$	20,252
Building and equipment		103,683
Patient care		47,712
Cancer Center/research		14,753
Services for elderly care		33,767
Other		73,139
Total	$	293,306
Permanently Restricted Net Assets:		
Hospital operations	$	25,844
Medical programs		7,465
Scholarship funds		5,033
Research funds		9,787
Community service funds		14,211
Other		24,723
Total	$	87,063

The Corporation's endowments consist of funds established for a variety of purposes Endowments include both donor-restricted endowment funds and funds designated by the Board to function as endowments Net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions The Corporation considers various factors in making a determination to appropriate or accumulate donor-restricted endowment funds

The Corporation employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return of endowment funds for a prudent level of risk The Corporation targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints The Corporation can appropriate each year all available earnings in accordance with donor restrictions The endowment corpus is to be maintained in perpetuity Certain donor-restricted endowments require a portion of annual earnings to be maintained in perpetuity along with the corpus. Only amounts exceeding the amounts required to be maintained in perpetuity are expended.

The following table summarizes net asset composition by type of fund at June 30, 2014 (in thousands)

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Donor-restricted endowment funds	$ -	$ 36,340	$ 87,063	$ 123,403
Board-designated endowment funds	90,942	-	-	90,942
Total endowment funds	$ 90,942	$ 36,340	$ 87,063	$ 214,345

Changes in endowment net assets for the year ended June 30, 2014 include (in thousands)

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Endowment net assets, July 1, 2013	$ 78,848	$ 31,598	$ 92,678	$ 203,124
Investment return				
Investment gain	5,522	4,235	1,238	10,995
Change in net realized and unrealized gains	5,200	1,557	1,620	8,377
Total investment return	10,722	5,792	2,858	19,372
Contributions	38	131	3,621	3,790
Transfer to create a board designated endowment	1,161	-	-	1,161
Appropriation of endowment assets for expenditures	(5,601)	(1,606)	-	(7,207)
Other	5,774	425	(12,094)	(5,895)
Endowment net assets, June 30, 2014	$ 90,942	$ 36,340	$ 87,063	$ 214,345

The table below describes the restrictions for endowment amounts classified as temporarily restricted net assets and permanently restricted net assets as of June 30, 2014 (in thousands)

Temporarily Restricted Net Assets:	
Term endowment funds	$ 4,783
The portion of perpetual endowment funds subject a purpose restriction	31,557
Total endowment funds classified as temporarily restricted net assets	$ 36,340
Permanently Restricted Net Assets:	
Investment to be held in perpetuity, the income from which is expendable to support health care services	$ 62,912
Endowments requiring income to be added to the original gift	13,939
Other	10,212
Total	$ 87,063

Funds with Deficiencies – Periodically the fair value of assets associated with the individual donor-restricted endowment funds may fall below the level that the donor requires the Corporation to retain as a fund of perpetual duration Deficiencies of this nature are reported in unrestricted net assets These deficiencies result from unfavorable market fluctuations and/or continued appropriation for certain programs that was deemed prudent by the Corporation

13. RESTRUCTURING CHARGES

During fiscal year 2014, management authorized and committed the Corporation to undertake a comprehensive performance improvement plan to realign its cost structure The Corporation had a workforce reduction as part of the plan As a result of these actions, restructuring charges of $46 million have been included in the consolidated statement of operations and changes in net assets The restructuring charges are primarily for severance and termination benefits As of June 30, 2014, $15 million in benefits have been paid

14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 3, 2014, the date the consolidated financial statements were issued The following subsequent events were noted

Merger of Entities – CHE Trinity Inc , CHE and Trinity Health were merged into one legal corporation, with Trinity Health being the surviving legal corporation on July 1, 2014

Consolidation of Siouxland Surgery Center, LLP ("Siouxland") – Effective July 1, 2014, a joint venture was created between Mercy Health Services – Iowa, Corp ("Mercy") and USP Health Ventures, LLC ("USP"), (collectively, "Mercy/USP") Mercy owns a controlling interest of 55 71% and USP owns the remaining 44 29% interest of the joint venture Mercy/USP then entered into a Securities Purchase Agreement with SSC Physician Investors, LLC ("Physician Investors"), whereby Mercy contributed 30 9% of their pre-existing ownership of Siouxland and USP contributed their newly acquired 24 6% ownership of Siouxland, resulting in Mercy/USP owning a controlling interest of 55 54% of Siouxland with the remaining 44 46% interest owned by Physician Investors As a result of the transaction, Mercy reported a gain of $40 3 million in the consolidated statement of operations and changes in net assets in July, 2014 Siouxland operates a surgical specialty hospital and medical facility in Dakota Dunes, South Dakota and has operating revenue of $64 million annually Summarized consolidated balance sheet information for Mercy/USP as of July 1, 2014 is as follows (in thousands):

Cash	$ 4,178	Accounts payable and accrued expenses	$	9,409
Patient accounts receivable	11,191	Current portion of long-term debt		1,031
Other current assets	3,539	Long-term debt, net of current portion		12,075
Property and equipment	24,133	Total liabilities acquired	$	22,515
Goodwill	134,947			
Other assets	799	Unrestricted net assets	$	57,265
Total assets acquired	$ 178,787	Unrestricted noncontrolling interest		99,007
		Total net assets	$	156,272

Litigation – On July 17, 2014, Trinity Health Corporation (now CHE Trinity Inc) was notified that it is a defendant in a lawsuit filed in the United States District Court District of Maryland that challenges the church plan status of the Trinity Health Employee Pension Plan This is similar to other purported class action cases that have been brought against large Catholic health care systems, including one making similar allegations with respect to the Catholic Health East employee pension plan This is one of six such challenges filed against Catholic health systems across the country At this point, it is not possible to assess the exposure, if any, related to these claims and CHE Trinity Inc has not reserved any amounts at this time related to either the existing challenge with respect to the Catholic Health East employee pension plan or the recently filed lawsuit against Trinity Health Corporation

* * * *

Additional Data

Software ID:
Software Version:
EIN: 42-1336618
Name: MERCY MEDICAL CENTER - CLINTON INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SEAN WILLIAMS PRESIDENT & CEO	49 00 1 00	X		X				0	530,760	41,170
DAVID VELLINGA DIR/REGIONAL PRES & CEO AS OF 1/14	1 00 4 00	X		X				0	0	0
MILTON AVERY CHAIR AS OF 1/14	1 00 1 00	X		X				0	0	0
MARY CORITA HEID RSM DIRECTOR, V CHAIR AS OF 1/14	1 00 1 00	X		X				0	0	0
KAREN VICKERS CHAIR THROUGH 12/13	1 00 1 00	X		X				0	0	0
BRUCE CHRISTENSEN VICE CHAIR THROUGH 12/13	1 00 0 00	X		X				0	0	0
MAURITA SOUKUP RSM DIRECTOR AS OF 1/14	1 00 1 00	X						0	0	0
JAMES CODDINGTON MD DIRECTOR AS OF 1/14, MMC-NI PHYS	1 00 49 00	X						0	235,764	36,176
LAMETTA WYNN DIRECTOR AS OF 1/14	1 00 1 00	X						0	0	0
MARK NIEMER MD DIRECTOR AS OF 1/14	1 00 1 00	X						0	0	0
MARTI RODAMAKER DIRECTOR AS OF 1/14	1 00 1 00	X						0	0	0
RICHARD O'CONNELL DIR AS OF 1/14, EVP & PRES TH DIV	1 00 54 00	X						0	1,673,574	145,485
RALPH REEDER MD DIRECTOR AS OF 4/14	1 00 1 00	X						0	0	0
RITA DENNIS DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
LOUIS EGGING DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
BRIAN GUY DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
JAMES OLNEY MD DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
O DANIEL OSARO MD DIRECTOR THROUGH 12/13	1 00 0 00	X						1,034	0	0
MICHAEL RASTRELLI DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
MARK REGENWETHER DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
MARJORIE STAUDT OSF DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
ERIC VAN LANCKER DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
RICHARD WINKEL DIRECTOR THROUGH 12/13	1 00 0 00	X						0	0	0
MARCIA SMITH SEC AS OF 1/14, MMC-NI ASSOC CNSL	1 00 44 00			X				0	219,902	31,640
PAUL MANGIN TREASURER THR 12/13, CFO/VP FINANCE	50 00 0 00			X				0	229,752	51,981

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MARILYN HEIAR SECRETARY THROUGH 12/13	40 00 0 00			X				48,652	0	26,167
RODNEY SCHLADER TREAS AS OF 1/14, REGIONAL CFO	1 00 49 00			X				0	344,574	50,092
AMY E BERENTES VP PATIENT CARE/CNO	50 00 0 00				X			0	207,347	16,568
RODNEY TOKHEIM VP BUSINESS DEVELOPMENT	50 00 0 00				X			0	171,582	41,539
MOHAMMED IRSHAD PHYSICIAN, GASTROENTEROLOGY	50 00 0 00					X		551,307	0	14,439
MARK LEDING DO PHYSICIAN, ANESTHESIOLOGY	50 00 0 00					X		463,180	0	44,963
DOUGLAS CODY MD PHYSICIAN, ENT	50 00 0 00					X		417,337	0	41,757
STEPHEN JEWELL CRNA	50 00 0 00					X		235,460	0	26,825
JAMES BABESHOFF CRNA	50 00 0 00					X		203,023	0	32,128
JOSEPH SWEDISH FORMER KEY EMPLOYEE	0 00 0 00						X	0	1,463,995	28,888
KEDRICK ADKINS FORMER KEY EMPLOYEE	0 00 0 00						X	0	1,808,589	1,739,236
MICHAEL SLUBOWSKI FORMER KEY EMPLOYEE	0 00 0 00						X	0	231,799	0