

	•	00		IC DISCLOSURE CC		ncome Tax	OMB No. 1545-0047			
For	n <b>y</b>	90	Under section 501(c), 527, or 49	47(a)(1) of the Internal Revenue	e Code (ex	cept private foundation	<b>⊳} 2022</b>			
Deng	riment c	of the Treasury	Do not enter social se	ecurity numbers on this form a	is it may be	e made public.	Open to Public			
Interr	al Reve	nue Service		/Form990 for instructions and			Inspection			
<u>A</u> F	or the	I		JUL 1, 2022 and	lending u	<u>30, 2023 אטד</u>				
Bc	heck if pplicabl	C Name of	f organization			D Employer identifie	cation number			
<b>_</b>										
-	F 0									
	_ chang " Initial		ousiness as	ally and to atment address)	D	52-05916				
Lireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
	lireturn termin ated		town, state or province, country, and	d ZIP or farcian postol code			600,596,038.			
Ē	Amen	ded דגם ded	IMORE, MD 21202	d ZIF of loteryit postar code		G Gross receipts \$ H(a) Is this a group re				
Ē	Applic tion		and address of principal officer: DA	VID MAINE, MD		for subordinates				
• • •	pendir		T. PAUL PLACE, BAI		12	H(b) Are all subordinates in				
1 1	ах-өх	empt status:		) (insert no.) 4947(a)(1)			list. See instructions			
	Vebsi		MDMERCY.COM			H(c) Group exemptio				
KF	orm of	organization:	X Corporation Trust	Association Other	L Yea		A State of legal domicile; MD			
Pa	urt I	Summary								
d)			be the organization's mission or mos							
nce		<u>us, we </u>	WITNESS GOD'S HEAI	ING LOVE FOR ALL	PEOP	LE BY PROVID	ING			
Governance	-	Check this bo		ontinued its operations or dispo	sed of mor	e than 25% of its net as:	sets.			
<u>ove</u>			ting members of the governing body				7			
এ	4	Number of ind	dependent voting members of the g	overning body (Part VI, line 1b)	····		0			
Activities &	5	Total number	of individuals employed in calendar	year 2022 (Part V, line 2a)	•••••		4228			
Ę,			of volunteers (estimate if necessary	1 (m) 11 (m)		i i	216			
Act			d business revenue from Part VIII, c				166,904.			
	b	Net unrelated	business taxable income from Forn	n 990-1, Part I, line 11		Prior Year	0.			
	8	Contributiona	and grants (Part VIII line 1b)		-	4,719,093.	Current Year 2,526,076.			
Ę						556,848,718	569,606,863.			
Revenue			come (Part VIII, column (A), lines 3,		12,589,364.	9,033,465.				
Å			e (Part VIII, column (A), lines 5, 6d, 8			20,688,105.	18,373,979.			
			- add lines 8 through 11 (must equa			594,845,280.	599,540,383.			
			milar amounts paid (Part IX, column			173,200.	292,867.			
			to or for members (Part IX, column +		·····	0.	0.			
s			r compensation, employee benefits			262,223,413.	276,347,052.			
nses	40.		undraising fees (Part IX, column (A),			0.	0.			
Expens	b		ing expenses (Part IX, column (D), li		0.					
ш	17	Other expense	es (Part IX, column (A), lines 11a-11	d, 11f-24e)		<u>291,278,176.</u>	307,280,404.			
			es. Add lines 13-17 (must equal Part			<u>553,674,789.</u>	583,920,323.			
		Revenue less	expenses. Subtract line 18 from line	e 12		41,170,491.	15,620,060.			
Net Assets or -und Balances					В	eginning of Current Year	End of Year			
sset Salar	20	Total assets (F				1021409173.	1042788236.			
et A: nd E	21					534,308,005.	486,377,525.			
		1.44	fund balances. Subtract line 21 from Block	n line 20		487,101,168.	556,410,711.			
	202 1.02	-	· · ·	- tushudtan analog da analog da a						
			I declare that I have examined this return . Declaration of preparer (other than offic				/ knowledge and bellef, it is			
<u>u ue,</u>	GOLLAC		. Degaration of preparer (other than offic	cer) is based on an information of w	nich prepare	r nas any knowledge.	10/2024			
Sigr		Signature of of	fficer			Date Date	10/2024			
Here		JUSTIN I	N	VICE PRESIDENT &	ርፑር		•			
Her	5	Type or print n		VICH INBOIDENT 6						
		Print/Type prep		Preparer's signature	· · · · ]	Date Check	PTIN			
Paid		AMY BIB		AMY BIBBY		04/09/24 if Lislf-employ				
Prep		Firm's name	FORVIS, LLP		ľ		4-0160260			
Use		Firm's address		ROAD, SUITE 500						
	-		TYSONS, VA 22102-			Phone no. (7	03) 970-0400			
May	the IF	RS discuss this	s return with the preparer shown ab				X Yes No			
-	1 12-1		For Paperwork Reduction Act Not		ons.		Form <b>990</b> (2022)			
	ន		DULE O FOR ORGANIZ			NT CONTINUAT				

Par	990 (2022) MERCY MEDICAL CE		<u>52-0591658 Page 2</u>
	t III Statement of Program Service Accompl		
	Check if Schedule O contains a response or note to	any line in this Part III	X
1	Briefly describe the organization's mission: LIKE THE SISTERS OF MERCY BEF(		
	ALL PEOPLE BY PROVIDING EXCEL		
	OF COMPASSIONATE CARE. AS AN	INDEDENDENT CATUOLIC HOCDIA	ILN A COMMUNITY
	TO ENHANCE THE HEALTH OF OUR H	ANDEPENDENT CATHOLIC HOSPIT	AL, WE PLEDGE
2			OF EVERY
2	Did the organization undertake any significant program ser	÷ ·	<u> </u>
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X No
3			
3	Did the organization cease conducting, or make significant	changes in now it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishme	and for and of the dama to be a second of the second of th	
	Section 501(c)(3) and 501(c)(4) organizations are required to		
	revenue, if any, for each program service reported.	o report the amount of grants and allocations to othe	es, me total expenses, and
4a		Including grants of \$ 292,867.) (Reve	586 880 519
	MERCY MEDICAL CENTER (MMC) OWN		
	ACUTE-CARE TEACHING HOSPITAL.		
	REGARD TO ABILITY TO PAY, INCI		
	OUTPATIENT SERVICES, EMERGENCY		
	NEONATAL INTENSIVE CARE AMONG		YEAR 2023,
	MERCY ADMITTED 16,603 INPATIEN		1.0% OF WHICH
	WAS MEDICAL ASSISTANCE REVENUE	. MMC'S LARGEST MAJOR SERV	ICE CATEGORY IS
	SURGERY AND CENTERS OF EXCELLE		
	REVENUE. MERCY PROVIDED 28,971		
	CASES DURING THE PERIOD.		
	MMC'S SECOND LARGEST MAJOR SEE	RVICE CATEGORY IS MEDICINE	REPRESENTING
	(Code:) (Expenses \$		
-110	(code: / texpenses ¢	including grants of \$ / (Heve	nue \$
	V		· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
			······
4c	(Code:) (Expenses \$	including grants of \$ ) (Reve	nue \$
40	(Code:) (Expenses \$	including grants of \$ ) (Reve	nue \$
4c	(Code:) (Expenses \$	including grants of \$ ) (Reve	nue \$
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40	(Code:) (Expenses \$	Including grants of \$) (Reve	nuə \$
4c	(Code:) (Expenses \$	Including grants of \$) (Reve	nue \$
40	(Code:) (Expenses \$	including grants of \$) (Reve	nue \$
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4c	(Code:) (Expenses \$	including grants of \$) (Reve	nue \$
		Including grants of \$ ) (Reve	nue \$
	(Code:) (Expenses \$ (Code:) (Expenses \$       Other program services (Describe on Schedule O.)	including grants of \$) (Reve	nue \$
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$	) (Revenue \$	nue \$
4d	Other program services (Describe on Schedule O.)	) (Revenue \$	nuə \$
4d	Other program services (Describe on Schedule O.)       (Expenses \$ including grants of \$       Total program service expenses     468,162	) (Revenue \$ , 554.	) Form <b>990</b> (2022
4d 4e	Other program services (Describe on Schedule O.)       (Expenses \$ including grants of \$       Total program service expenses     468,162	) (Revenue \$	) Form <b>990</b> (2022
4d 4e	Other program services (Describe on Schedule O.)       (Expenses \$ including grants of \$       Total program service expenses     468,162	) (Revenue \$ , 554.	) Form <b>990</b> (2022

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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
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	X	
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 Rev. Proc. 98-19? // "Yes, " complete Schedule C, Part III	5		X
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		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			**
•	the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	-		3.7
^	Schedule D, Part III	8		<u>_X</u>
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?			v
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u> </u>
10		10	v	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	<b>10</b>	_X	Read and
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	4	المنتخذة المناس	المشتشية
ч	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		<u> </u>	
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? // "Yes, " complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
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? /f "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
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? /f "Yes," complete Schedule F, Parts III and IV	_16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I,</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			*57
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>			v
20-2	complete Schedule G, Part III	19	v	<u> </u>
20a ĸ	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X X	
ס 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	~ ^	L
£ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4	х	
232002	12-13-22	Eorm		(2022)
		I OUT		(CU22)

232003 12-13-22

			CENTER
Part IV Checklist of Re	equired S	chedules (	continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	X	
24 a	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	<u>X</u>	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			v
н	any tax-exempt bonds?	24c		X X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24d</u>		<u> </u>
204	transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part /	<u>25</u> a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	in 1975) Kaan seess		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			57
ь	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	<u>28b</u>		<u> </u>
v	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		x
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? // "Yes," complete Schedule R, Part /	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	i i		
	Part V, line 1	_34	<u>X</u>	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		**	
96	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>x</u>
31	and the time tend of the sector could be for the tend to be a sector of the sector of	07		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		] 00	<u> </u>	L
	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 774			42
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2 <b>320</b> 04	12-13-22	Form	990	(2022)

7 2022.05080 MERCY MEDICAL CENTER

_	990 (2022) MERCY MEDICAL CENTER	52-05	91658	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
<b>2</b> a	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 42	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	· ·
3a	Did the experimentian house success and the second state of the se			X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a	x	
b	If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u>		18 19 1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).	- 1474 1214		
5a	When the end of the second state is a second state in the second state in the second state in the second state in the second state is a second state in the second state is a second state in the second state i				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	one on the stimulant state of the	-	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions?		0a		<u> </u>
	work wat they also here the D		01	1	
7	Organizations that may receive deductible contributions under section 170(c).				-568X
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribu	deep provided to the new	••• •		<u></u> 
b	If $\mathbb{N}$ on $\mathbb{P}$ did the exponential metric the dense of the value of the model of the second state $1.1$				<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		<u>7b</u>		
C		•			77
н		1	7c	in the state of	X
u	If "Yes," indicate the number of Forms 8282 filed during the year	7d			3
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X
т	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			<b>—</b>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7 7h	Sana	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	المتسهدية	in the second	
~			8		1.1.1
9	Sponsoring organizations maintaining donor advised funds.		alahan sa	and a more that	
a L				<u> </u>	
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>	<u> </u>		Niste Version
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
a	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			Se 57	
	amounts due or received from them.)	11b			499) i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	No. Takat	
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		in the second		1920
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>	1. 1. 1. 1. 1.	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	<u>13b</u>			
c	Enter the amount of reserves on hand	130		1388	
14a				ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				1
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		5.3		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				a di Salara Salara
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				L
	If "Yes," complete Form 6069.				
232005	12-13-22		Forn	n 990	(2022

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7				
	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 on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		0				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other					
	officer, director, trustee, or key employee?			_ 2				
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?			. 3				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4				
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5				
3	Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point d	one or					
	more members of the governing body?			<u>7</u> a				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b				
;	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
a	The governing body?			8a				
b	Each committee with authority to act on behalf of the governing body?			8b				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		<u></u>	. 9				
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Rec	enue	Code.)					
	Did the organization have local chapters, branches, or affiliates?			_ <u>10a</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	affiliates,					
				. 10b				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	<u>11a</u>				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<u>12a</u>				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. <u>12b</u>				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	es," de	escribe					
	on Schedule O how this was done			120				
3	Did the organization have a written whistleblower policy?			13				
ł	Did the organization have a written document retention and destruction policy?			. 14				
5	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a				
	Other officers or key employees of the organization							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
)a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	th a	. (J. 5) (J. 5)				
	taxable entity during the year?			16a				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							

## Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

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Section C. Disclosure

Own website

17

18

19

20

232006 12-13-22

exempt status with respect to such arrangements?

statements available to the public during the tax year.

JUSTIN DEIBEL - 410-659-2905 301 ST. PAUL PLACE, BALTIMORE,

List the states with which a copy of this Form 990 is required to be filed MD

Another's website

for public inspection. Indicate how you made these available. Check all that apply.

2022.	05080	MERCY	MEDICAL	CENTER
	00000	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT		

C. Other (explain on Schedule O)

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

21202

X Upon request

MD

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

9

Form 990 (2022)

30012961

52-0591658 Page 6

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Χ

X

Yes No

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Х Х

Yes

Х

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Х Х X

16b

х

No х

MERCY	MEDICAL	CENTER
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Form 990 (2022)

Form 990 (2022) MERCY ME									52-0591	<u>658 <sub>Page</sub> 7</u>
Part VII Compensation of Officers, I Employees, and Independer				s, F	(ey	En	nplo	oyees, Highest Co	mpensated	
Check if Schedule O contains a resp				in t	his I	Part	VII			
Section A. Officers, Directors, Trustees, Key				_				ed Employees		
<ul> <li>1a Complete this table for all persons required to</li> <li>List all of the organization's current officer</li> <li>Enter -0- in columns (D), (E), and (F) if no compen</li> <li>List all of the organization's current key er</li> <li>List the organization's five current highest of</li> <li>who received reportable compensation (box 5 of</li> <li>\$100,000 from the organization and any related of</li> <li>List all of the organization's former officers</li> <li>reportable compensation from the organization and</li> <li>List all of the organization's former direct</li> </ul>	s, directors, tru sation was paid nployees, if any compensated e Form W-2, box organizations, a, key employee nd any related ors or trustees	istee d. mple 6 o es, a orga tha	es (w ee th oyee f For Ind h aniza at rec	/het) e ins s (of m 1 nighe stion ceive	ner i struc ther 099 est c s. ed, in	indiv thar MIS comp	idua s foi n an C, a bens cap	Is or organizations), reg r definition of "key empl officer, director, trustee nd/or box 1 of Form 10 ated employees who re pacity as a former direct	ardless of amount of c oyee," 9, or key employee) 99-NEC) of more than ceived more than \$100	ompensation. 9,000 of
more than \$10,000 of reportable compensation fi See the instructions for the order in which to list Check this box if neither the organization n	the persons ab or any related o	ove,		tion	con		-	ed any current officer, d		
(A) Name and title	(B) Averagə hours per week	box	not c , unle	Pos heck ss per	more rson i	) than d is both x/trus	an :	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID N. MAINE M.D. CHAIR, EX OFFICIO	18.00 22.00	x		x				0.	1,923,165.	38,809.
	4 5 0 0	1	1	· · · · ·	r—	1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

	line)	Individu	Institutie	Officer	Key emp	Highest	Former			organizations
(1) DAVID N. MAINE M.D.	18.00									
CHAIR, EX OFFICIO	22.00	x		x				0.	1,923,165.	38,809.
(2) JUSTIN C. DEIBEL	15.00								, <u>, , , , , , , , , , , , , , , , , , </u>	
VICE CHAIR	25.00	x		х				0.	1,090,123.	38,809.
(3) WILMA ROWE M.D.	39.50									
SECRETARY	0.50	x		X				0.	1,067,811.	43,627.
(4) SUSAN D. FINLAYSON	38.00									
DIRECTOR	2.00							866,017.	0.	14,914.
(5) CHRISTOPHER THOMASKUTTY	40.00									······································
SVP CLIN PROG - CHIEF OF STAFF		1				x		726,799.	0.	38,809.
(6) JUDITH WEILAND	40.00									
SVP STRATEGIC & CAPITAL PLANNING		]				X		620,203.	0.	28,230.
(7) PERRY, KATHLEEN	40.00									
SVP AND CHIEF INFORMATION OFFICER (		1				X		559,371.	0.	41,394.
(8) TAMMY L. JANUS	40.00									
SENIOR VP HR						x		504,568.	0.	42,384.
(9) ROBERT A. EDWARDS	40.00									
SENIOR VP PHYSICIAN DELIVE						Х		471,336.	0.	28,798.
(10) RALPH J. LEBRON	40.00	_								· · · · ·
DIRECTOR (STARTED 1/1/2023)		X						428,852.	0.	39,052.
(11) STACEY (SEDALIA) BRULL	40.00									
DIRECTOR		X						351,433.	0.	38,270.
(12) JOHN E. TOPPER	15.00									
FORMER VICE CHAIR (THRU 21)	25.00						Х	0.	338,557.	868.
(13) ELINOR PETROCELLI	15.00									
TREASURER	25.00	X		X				281,004.	0.	<u>2</u> 4,281.
(14) THOMAS R. MULLEN	15.00									
FORMER CHAIR, EX OFFICIO	25.00						Х	0.	266,203.	26,630.
(15) MICHAEL C. MULLANE	25.00									
DIRECTOR	15.00	X						200,807.	0.	27,190.
(16) REV. R THOMAS MALIA	40.00									
DIRECTOR		<u>x</u>						82,989.	0.	13,581.
(17) SCOTT SPIER M.D.	15.00									
FORMER DIRECTOR	25.00						Х	44,010.	0.	26,699.
232007 12-13-22				1	0					Form 990 (2022)

#### 12200409 797738 3001296099s

Form 990 (2022) MERCY MEDICAL CENTER 52-0591658 Page 8										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per		not cl	heck i	more	than c		Reportable compensation	Reportable	Estimated
	week		box, unless person is both an officer and a director/trustee)					from	compensation from related	
	(list any	actor						the	organizations	
	hours for related	ndividual trustee or director	83			sated		organization	(W-2/1099-MIS	
	organizations	rustee	l trust		ee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	idual t	nstitutional trustee	er	mploy	est col oyee	IGT	10001120)		organizations
· · · · · · · · · · · · · · · · · · ·	nours for related     is     particular     organization     (W-2/1099-MISC/ 1099-NEC)       organizations     is     is     is     is       below     is     is     is     is       line)     ip     is     is     is									
dh Outurnel								5,137,389.		0 510 345
1b Subtotal c Total from continuation sheets to Part V								0.	4,000,00	<u>59. 512,345.</u> 0. 0.
<u>d Total (add lines 1b and 1c)</u>								5,137,389.	4.685.85	••
2 Total number of individuals (including but r								the second se		
compensation from the organization									• · · · ·	10
										Yes No
3 Did the organization list any former officer		•	•	•						
line 1a? if "Yes," complete Schedule J for s										<u>3 X</u>
4 For any individual listed on line 1a, is the si	um of reportable	e co "	mpe	insa	tion	and	oth	er compensation from t	he organization	ΔΧ
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	accrue compen	° CO. ⊳ati	mpie on fr	nm :	ocne anv	i <i>quie</i> Unre	l J T Iste	or such individual ed organization or individ	dual for services	
rendered to the organization? If "Yes." con	•							•		<b>5</b> X
Section B. Independent Contractors				<u> </u>						
1 Complete this table for your five highest co										pensation from
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith o	or wi	thin	the organization's tax y	ear.	
(A) Name and business	address							(B) Description of s		(C)
CONSOLIDATED MEDICAL SERV		~					$\dashv$	Description of a		Compensation
11027 MCCORMICK RD., HUNT			MD	2	10	31		CONSTRUCTION		6,491,957.
UNIVERSITY OF MD MEDICAL				4	<u> </u>	<u> </u>		000010001100		0,451,557.
ELKRIDGE LANDING RD, LINT				$\mathbf{rs}$	, 1	MD		MEDICAL SERV	ICES	5,268,628.
RTM ENTERPRISE, INC.					-			MAINTENANCE		
143 POMEROY AVE, ABINGDOM	N, MD 21	00	9				_	RENOVATION		3,848,653.
EPIC SYSTEMS CORPORATION								EPIC MAINTEN		-
1979 MILKY WAY, VERONA, W	VI 53593						_	TECHNICAL SU	PPORT	3,355,040.
METZ CULINARY MANAGEMENT 2 WOODLAND DR., DALLAS, I	DA 18610		גס	1	ይፍ	12			c	3 313 554
2 Total number of independent contractors (i								FOOD SERVICE		3,212,554.
<ul> <li>\$100,000 of compensation from the organi</li> </ul>	-	A III	meu	01	92		lea	above, who received m	vierundii	
						-			E	Form <b>990</b> (2022)

232008 12-13-22

#### MERCY MEDICAL CENTER

Form 990 (2022) MERCY M Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	
								Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŧŧ	1	la	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b		「「「「「「「「」」」」」			
o ≱o		c	Fundraising events			1c					
Hin k		d	Related organizations			1d	2,526,076.				
js,		е	Government grants (contr	ibuti	ons)	1e					
¥ tion		f	All other contributions, gifts,								
Ř			similar amounts not included	abov	/e	1f					
50		g	Noncash contributions included in	lines 1	la-1f	1g \$		a an			
<u> </u>		h	Total. Add lines 1a-1f					2,526,076.			
							Business Code				
ice.	2	2 a	PATIENT REVENUE				621400	568526863.	568526863.		
ervi		b	PEDIATRIC REVENUE				621110	1,080,000.	1,080,000.		
S n Sent		C	·								
gev Sev		d	· · · · · · · · · · · · · · · · · · ·								
Program Service Revenue		e								·····	
щ		f	All other program service					FCOCOCOCO	ing the state of the state of the		land a second second second second
							<u></u>	569606863.	gaan dhiili dhiin dhiga	inn di seggi pali sang T	
	3	•	Investment income (includ					5 705 275			ERAFARA
	4		other similar amounts) Income from investment o					5,795,376.		· · · · · · · · · · · · · · · · · · ·	5795376.
	4 5				•						
	5	•	Royalties		63	Real	(ii) Personal		동안의 위치를 만드는 것이다.	na sa seco	in the Agencie of All States
	6		Gross rents	6a		89,074.	wi oroona				
	v		Less: rental expenses	<u>6</u> 6		55,655.					
			Rental income or (loss)	6c		33,419.					
	7		Net rental income or (loss)	-			L	933,419,		n en en anter anter a se	933,419.
			Gross amount from sales of	·		curities	(ii) Other				
	-		assets other than inventory	7a	2.9	13,763.	324,326.				
		b	Less: cost or other basis			<i>i</i>					
ę			and sales expenses	7b		Ο.	0.				
ent		с	Gain or (loss)	7c	2,9	13,763.	324,326.				
Revenue		d	Net gain or (loss)					3,238,089.			3238089.
Other	8		Gross income from fundraisin								
₽			including \$			of					
			contributions reported on								
			Part IV, line 18		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a					
		b	Less: direct expenses			8b					
		C	Net income or (loss) from t	fundi	raising	events					
	9	a	Gross income from gaming	g act	tivities.	See					
			Part IV, line 19			9a					
			Net income or (loss) from	-	-	vities	·····				
	10	a	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
		¢	Net income or (loss) from	sales	s of inve	entory		Northe Statistics of the Statistics	en sonra en alcande comerce e	i u stra strategi u ga stative te-	
ş			MANA CIENCIALE DISS				Business Code	10 500 000	4050000-		
Miscellaneous Revenue	11		MANAGEMENT FEE				561000	12,539,007.	12539007.		<b> </b>
llan (en)		b	CAFETERIA REVENUE PARKING GARAGE INCOM	æ			722514 812930	2,594,237.	2,594,237.	100 000	
Sce		-					900099	1,429,373.	1,299,403.	129,970.	· · · · · · · · · · · · · · · · · · ·
Mî			All other revenue					877,943.	841,009.	36,934.	a pega na publicaria
	40		Total. Add lines 11a-11d			·····		17,440,560. 599540383.	586880519.	166 004	
	12		Total revenue. See instructio	115	••••••	·····			200000213	166,904.	9966884. Form <b>990</b> (2022)

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Form	990	(2022)	)

#### MERCY MEDICAL CENTER

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 (B) Program service expenses (C) Management and (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses 1 Grants and other assistance to domestic organizations 292,867. 292,867. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) -----228,632,264.184,986,365. Other salaries and wages 43,645,899. 7 Pension plan accruals and contributions (include 8 5,760,754. 4,661,026. 1,099,728. section 401(k) and 403(b) employer contributions) 20,989,527. 4,952,294. Other employee benefits 25,941,821. 9 16,012,213. 12,955,482. 3,056,731. Payroll taxes 10 11 Fees for services (nonemployees): 5,552,123. 5,552,123. a Management 1,153,590. 576,795 576,795. b Legal ..... 644,828. c Accounting 440,804. 204,024. 87,500. 87,500. d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees 793,182. 793,182, f g Other. (If line 11g amount exceeds 10% of line 25, 22,204,271. 17,460,972. 4,743,299. column (A), amount, list line 11g expenses on Sch 0.) 4,136,259. 289,538. 3,846,721. Advertising and promotion 12 25,770,683. 19,070,298. 6,700,385. 13 Office expenses 2,310,727. 1,386,436. 924,291. Information technology 14 15 Royalties 13,366,728. 7,012,881. 6,353,847. 16 Occupancy 576,224. 386,070. 190,154. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 555,974. 94,516. 461,458. 19 12,476,837. 8,550,376. 3,926,461. Interest 20 Payments to affiliates 21 36,665,710. 25,220,671. 11,445,039. Depreciation, depletion, and amortization 22 26,992,429. 25,284,738. 1,707,691. 23 Insurance ..... Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a MED AND PHARMACY SUPPLI 96,088,108. 96,088,108. **b** OTHER 33,351,821. 23,594,861. 9,756,960. 11,178,184. c REPAIRS AND MAINTENANCE 16,113,702. 4,935,518. d 340B PHARMACY EXPENSE 7,275,097. 7,275,097. 1,164,611. 1,164,611. e All other expenses Total functional expenses. Add lines 1 through 24e 583,920,323.468,162,554.115,757,769. 25 Joint costs. Complete this line only if the organization 26

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

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0.

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

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	158,926,947.	1	100,140,702.
	2	Savings and temporary cash investments	80,625,467.		114,783,495.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	25,819,940.	4	27,302,099.
	5	Loans and other receivables from any current or former officer, director,			양요? 상업 동네 그 그 가지 것
		trustee, key employee, creator or founder, substantial contributor, or 35%	이 것 같아요. 말 많 것		
		controlled entity or family member of any of these persons	n - Mandelander en	5	n de la companya de National de la companya de la company
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	an a	6	ne en e
23	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	13,495,633.	8	11,753,470.
Ϋ́	9	Prepaid expenses and deferred charges	2,931,361.	9	2,720,689.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 954,948,731.			일 전 1월 1일 및 전에 1월 1일 - 일 및 전에 1월 1일 및 전에 1월 1 1월 1일 및 전에 1월 1일 및 전에 1
	b	Less: accumulated depreciation 10b 482,363,040.	470,617,675.	10c	472,585,691.
	11	Investments - publicly traded securities	211,114,157.	11	245,828,644.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	44,210,884.	13	49,615,532.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	13,667,109.	15	18,057,914.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1021409173.	16	1042788236.
	17	Accounts payable and accrued expenses	118,502,056.	17	110,193,422.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	363,166,119.	20	351,902,904.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	r de l'anna de la desta de	1987.00	and the second
iab.		controlled entity or family member of any of these persons		22	·
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X	FD (20 020		04 001 100
		of Schedule D	52,639,830.		24,281,199.
	26	Total liabilities. Add lines 17 through 25           Organizations that follow FASB ASC 958, check here         X	534,308,005.	_26	486,377,525.
ñ		-	[말 옷 같 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷 옷		
nče	07	and complete lines 27, 28, 32, and 33.	447,940,635.		512 AA2 EQA
ala	27 28	Net assets without donor restrictions	39,160,533.	27 28	<u>512,043,580</u> . 44,367,131.
Б	20	Net assets with donor restrictions	<u> </u>	28	<u>44,307,131.</u>
n		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds	e an de calegarie de la construir de la constru	29	1.20148.1.81 <u>846856</u>
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		<u> </u>	· · · · · · · · · · · · · · · · · · ·
SS	31	Retained earnings, endowment, accumulated income, or other funds		<u>30</u> 31	
Net Assets or Fund Balance	32	Total net assets or fund balances	487,101,168.	32	556,410,711.
Ż	33	Total liabilities and net assets/fund balances	1021409173.	32	1042788236.
	00			1 00	<u></u>

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Form 990 (2022)

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	990 (2022) MERCY MEDICAL CENTER	52-(	)591658	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets		1842		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>599,540</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	583,920		
3	Revenue less expenses. Subtract line 2 from line 1	3	15,620		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	487,101		
5	Net unrealized gains (losses) on investments	5	20,475	5,72	<u>25.</u>
6	Donated services and use of facilities	6	<b>-</b>		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<u>33,213</u>	3,75	<u>58</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	556,410	),71	<u>[1.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·····	·····	<sub>.</sub>	X
			(*	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••	<u>2a</u>		<u>X</u>
	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		an a		1. 
b	Were the organization's financial statements audited by an independent accountant?		<u>_2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		i ger	
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis		and a second		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Ţ.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
ο.	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	<u>, 198 (a)</u> -	kojo i Literatoj	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Horm		2022

Form **990** (2022)

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S	CHEC	DULE A		Dublia Cha	with Ctotus an	- D. J				OMB No. 1545-0047
(Form 990) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2022				
					11Zation is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζζ
	Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Pul						Open to Public			
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
Nar	ne of t	the organization								identification number
Б	art I	Researd	MERC or Public (	Y MEDICAL	CENTER				5	<u>2-0591658</u>
L					(All organizations must c			ee instruction	s	
	organ				For lines 1 through 12, cl					
1 2	H				on of churches described		n 170(b)(1	)(A)(i).		
3	X				Attach Schedule E (Form anization described in <b>s</b> o			3		
4					njunction with a hospital				(iii) Enter	the bornital's name
		city, and state			njunotion minu noopital	described	36010		uni, citei	the nospital's name,
5	$\square$	•		or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
				Complete Part II.)	<b>3</b>					
6		A federal, stat	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7					ntial part of its support fr				e general p	oublic described in
				omplete Part II.)						
8					(1){A)(vi). (Complete Pari					
9					in section 170(b)(1)(A)(					
		or university o	pr a non-land-ç	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
	[]	university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					
				mplete Part III.)	(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	itter June 30, 1975.
11			• • • •	• •	vely to test for public sat	foty Soo	nontion 6(	0(a)(4)		
12					vely for the benefit of, to				rny out the	purposes of one or
. –					d in section 509(a)(1) o					
					f supporting organization					
a					upervised, or controlled I					giving
					gularly appoint or elect a					
		organizatior	n. You must o	complete Part IV, Se	ections A and B.					
b					or controlled in connect			-		-
					anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		-		t complete Part IV,						
C	· L				g organization operated				ly integrate	ed with,
					). You must complete F					
¢					orting organization oper				-	••
					ation generally must sati nplete Part IV, Sections	-		•	an attentiv	/eness
е		-			written determination from					
Ų	1				nally integrated supportin			тураз, тура	n, rype m	
f	Ente	r the number o			and medicate experies					
g	Prov	ide the followi	ng information	about the supporte			••••••		•••••	L
	(1	I) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	nization listed	(v) Amount of		(vi) Amount of other
		organization			above (see instructions)	Yes	No	support (see ir	nstructions)	support (see instructions)
<u> </u>										
										· · · · · · · · · · · · · · · · · · ·
										·
Tote						ange of				<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

<u>Total</u>

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#### Schedule A (Form 990) 2022

#### MERCY MEDICAL CENTER

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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.)

See	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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				1997년 1993년 1997년 1997년 1997년 1997년 199 1997년 1997년 199		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.				Received and		······································
Sec	tion B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructic	ons)			12	
13	First 5 years. If the Form 990 is for th	1e organization's fir				01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	%
15	Public support percentage from 2021	Schedule A, Part I	II, line 14		,	15	%
	33 1/3% support test - 2022, If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022, If the org	anization did not d	check a box on line	• 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiza	tion
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	a 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the facts-and-circl						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2022

232022 12-09-22

#### Schedule A (Form 990) 2022

MERCY MEDICAL CENTER

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

(Complete only if you checked the box on line 10 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 D. Computation of Investment Income Percentage         17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))         17	Se	ction A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Include any "unusual grants") Grisse nocipits from admissions grantstands from damissions Grisse nocipits from admissions Grisse								
2         Gross receipts from admission, merchandes of or services pro- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose S Gross receipts from activities that are not an unrolated index of bus- inese under services or facilities that are not an unrolated index of bus- inese under services or facilities that are not an unrolated index of bus- inese under services or facilities that are not an unrolated index of bus- inese under services or facilities that are not an unrolated index of bus- inese under services or facilities that are not an unrolated index of bus- inese under services or facilities that are not an unrolated index of bus- inese under services or facilities that are not an unrolated index of bus- the organization without charge that are not an unrolated index of bus- the organization inter 1, 2, and 3 received in disqualified persons b areas texisted in the sub- section B. Total. Add lines 1 through 5		membership fees received. (Do not						
methandise sold or services par- formed, or fullifies furthered in any activity that is related to the organization's backetempt puppose       Image: Comparison of the co		include any "unusual grants.")						
formed, or facilities trained in any activity this relates to the organization's tax-exempt purpose	2							
any activity that is related to the organization's travesemp purpose and the survey of the organization's travesemp of the organization's travesemp of the organization's travesemp of the organization's benefit and either paid to or expended on its behalf is in the organization without change is interest. If the organization without change is interest, with the organization without change is interest. If the organization without change is interest, with the organization without change is interest. If the organization is interest, with the organization without change is interest. If the organization is interest.								
originatation taxesempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's banefit and diffue paid to or organization without charge 5 The value of services or failities 6 The value of services or failities 7 A mounts included on the services 7 a Amounts included on the services or failities 7 a Amounts included on the services or failities 8 and the services or failities 7 a Amounts included on the services 7 a Amounts included on the services 8 and the services or failities 9 and the services or f		•		[				
are not an unrelated trade or bue- iness under section 513								
Intervenues lavial for the organization is behalf         4 Tax revenues lavial for the organization is behalf         5 The value of a services or facilities         full services         full services <t< td=""><td>3</td><td>Gross receipts from activities that</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	3	Gross receipts from activities that						
4 Tax revenues levied for the organization's benefit and either paid to         or expended on its behalf         the expended on its behalf		are not an unrelated trade or bus-						
iteration's banefit and either paid to or expanded on its behalf		iness under section 513						
or expanded on its behalf 5 The value of services or facilities turnished by a governmental unit to the organization without charge 6 Total. Add fines 1 through 5 7 Amounts included on fines 1, 2, and 3 received from disculfied persons b at exemised the service of the service	4	Tax revenues levied for the organ-						
5       The value of services or facilities furnished by a governmental unit to the organization without theory 8       Image: constraint of the organization without theory 8         6       Total. Add lines 1 function theory 9       Amounts included on lines 1, 2, and 3 received from disqualified persons b means included on lines 1 and 3 received to mode the indication without theory emerged to the total indication without the emerged to the total indication without the emerged to the total indication without the emerged total indication without the end discrete indication without the emerged total indication without the emerged total indication without the emerged total indication without the end discrete indication without the emerged total indication without the emerged total indication without the end discrete indication without the end discrete indication without the end discrete indication without the end discrete indication with ead of comparison of cost firm the ead of comparison exclusive indication with ead of comparison end discrete indication with ead of comparison end the ead of comparison end discrete indication with ead of comparison end discrete indicatind with the organization's first, second, third, fourth, or fifth		ization's benefit and either paid to						
fundamental unit to the organization without charge		or expended on its behalf						
the organization without charge	5	The value of services or facilities						
6       Total. Add lines 1 through 5		furnished by a governmental unit to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		the organization without charge						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6	Total. Add lines 1 through 5						
3 received from disqualified persons       b       c       c       c       c       b       b       c		-						
term offer than decalifies prevent bids         exceed the generic of \$500 or the offer         a Public support, (gatting the firm that \$500 or the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and step here.         Called ary support procentage for 2022 (line 8, oclumn (f), divided by line 13, column (f))         16         Public support procentage for 2022 (line 8, oclumn (f), divided by line 13, column (f))         17         Interstitution of Public Support Percentage								
executive greater of \$500 or 1% of the amound on the 15 for the year c Add lines 7 a and 7b       image in the intervent of the year c Add lines 7 a and 7b         8       Public support, Gamatian X tensites 1         26       Calendar year (of fiscal year beginning in) 9 Amounts from line 6       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         9 Amounts from line 6       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         10 dividends, payments received on securities loans, rents, royatios, and income from similar sources       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         10 dividends, payments received on securities loans, rents, royatios, and income from similar sources       (a) 2018       (b) 2029       (c) 2020       (d) 2021       (e) 2022       (f) Total         10 Unrelated business taxable income (lass sectic business taxable income (lass sectic business is regularly carried on rot be business is regularly carried on rot bes from the sale of capital assets (Explain in Part VI)       (a) 2018       (b) 2021       (c) 2022       (f) Total         13       Total support, (astrage s, tot, 11, and 12)       (a) 2018       (b) 2019       (c) 2020       (c) 2022       (f) 2021       (f) 2022	k							
amount on the 18 or the year       c       Add lines 7 and 7b       c         B       Public support. (Sampling Tetramities 7)       c       c         Section B. Total Support       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         0a Gross income from interest, dividends, payments received on securities tools, rents, royatiles, and income from similar sources       c       c       dividends, payments received on securities tools, rents, royatiles, and income from similar sources       c       c       dividends, payments received on securities tools in traves) from businesses acquired after June 30, 1975       c       c       dividends, payments received on securities tools in the businesses acquired after June 30, 1975       c       c       dividends, payments received on securities to the businesses acquired after June 30, 1975       c       c       dividends, payments received on securities to the businesses acquired after June 30, 1975       c       c       dividends, tool include gain or lock and on line 10b, whither or not the business is regularly carried on set included on line 10b, whither or not the business is regularly carried on set of capital assets (Explain I) Part V, 1, and tz)       dividends, teo, 1,								
a Public support. (datauline 7 tomine 5)   B Public support. (datauline 7 tomine 5)   Calendar year (or fiscal year beginning in)   (a) 2018   (b) 2019   (c) 2020   (d) Consen from interest, dividends, payments received on securities loans, rentr, royatties, and income from interest, dividends, payments received on securities loans, rentr, royatties, and income from similar sources and income from similar sources and income from interest, dividends, payments received on securities loans, rentr, royatties, and income from similar sources acquired after June 30, 1975   c Add lines 10 and 10b   11 Not income. Do not included gain or load load load load load load load load		exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 Public support. (Saturating Term Net S).         Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         9 Amounts from line 6	c			· · · · · · · · · · · · · · · · · · ·				
Section B. Total Support         Galendar year (or fiscal year beginning in)       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f) Total         9 Amounts from line 6       0					n Na sa			
9 Amounts from line 6       10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from sinitar sources         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       10a Gross income from sinitar sources         c Add lines 10a and 10b       10a Gross income from sinitar sources       10a Gross income from sinitar sources         11 Not income from unrelated businesses activities not include gain or lots from the sale of capital assets (Explain In Part VI)       11a Gross income from sinitar VI)         13 Total support. (Addines 8, too, 11, and t2)       11a Total support. (Addines 8, too, 11, and t2)         14 First 5 years. If the Form 930 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       17         17 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f))       17         18 Investment income percentage for 2022 (line 10, column (f), divided by line 13, column (f))       17         19 a3 1/3% support tests - 2022. 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 publi			1	A CONTRACT OF AN A	and an an and an and		<u>i al ana ang i</u> tan baranga	L,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources       Image: Computation of the sources         b Unrelated business taskels income (less section 511 taxes) from businesses acquiried after June 30, 1975       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Other income. Do not include gain co loss from the sale of capital assets (Explain in Part VI).       Image: Computation of Public Support Percentage         13 Total support. (Add lines 1, to, 11, and 12)       Image: Computation of Public Support Percentage         14 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16 Public support percentage for 2022 (line 10, column (f), divided by line 13, column (f))       17         17 Investment income percentage for 2022 (line 10, column (f), divided by line 13, column (f))       17         19	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources       Image: Computation of the sources         b Unrelated business taskels income (less section 511 taxes) from businesses acquiried after June 30, 1975       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Add lines 10a and 10b       Image: Computation of the sources       Image: Computation of the sources         c Other income. Do not include gain co loss from the sale of capital assets (Explain in Part VI).       Image: Computation of Public Support Percentage         13 Total support. (Add lines 1, to, 11, and 12)       Image: Computation of Public Support Percentage         14 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16 Public support percentage for 2022 (line 10, column (f), divided by line 13, column (f))       17         17 Investment income percentage for 2022 (line 10, column (f), divided by line 13, column (f))       17         19	9	Amounts from line 6						
securities loans, rents, royaties, and income from similar sources	10a							
and income from similar sources       b       Unrelated business taxable income         (lass section 511 taxes) from businesses       acquired after June 30, 1875       c         c Add lines 10a and 10b       c       difference         11 Net income from unrelated businesses       activities not included on line 10b, whether or not the business is regularly carried on       c         12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       c       c         13 Total support, (Addimese, 10c, 11, and 12)       c       c         14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       c         Section C. Computation of Public Support Percentage       c       16         15 Public support percentage from 2021 Schedule A, Part III, line 15       16       9         Section D. Computation of Investment Income Percentage       17       18       9         19 Nestment income percentage form 2021 Schedule A, Part III, line 17       18       9         19 Nestment income percentage form 2021 Schedule A, Part III, line 17       18       9         19 a3 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 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								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		and income from similar sources						
acquired after June 30, 1975	Ł							
c Add lines 10a and 10b		(less section 511 taxes) from businesses						
c Add lines 10a and 10b		acquired after June 30, 1975						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on       12 Other income. Do not include gain or loss from the sel of capital assets (Explain in Part VI.)       13 Total support, (Add lines 8, 10c, 11, and 12.)         13 Total support, (Add lines 8, 10c, 11, and 12.)       14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15 9         16 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       17 9         17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17 9         18 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17 9         18 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17 9         19 a 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       18 9         19 a 31 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       18 10         19 a 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       19 as 1/3%, 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 organizatio	c							
whether or not the business is regularly carried on       Image: Section 2021 Schedule A, Part III, line 15         12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: Section 2021 Schedule A, Part III, line 15         13       Total support. (Add lines 9, 10c, 11, and 12.)       Image: Section C. Computation of Public Support Percentage         14       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16       9         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17         18       Investment income percentage for 2021 Schedule A, Part III, line 17       18         19a 33 1/3% support tests - 2022. 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 - 2021. 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 che				<u> </u>				
regularly carried on								
12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)         13       Total support. (Add lines 9, 10c, 11, and 12.)         14       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16       9         17       Investment income percentage from 2021 Schedule A, Part III, line 15       16         18       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17         18       Investment income percentage for 2021 Schedule A, Part III, line 17       9         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18         19a 33 1/3% support tests - 2022. 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 - 2021. 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 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
or loss from the sale of capital assets (Explain in Part VI.)	12							
13 Total support. (Add lines 8, 10e, 11, and 12.)		· · · · · · · · · · · · · · · · · · ·						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16 Public support percentage from 2021 Schedule A, Part III, line 15       16         9       17       18         17 Investment income percentage from 2021 Schedule A, Part III, line 17       18         18 Investment income percentage from 2021 Schedule A, Part III, line 17       18         19 a 33 1/3% support tests - 2022. 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 - 2021. 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	13							
check this box and stop here       Image: Section C. Computation of Public Support Percentage         15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15         16       9         16       9         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17         18       17         19       33 1/3% support tests - 2022. 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         18       13         19       33 1/3% support tests - 2021. 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         10       13         11       14         12       17         13       17         14       17         15       18         16       9         17       18         18       17         19       33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         19       33 1/3%, check this box and stop here. The organization qu			L	tst second third i	fourth or fifth tax	vear as a section F	()1(c)(3) organizatio	L,
Section C. Computation of Public Support Percentage         15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15       9         16       Public support percentage from 2021 Schedule A, Part III, line 15       16       9         Section D. Computation of Investment Income Percentage       16       9         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       9         18       9         19a 33 1/3% support tests - 2022. 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       1         b 33 1/3% support tests - 2021. 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       1         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       1						•		,
15       Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))       15       9         16       Public support percentage from 2021 Schedule A, Part III, line 15       16       9         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       9         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       9         19a 33 1/3% support tests - 2022. 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       1         b 33 1/3% support tests - 2021. 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       1         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       1	Sec	tion C. Computation of Publ	ic Support Per	centage	·····			
16       Public support percentage from 2021 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       %         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       %         19a 33 1/3% support tests - 2022. 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       1         b 33 1/3% support tests - 2021. 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       1         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       1					column (fi)		15	
Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       9         18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       9         19a 33 1/3% support tests - 2022. 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       10         b 33 1/3% support tests - 2021. 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       12         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       12								%
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18       Investment income percentage from 2021 Schedule A, Part III, line 17       18       9         19a 33 1/3% support tests - 2022. 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       11       18       9         b 33 1/3% support tests - 2021. 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       11         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       12	17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *if* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Yes	No
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Schedule A (For	n 990	) 2022
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Pa	rt IV Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	a de la companya de l La companya de la comp		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	an a		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ie or		
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	τηe 1		n required
2	Did the organization operate for the benefit of any supported organization other than the supported	MARK.		12.1
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			29.5 A
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	, an e dan	- 2011. a.u.3
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		I	I
			Vas	No
	. Me se se tratte se tratte de la constante de		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	م الم الم الم الم الم الم الم الم الم ال		
0	the supported organization(s). Ition D. All Type III Supporting Organizations	1		
300	ation D. All Type III Supporting Organizations			T
		the second	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	l stall
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		دی کرد. مکتشک	n anisis i
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			د زدید د هارشناه ( او
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<b>.</b>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent	ity (see instructio	n <u>s)</u> .	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a	a pir taka	
١.	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
b		連続時		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2342.4 S	- <b>1</b> 280 <sup>5</sup> 4	il a lette
	these activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b | Schedule A (Form 990) 2022

3a

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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			방법 것 가 여러 가 여름 수값이
instructions for short tax year or assets held for part of year):			a a su anna 12 an 12
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		······································
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	1.14年前的主要的成本的	
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4	y in change of the	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		1
7 Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting Organ	nizations (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accompli	ish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers	exempt purposes of supported		
organizations, in excess of income from activity		2	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets		4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instruction	ons,	6	
7 Total annual distributions. Add lines 1 through 6.		7	
8 Distributions to attentive supported organizations to v	which the organization is responsive		
(provide details in Part VI). See instructions.		8	
9 Distributable amount for 2022 from Section C, line 6		9	
10 Line 8 amount divided by line 9 amount		10	
	(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6		and Andrea and Alexandra and Alexandra Analysis (Alexandra Alexandra and Alexandra)	
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			같은 이 관계에서 가지? 1997년 - 1997년 - 1997년 1997년 - 1997년 -
c From 2019			
d From 2020		an an an an ann a' Church an	명 이 위험은 것을 모음을 했다.
e From 2021	这些主要和专家的情况		
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)		記録では、記録のなった。	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j		Month and Article	
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019		The second second	
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	MERCY MED	ICAL	CENTER	52-0591658 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	rmation. Provide 1, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3; Part I § 8; and Part V, Sect	the expla 5a, 6, 9a, IV, Sectio ion E, line	inations required by Part II, line 10; Part II, lin 9b, 9c, 11a, 11b, and 11c; Part IV, Section I on E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line es 2, 5, and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, y additional information.
-					
		· · · · · ·			
			-		
					,,,,
· · · · · ·					
					·
232028 12-09-2	2				Schedule A (Form 990) 202
		<b>6 0 0 0</b>		23	

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

ME	ERCY MEDICAL CENTER	52-0591658
Organization type (check c	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., section (10,000) or more during the year for an *exclusively* religious, charitable, etc., section (10,000) or more during the year for an *exclusively* religious, charitable, etc., section (10,000) or more during the year for an *exclusively* religious, charitable, etc., section (10,000) or more during the year for an *exclusively* religious, charitable, etc., section (10,000) or more during the year for an *exclusively* religious, charitable, etc., section (10,000) or more during the year (10,000) or more

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

223452 11-15-	22	
10000400		~~~

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll On Complete Part II for noncash contributions.)
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions              \$\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

MERCY MEDICAL CENTER

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

(a)

1

Page 2 Employer identification number

(d)

Type of contribution

X

52-0591658

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

(c)

**Total contributions** 

(c)

\$

2,526,076.

Schedule B (Form 990) (2022) 30012961

noncash contributions.)

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Schedule E	3 (Form 990) (2022)		Page 3	
Name of or	rganization		Employer identification number	
MERCY	MEDICAL CENTER		52-0591658	
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Bato repolyed	
		\$		
(a) No.	(b)	(c) FMV (or estimate	a) (d)	

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		(s	

12200409 797738 3001296099S

	ganization		Employer identification numb			
ERCY	MEDICAL CENTER		52-0591658			
art III	from any one contributor. Complete columns (a	through (e) and the following line entry. For sharitable, etc., contributions of \$1,000 or less to	501(c)(7), (8), or (10) that total more than \$1,000 for the w			
a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			· · · · · · · · · · · · · · · · · · ·			
F		(e) Transfer of gift				
		(-)				
ļ.	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
1						
i) No. rom	(b) Purpose of gift					
Part I		(c) Use of gift	(d) Description of how gift is held			
ĺ						
— I ·			·			
			·			
	(e) Transfer of gift					
	r.					
	Transferee's name, address, a	1d ZIP + 4	Relationship of transferor to transferee			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·					
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(					
· ·			·			
·   ·						
Ľ						
	(e) Transfer of gift					
	<b>.</b>					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
rom	Transferee's name, address, a					
rom		1d ZIP + 4	Relationship of transferor to transferee (d) Description of how gift is held			
rom						
rom						
rom						
) No. rom lart I						
rom	(b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
rom	(b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of gift				
rom	(b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
rom	(b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			

Department of the Treasury Internal Revenue Service

(Form	aani
(FVIIII	3301

### **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. Go to www.irs.gov/Form990 for instructions and the latest information.

I.

T ---

1.1. 1.4.

If the organization answered "Yes," on 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," on 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(n)): Complete Part II-B. Do not complete Part II-A.

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

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

Nume of organization			=mp	loyer identification number
	EDICAL CENTER			<u>52-0591658</u>
Part I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
<ol> <li>Provide a description of the organi</li> <li>Political campaign activity expendi</li> <li>Volunteer hours for political campa</li> </ol>	tures			\$
Part I-B Complete if the ord	ganization is exempt unde	er section 501(c)	(3).	
1 Enter the amount of any excise tax				······································
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 495		·
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?	· ·	Yes No
4a Was a correction made?				
b If "Yes." describe in Part IV.				
Part I-C Complete if the org	panization is exempt unde	er section 501(c)	, except section 501(c	;}(3).
1 Enter the amount directly expende				
2 Enter the amount of the filing organ				
exempt function activities		~	S	\$
3 Total exempt function expenditures	s, Add lines 1 and 2, Enter here a	nd on Form 1120-POL	-1	
line 17b				6
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er	nployer identification number (EIN	N) of all section 527 pd	plitical organizations to whic	h the filing organization
made payments. For each organiza				
contributions received that were pr	omptly and directly delivered to a	separate political org	anization, such as a separat	e segregated fund or a
political action committee (PAC). If				- •
<b>(a)</b> 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
			·	
	······································			
For Panerwork Reduction Act Notice	see the Instructions for Form 9	90 or 990-EZ		Sehedule C (Ferrer 000) 0000

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-E LHA Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the or	MERCY MEDIC	CAL CENTER	501(c)(2) and fill	52-0	591658 Page 2
section 501(h)).	gamzation is exe	mpt under seculi		a rom 5766 (ele	cuon under
A Check if the filing organiz	zation belongs to an af	iliated group (and list in expenditures)	Part IV each affiliated	group member's name	, address, EIN,
	, ,	ind "limited control" pro	visions apply.		
Lin	nits on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence public opinion	(grassroots Johnving)			
<ul> <li>b Total lobbying expenditures to in</li> </ul>					
c Total lobbying expenditures (add					
d Other exempt purpose expenditu					
e Total exempt purpose expenditu				·····	
f Lobbying nontaxable amount. En					
If the amount on line 1e, column (a)		bbying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1,		00 plus 15% of the exc 00 plus 10% of the exc			
Over \$1,500,000 but not over \$1		00 plus 5% of the exce			
Over \$17,000,000	\$1,000		<u>50 0101 @1,000,000.</u>		
				이 같은 것을 가장하는 것을 것을 것을 수 있다. 같은 것은 가장을 감독하는 것을 것을 것을 수 있다.	
g Grassroots nontaxable amount (e	enter 25% of line 1f)				
h Subtract line 1g from line 1a. If ze	ero or less, enter -0-				
i Subtract line 1f from line 1c. If ze					
j If there is an amount other than z		line 1i, did the organiza	ation file Form 4720	-	
reporting section 4911 tax for this					YesNo
(Some organizations		eraging Period Under 501(h) election do not	•••	of the five columns he	low
(2000 0.3000-0000		rate instructions for lin	•		
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period	·····	<del></del>
Calendar year					
(or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
				· · · · ·	
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
	AND THE REAL AND A CONTRACT		<ul> <li>A strategy of the second s</li></ul>	a nanazi ku sun a ualakelaken ingi)	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))				<u>, 203 (25) 60 (25)</u>	
f Grassroots lobbying expenditure	S				<b>I</b>
				Schedu	ile C (Form 990) 2022

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52-0591658 Page 3

# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b	»)
	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		X X		
d	Mailings to members, legislators, or the public?		X		
e	Publications, or published or broadcast statements?		Х		
f	• · · · · · · · · · · · · · · · · · · ·	X		87	7,500.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		<u>,</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?	X		10	),975.
j	Total. Add lines 1c through 1i				3,475.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		2
	If "Yes," enter the amount of any tax incurred under section 4912			i a consister" sha doo	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	5), or sec	tion	
			· · · · · · · · · · · · · · · · · · ·	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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				0.10
	answered "Yes."	"NO" OR	(b) Part i	II-A, IINe	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi		and the second sec		
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
3			<u>3</u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
_	expenditures next year?				
5 Dor	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II	A, lines 1 a	nd 2 (See	
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:			e	
IN	THE TAX YEAR 2022 MERCY MEDICAL CENTER CONTRIBUTED	\$84,00	00 TO	PERRY,	
WH:	ITE, ROSS, & JACOBSON, LLC AND \$3,500 DLP PIPER LLC	TO LO	BBY AG	AINST	
LE(	FISLATION DETERMINED TO BE ADVERSE TO MERCY MEDICAL	CENTE	R INC.	AND	
FOI	BY IN FAVOR OF MATTERS OF INTEREST AND CONCERN TO 1	ERCY I	MEDICA	L	
CEI	TER INC.				

232043 11-08-22

Schedule C (Form 990) 2022

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MERCY MEDICAL CENTER IS A MEMBER OF THE MARYLAND HOSPITAL ASSOCIATION AND THE GREATER BALTIMORE COMMITTEE. A PORTION OF DUES PAID IS ALLOCATED TO LOBBYING EFFORTS ON BEHALF OF THE MEMBERSHIP BODY. THE APPROXIMATE PORTION OF DUES PAID FOR THE YEAR THAT CONSTITUTED LOBBYING WAS \$10,195 TO THE MARYLAND HOSPITAL ASSOCIATION AND \$780 TO THE

GREATER BALTIMORE COMMITTEE.

Schedule C (Form 990) 2022

232044 11-08-22

12200409 797738 30012960995

SC	HEDULE D	Supplementa	al Financial S	Statements		OMB No. 1545-0047
	m 990)	Complete if the orga	nization answered "Y	es" on Form 990,		2022
Depar	tment of the Treasury	Part IV, line 6, 7, 8, 9, 10 A	ttach to Form 990.			Open to Public
Interna	al Revenue Service	Go to www.irs.gov/Form99	0 for instructions and	the latest information		Inspection
Nam	e of the organizati	on MERCY MEDICAL CENT	R.B.		Empl	oyer identification number 52-0591658
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other	Similar Funds of	r Account	5. Complete if the
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advi	sed funds	<b>(b)</b> Fund	s and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5	Aggregate value a	t end of year on inform all donors and donor advisors in v		المحافظ المحافظ المحافظ	6	
Ų		n's property, subject to the organization's				Yes No
6		n inform all grantees, donors, and donor a				Yes No
-		oses and not for the benefit of the donor o				
	impermissible priva	ate benefit?			_	Yes 🔲 No
Pa	rt II 🔅 Conserv	ation Easements. Complete if the org	ganization answered "	res" on Form 990, Pa	rt IV, line 7.	
1		ervation easements held by the organization		).		
		of land for public use (for example, recrea	tion or education)	Preservation of a	historically in	nportant land area
		f natural habitat	L	Preservation of a	certified hist	oric structure
~		of open space				
2	day of the tax year	through 2d if the organization held a qualif	ied conservation contr	ibution in the form of		
a						leid at the End of the Tax Year
b		inservation easements				· · · · · · · · · · · · · · · · · · ·
c		vation easements on a certified historic stru				
		vation easements included in (c) acquired a			····· <u>-v</u>	
		sted in the National Register			2d	
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, o	r terminated by the o	rganization d	uring the tax
	year					
4		where property subject to conservation eas				
5	•	ion have a written policy regarding the per	<b>U</b> , I	ection, handling of		
~		provide the conservation easements it	******************			
6	Starr and volunteel	hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conser	vation easem	ents during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and	onforcing conconcitio		du utin au the a sur au
ſ	Amount of expense	as incurred in momoning, inspecting, nario	ang or violations, and e	entoroing conservatio	n easements	during the year
8	Does each conserv	 ation easement reported on line 2(d) above	e satisfy the requireme	nts of section 170(h)(	4)(B)(i)	
	and section 170(h)					Yes No
9	In Part XIII, describ	e how the organization reports conservation				
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization	's financial statement	ts that descri	bes the
<b>B</b>		ounting for conservation easements.				
Pa		tions Maintaining Collections of		easures, or Othe	ər Similar	Assets.
		the organization answered "Yes" on Form				
Тà		elected, as permitted under FASB ASC 95				
		asures, or other similar assets held for pub Part XIII the text of the footnote to its finan			herance of pu	aplic
h		elected, as permitted under FASB ASC 95			oneo chootu	undra af
Ň		ures, or other similar assets held for public				
		ig amounts relating to these items:	exhibition, education,	or research in fundier	ance of publ	ic service,
	-	led on Form 990, Part VIII, line 1			\$	
2	• •	received or held works of art, historical trea				
		nts required to be reported under FASB As		-	,	
a	Revenue included	on Form 990, Part VIII, line 1			\$	
b	Assets included in	Form 990, Part X		·····		
LHA	For Paperwork Re	duction Act Notice, see the Instructions	for Form 990.		S	chedule D (Form 990) 2022
232051	09-01-22		30			

		EDICAL CEN				<u>52-05</u>	91658	Page <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Similar	<sup>.</sup> Assets	(continue	
з	Using the organization's acquisition, accessi	on, and other record	s, check any of the t	ollowing that make	significant u	use of its		
	collection items (check all that apply):			-	-			
a	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	Other					
C	Preservation for future generations							
4	Provide a description of the organization's ca	pliections and explair	how they further th	e organization's ex	empt purpos	se in Part I	XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	an or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?	••••					Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		<b>,</b>			
							Amount	
¢	Beginning balance				1c			
d	· · · · · · · · · · · · · · · · · · ·				1d			
e	Distributions during the year			•••••••••••••••••••••••••••••••••••••••	1e			
f	Ending balance				1f			
	Did the organization include an amount on F						Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II	<u></u>		
Pai	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years back			(e) Four y	ears back
1a	Beginning of year balance	1,123,000.	1,123,000.	1,123,000	. 1,1	23,000.	1,1	23,000.
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities						1	
	and programs							
f	Administrative expenses						·	
g	End of year balance	1,123,000.	1,123,000.	<u>_</u>	. 1,1	23,000.	1,1	23,000.
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
C		%						
	The percentages on lines 2a, 2b, and 2c show	-						
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the			
	organization by:						<u>¥</u>	es No
	(i) Unrelated organizations	•••••					3a(i)	<u> </u>
_	(ii) Related organizations			•••••	••••••			<u>x  </u>
	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?	••••••••	•••••	••••••	_3b	x
4 Par	Describe in Part XIII the intended uses of the t VI   Land, Buildings, and Equipm	organization's endov	vment funds.					
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part '	X line 10			
	Description of property	(a) Cost or of		· · · · · · · · · · · · · · · · · · ·			<u></u>	
	bescription of property	basis (investm			Accumulate lepreciation		(d) Book v	value
10	Land	``		9,668.		<u>.</u>	6,269	660
b	Buildings			0,015.257	498 36			
	Leasehold improvements				, <u>498,30</u> ,01		$\frac{4}{8}, \frac{9}{251}$	
d	Equipment			5,915.201			<u>8,251</u> 3,950	
	Other			2,549.	,000,00		<u>3,950</u> 9,182	·
	Add lines 1a through 1e. (Column (d) must e						2,585	
1010	The most of the stronger to: (Conumn to) must e	<u>10ai FUIII 990. PAN 7</u>	<u>. column (B). line 1</u>	JG.J				
						schedule	D (Form 9	osuj 2022

232052 09-01-22

MERCY MEDICAL CENTER

#### Complete if the organization answered "Yes" on 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)(B) (C) (D) (E) (F)(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on 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 (1) (2)(3)(4)(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 5,779,234. (3) MERRILL LYNCH SWAP 6,528,739. (4) RETIREMENT ANNUITY PLAN OBLIGATION 1,912,994. 5,487,000. (5) ESTIMATED TAIL LIAB GIC (6) OTHER 4,573,232. (7)(8) (9) 24,281,199. Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 MERCY MEDICAL CENTER		<u>52-0591658</u> Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	per Return.
	Complete if the organization answered "Yes" on 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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	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		<u>4</u> c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		<ul> <li>Article Control of C</li></ul>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		
Par	t 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.

#### PART V, LINE 4:

\$1,123,000 OF THE ENDOWMENT FUND BALANCE STEMS FROM A PERMANENT ENDOWMENT

ADMINSTERED AND HELD BY MERCY HEALTH FOUNDATION, A RELATED ENTITY OF MERCY

MEDICAL CENTER. THE PURPOSE OF THE ENDOWMENT IS TO SUPPORT THE HEALTHCARE

MINISTRY OF THE SISTERS OF MERCY AT MERCY MEDICAL CENTER.

PART X, LINE 2:

MHS, MMC, SMI, MFC, SPPS, MHF, AND MSS ARE NOT-FOR-PROFIT ORGANIZATIONS

EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE, AND ARE THEREFORE NOT SUBJECT TO FEDERAL INCOME TAX UNDER

CURRENT INCOME TAX REGULATIONS. MHS SUBSIDIARIES OTHERWISE EXEMPT FROM

FEDERAL AND STATE TAXATION ARE NONETHELESS SUBJECT TO TAXATION AT

232054 09-01-22

CORPORATE TAX RATES AT BOTH THE FEDERAL AND STATE LEVEL ON THEIR UNRELATED BUSINESS INCOME.

CURRENT ACCOUNTING STANDARDS DEFINE THE THRESHOLD FOR RECOGNIZING UNCERTAIN INCOME TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS, AND ALSO PROVIDE GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THERE IS NO IMPACT ON MHS' ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO UNCERTAIN INCOME TAX POSITIONS.

Schedule D (Form 990) 2022

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(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2022	
Department of the Treasury			Attach to Form 990.		F	Open to Public	
Internal Revenue Service	Go to w	ww.irs.gov/Forn	1990 for instructions and the latest i	nformation.	<u> </u>	Inspection	
Name of the organization					Employer i	dentification nu	mber
MERCY MEDICAL	CENTER				52-059	1658	
		ctivities Out	side the United States. Comple	ete if the organi	ization answe	ered "Yes" on	
	art IV, line 14b.						
			ds to substantiate the amount of its gra			[]	
the grantees' eligibil	lity for the grants or a	assistance, and i	he selection criteria used to award the	grants or assis	tance?	Yes	_ No
2 For grantmakers.	Describe in Part V the	organization's	procedures for monitoring the use of its	grants and oth	ner assistanc	e outside the	
3 Activities per Regior	1. (The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, specific type (s) in the regio	expendit for an	tures 1d ents
CENTRAL AMERICA AND							
THE CARIBBEAN -							
ANTIGUA & BARBUDA,							
ARUBA, BAHAMAS,	0	0	INVESTMENT			4,791,	317.
			· · · · · · · · · · · · · · · · · · ·	-			
<u></u>							
3 a Subtotal	0	0			<u>BÖDDER</u>	4,791,	,317,
b Total from continuat							
sheets to Part I	0	0					0.
<b>c Totals</b> (add lines 3a and 3b)		0				4,791,	317.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

232071 10-17-22

SCHEDULE F

### Statement of Activities Outside the United States

1	Part II Grants and Othe recipient who recipient	er Assistance to Org. ceived more than \$5,0	anizations or Entities C 00. Part II can be duplic	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	Complete if the or sded.	ganization answered	"Yes" on Form 9	90, Part IV, line 15, for	any
Image: second	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<ul> <li>(g) Amount of noncash assistance</li> </ul>	(h) Description of noncash assistance	(i) Method of vatuation (book, FMV, appraisal, other)
Final intervention       Final intervention       Final intervention									
Image: Section of the image: Section SO1(S)3 equivalency letter       Image: Section SO1(S)3 equivalency letter         Image: Section SO1(S)3 equivalency letter       Image: Section SO1(S)3 equivalency letter       Image: Section SO1(S)3 equivalency letter									
The rotal number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax section 501 (c)(3) equivalency letter									
The image of									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax         Enter total number of other organizations or which the grantee or counsel has provided a section 501(c)(3) erguinalency letter									
Enter total number of other organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) equivalency letter <ul> <li> <li> <li> <li> <li> <li> <li> </li></li></li></li></li></li></li></ul>									
Enter total number of other organizations or entities Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter I									
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities									
		recipient organizations rization by the IRS, or other organizations or	s listed above that are reformed to the grantee of entities	scognized as charities by the f r counsel has provided a sect	oreign country, re ion 501(c)(3) equi	cognized as a tax valency letter		Sched	ule F (Form 990) 2022

38 98

232072 10-17-22
Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	IV, <b>line</b> 16.	(g) Description of noncash assistance					Schedu
52-0591658	in Form 990, Part	(f) Amount of noncash assistance					
52	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
	tes. Complete if 1	(d) Amount of cash grant					
CENTER	e the United Stat J.	(c) Number of recipients					
MERCY MEDICAL CENTER	e to Individuals Outside Iditional space is needed	(b) Region					
<u>Schedule F (Form 990) 2022</u> M	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

**3**9

232073 10-17-22

# Schedule F (Form 990) 2022 MERCY MEDICAL CENTER Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART I, LINE 3

THE AMOUNT INDICATED AS FOREIGN INVESTMENTS IN PART I WAS MERCY MEDICAL

CENTER'S OWNERSHIP INTEREST IN GREENLEAF INSURANCE COMPANY, LTD

("GREENLEAF"), A CAYMAN ISLAND CORPORATION. GREENLEAF IS A WHOLLY-OWNED

SUBSIDIARY OF MERCY MEDICAL CENTER THAT PROVIDES DIRECT COVERAGE FOR

PROFESSIONAL, MALPRACTICE, AND COMPREHENSIVE GENERAL LIABILITY FOR

MERCY MEDICAL CENTER AND ITS ASSOCIATED HEALTH CARE FACILITIES. AS OF

THE END OF THE 2020 TAX YEAR, THE VALUE OF MERCY MEDICAL CENTER'S

OWNERSHIP IN GREENLEAF WAS \$4,791,317 PER BOOK.

Schedule F (Form 990) 2022

12200409 797738 30012960998

SCHEDULE H				Heen	itala			MB No. '	1545-00	)47		
(Form 990)				Hosp	itais			20	99	)		
		Complet	ete if the organization answered "Yes" on Form 990, Part IV, question 20a.						ZUZZ			
	ment of the Treasury I Revenue Service		Attach to Form 990.						Open to Public			
,	e of the organizatio		Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection				
Nalli	e of the organization		MEDICAL	ាជាសារាធាន				ntification number				
Pa	t I Financia				nity Benefits at	Cost	52-0591	020				
				o oomina	nty Benefito de	0001			Yes	No		
1a	Did the organizatio	n have a financial	assistance policy	during the tax ve	ear? If "No," skip to c	uestion 6a		1a	X			
								1b	X			
2	If the organization had to its various hospital	d multiple hospital fa facilities during the	cilities, indicate which tax year:	h of the following b	est describes applicati	on of the financial ass	istance po <b>li</b> cy	1.0				
		ormly to all hospita			lied uniformly to mo							
	Generally tai	lored to individual	hospital facilities									
3					st number of the organizatio							
a					n dətermining eligibil					and the second		
					t for eligibility for fre	e care:		3a	X	<u> </u>		
-	L 100%		X 200%	Other	%					Sec. 1		
b					oviding discounted							
					care:			3b	X			
-	200%	250% [	] 300%	<b>.</b>		ther %	· .					
C					, describe in Part VI the organization use							
	• •			•	free or discounted c		ourier					
4					s during the tax year provid			- 4	X	أ شند ا		
5a					its financial assistance			4 5a	X			
									23	x		
	<ul> <li>b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?</li> <li>c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted</li> </ul>								<u> </u>			
	care to a patient who was eligible for free or discounted care?						5c					
6a	a Did the organization prepare a community benefit report during the tax year?						X	<u> </u>				
b	If "Yes," did the org	ganization make it	available to the pu	ublic?				6b	X			
	Complete the following ta	ble using the worksheet	s provided in the Schedu	le H instructions. Do n	not submit these worksheets							
7	Financial Assistance	e and Certain Oth			····							
	Financial Assist		(a) Number of activities or	(b) Persons served	(C) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(1	f) Percer of total	nt		
	ins-Tested Govern	-	programs (optional)	(optional)					expense			
а	Financial Assistance	•			09969161	1005064	0 0 0 0 0 0			~		
	Worksheet 1)				27363161.	1835064.	25528097	• 4	.37	<u>×</u>		
b	Medicaid (from Wo											
	column a)											
c	Costs of other mea government progra											
	Worksheet 3, colur	•										
d	Total. Financial Assista	-					· · ·		·······	<u> </u>		
	Means-Tested Governme				27363161.	1835064.	25528097	. 4	.37	*		
	Other Bene							<u>-</u>		<u> </u>		
e	Community health											
	improvement service	ces and										
	community benefit	operations										
	(from Worksheet 4)				10146927.	101,083.	10045844	. 1	.72	8		
f	Health professions	education										
	(from Worksheet 5)				13448112.	533,391.	12914721	. 2	.21	8		
g	Subsidized health											
	(from Worksheet 6)				<u>17786739.</u>	771,483.	17015256	<u>· 2</u>	.91			
	Research (from Wo				700,713.		700,713	·	.12	8		
i	Cash and in-kind of											
	for community ben				005 100		00F 465		<u> </u>	•		
-	Worksheet 8)				295,168.	1405057	<u>295,168</u>					
	Total. Other Benef				42377659.	1405957.						
к	Total, Add lines 7d	ano /j	····		69740820.	3241021.	00422/2/2	<u>•] T T</u>	.38	б		

232091 11-18-22 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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#### Schedule H (Form 990) 2022

MERCY MEDICAL CENTER

52-0591658 Page 2

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

	tax year, and describe in Pa	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	(d) Direct offsetting reven	(e) Net		Percen tel exper	
1	Physical improvements and housing	(approxim)		417,891.		417,891.	1	.07	8
2	Economic development			112,789.		112,789.		.02	
3	Community support			1472744.		1472744.		.25	
4	Environmental improvements								-
5	Leadership development and								
	training for community members			563,687.		563,687.		.10	8
6	Coalition building								
7	Community health improvement								•
	advocacy								
8	Workforce development			489,425.		489,425.		.08	8
9	Other								
0	Total			3056536.		3056536.		.52	8
<sup>2</sup> a	rt III   Bad Debt, Medicare, a	& Collection Pra	actices						
ect	ion A. Bad Debt Expense							Yes	No
1	Did the organization report bad deb	t expense in accord	ance with Health	care Financial Man	agement Asso	ciation			
	Statement No. 15?						1		X
2	Enter the amount of the organizatio	n's bad debt expens	e. Explain in Part	: VI the				N.A.	
	methodology used by the organizat	ion to estimate this a	amount		2	6,696,580.			
3	Enter the estimated amount of the a	organization's bad de	əbt expense attril	outable to			]	1350	
	patients eligible under the organizat	ion's financial assist	ance policy. Expl	ain in Part VI the					
	methodology used by the organizat	ion to estimate this a	amount and the n	ationale, if any,					
	for including this portion of bad deb	t as community ben	efit		3				
4	Provide in Part VI the text of the foo	tnote to the organiz	ation's financial s	tatements that des	cribes bad de	ot			
	expense or the page number on wh	ich this footnote is a	ontained in the a	ttached financial s	tatements.				
ect	ion B. Medicare								
5	Enter total revenue received from M	edicare (including D	SH and IME)		5 2	04,031,391.			
5	Enter Medicare allowable costs of c	are relating to paym	ents on line 5		6 1	00,695,461.			
7	Subtract line 6 from line 5. This is th	e surplus (or shortfa	ll)		7 1	03,335,930.			100
B	Describe in Part VI the extent to wh	ich any shortfall repo	orted on line 7 sh	ould be treated as	community be	nefit.			1.00
	Also describe in Part VI the costing	methodology or sou	rce used to deter	mine the amount r	eported on line	e 6.		56 S.	
	Check the box that describes the m	ethod used:							
	Cost accounting system	Cost to charg	je ratio 🛛 🕅	Other					
ect	ion C. Collection Practices						5 S		
<b>-</b>	Did the organization have a written	debt collection polic	y during the tax y	/ear?			9a	X	
aa	If "Yes," did the organization's collection	policy that applied to t	he largest number o	of its patients during	the tax year cont	ain provisions on the			
	collection practices to be followed for pa	tients who are known f	o qualify for financ		ihe in Part VI		9b	x	[
	HWI Managamant Compa		to quality for infanto	ial assistance? Descr					
9a b Pa	In the International Comparison	nies and Joint V	entures (owner	ial assistance? Descr d 10% or more by officers	, directors, trustees	, key employees, and physici	ans - see	instruct	ions)
b		nies and Joint V	cription of primar	d 10% or more by officers	, directors, trustees				
b	(a) Name of entity	nies and Joint V (b) Des	entures (owner	d 10% or more by officers y (c) C	, directors, trustees	(d) Officers, direct- ors, trustees, or	(e) P	hysicia hysicia	ans'
b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees rganization's	(d) Officers, direct- ors, trustees, or key employees'	(e) P pro	hysicia ofit % a stock	ans' or
b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees trganization's it % or stock	(d) Officers, direct- ors, trustees, or	(e) P pro	hysicia ofit % (	ans' or
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b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees trganization's it % or stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock	(e) P pro	hysicia ofit % a stock	ans' or
b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees trganization's it % or stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock	(e) P pro	hysicia ofit % a stock	ans' or
b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees trganization's it % or stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock	(e) P pro	hysicia ofit % a stock	ans' or
b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees trganization's it % or stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock	(e) P pro	hysicia ofit % a stock	ans' or
b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees trganization's it % or stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock	(e) P pro	hysicia ofit % a stock	ans' or
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b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees rganization's it % or stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock	(e) P pro	hysicia ofit % a stock	ans' or
b		nies and Joint V (b) Des	cription of primar	d 10% or more by officers y (c) C prof	, directors, trustees rganization's it % or stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock	(e) P pro	hysicia ofit % a stock	ans' or

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Schedule H (Form 990) 2022

# Schedule H (Form 990) 2022 MERCY MEDICAL CENTER Part V Facility Information

Section A. Hospital Facilities					ਡ					
(list in order of size, from largest to smallest - see instructions)		8			Ιđ					
		j j	নিত	7	8					
How many hospital facilities did the organization operate	1 1	Sul	🛱	l ä	5	Ę				
during the tax year? <u>1</u>	1 S	`  ≪	Ιğ	l 8	l š	<u>[j</u>	6			
	censed hospital	den. medical & surgical	5	Teaching hospital	Įğ	5	ER-24 hours			
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital	6	edi	Ę,	2 2	ğ	Ð	рЧ	ę		Facility
organization that operates the hospital facility):	ļç	8	15	हि	18	ea	4	둔		reporting
organization that operates the hospital facility):	<u> </u>	E.	1 2	- ē	E	e Se	L de	Ľ Ľ	Other (describe)	group
1 MERCY MEDICAL CENTER, INC	╶┼╌┛	47	<del>  0</del>	Ē	10	<u> </u>	<u> </u>	<u> </u>	Outer (describe)	<u> </u>
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301 ST PAUL PLACE										
BALTIMORE, MD 21202										
MDMERCY.COM	-									
MDMERCI.COM	_									
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Schedule H (Form 990) 2022 MERCY M	EDICAL CENTER
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Part V Facility Information (continued)

### Section B. Facility Policies and Practices

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

#### Name of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A):  $\underline{1}$ 

			Yes	No
Cor	nmunity Health Needs Assessment		· · · ·	
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the	, ter a la		
	current tax year or the immediately preceding tax year?	1		x
2				_
	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		x
3	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 12	3	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			19. <sup>31</sup> - 1
8	A definition of the community served by the hospital facility			
k	Demographics of the community			
C	EX Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
c	How data was obtained			
e	• X The significant health needs of the community			
f	EX Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
	groups			
ç	The process for identifying and prioritizing community health needs and services to meet the community health needs			
ł	The process for consulting with persons representing the community's interests			
i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 20		1 A. A.	
5	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 Section C how the hospital facility took into account input from persons who represent the	l l		
	community, and identify the persons the hospital facility consulted	5	X	
6a	a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	1		
	hospital facilities in Section C	6a		X
k	b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	1		1
	list the other organizations in Section C	<u>6</u> b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		1.45	4.2.
a	BEE STATEMENT			
k			ANG CO SANGCO	
C				
c				
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs	. 1		
	identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 $20$			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	
	a If "Yes," (list url): SEE STATEMENT		2,33	
Ł	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11				
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	a 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)?	<u>12a</u>		X
	) If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			
	for all of its hospital facilities? \$		1.575	

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Schedule H (Form 990) 2022 M	IERCY M	IEDICAL (	CENTER
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## Part V Facility Information (continued)

Financial Assistance Policy (FAP)			
Name of hospital facility or letter of facility reporting group:	MERCY	MEDICAL	CENTER

1461				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13		ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
		" indicate the eligibility criteria explained in the FAP:		- <sup>1</sup> -5-	
		Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %			
		and FPG family income limit for eligibility for discounted care of 400 %			20
I		Income level other than FPG (describe in Section C)			
	X	Asset level		199	
	I X	Medical indigency			
	X	Insurance status			
1		Underinsurance status			
	, 🗖	Residency	19		
ļ		Other (describe in Section C)	N II.		
14		ed the basis for calculating amounts charged to patients?	14	X	
15		ed the method for applying for financial assistance?	15	X	
		" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)	Χ.,		
		ed the method for applying for financial assistance (check all that apply):			
i	X	Described the information the hospital facility may require an individual to provide as part of his or her application			
		Described the supporting documentation the hospital facility may require an individual to submit as part of his			- N. 1
		or her application			
	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
	d 🗌	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications		\$ 7.50	
	e 🛄	Other (describe in Section C)			1.5.2
16	Was wi	dely publicized within the community served by the hospital facility?	16	X	_
	lf "Yes,	" indicate how the hospital facility publicized the policy (check all that apply):			
;	a X	The FAP was widely available on a website (list url): WWW.MDMERCY.COM			
l	o X	The FAP application form was widely available on a website (list url): WWW.MDMERCY.COM			
i.	x	A plain language summary of the FAP was widely available on a website (list url): WWW.MDMERCY.COM			
	d X	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	eΧ	The FAP application form was available upon request and without charge (in public locations in the hospital			
	<u> </u>	facility and by mail)			
	F X	A plain language summary of the FAP was available upon request and without charge (in public locations in			
		the hospital facility and by mail)			* •
	g X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
			27 27		
	h X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations	3. 5		
		Other (describe in Section C)	- 1 C N	S 55 C	1.

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Schedule H (Form 990) 2022	MERCY	MEDICAL	CENTER
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Pa	art V Facility Information (continued)		<u> </u>	190 0
Billi	ing and Collections			
Nar	ne of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	<u> </u>		
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpayment?	17	х	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the	e		
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
é	a Reporting to credit agency(ies)			
Ŀ	b 📃 Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			· · .
	previous bill for care covered under the hospital facility's FAP			
c	d 📃 Actions that require a legal or judicial process			1
e	Other similar actions (describe in Section C)			
f	X None of these actions or other similar actions were permitted	a la ba		
19	Did the hospital facility or other authorized 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?			X
	If "Yes," check all actions in which the hospital facility or a third party engaged:	a series and a		
é	a Reporting to credit agency(ies)			
k	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a	2.4	323	4
	previous bill for care covered under the hospital facility's FAP			
¢	d Actions that require a legal or judicial process			
€	e Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whet	ner or		
	not checked) in line 19 (check all that apply):			
ē		y of the		
	FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k		in Section C)		
¢				
¢	d X Made presumptive eligibility determinations (if not, describe in Section C)			
€	e U Other (describe in Section C)			
f				
_	icy Relating to Emergency Medical Care			<del></del>
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that required 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?		X	<u> </u>
	If "No," indicate why:	$\sum_{i=1}^{n}p_{i}^{2i}$		
ē				
k				
¢		on C)		
C	d Other (describe in Section C)	- And		4

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	ł (Form 990) 2022		MEDICAL	CENTER
Part V	Facility Informa	tion (continu	ied)	

Cha	arges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Nan	ne of hospital facility or letter of facility reporting group: MERCY MEDICAL CENTER			
		_	Yes	No
22	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 a look-back method based on claims allowed by Medicare fee-for-service during a prior     12-month period			
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private     health insurers that pay claims to the hospital facility during a prior 12-month period			
c X The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination				
	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d				
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			1
	emergency or other medically necessary services more than the amounts generally billed to individuals who had			
	insurance covering such care?	23		X
	If "Yes," explain in Section C.			
24	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?	24		x
	If "Yes," explain in Section C.	1997 - 199 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	X	

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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

#### PART V, SECTION A:

MERCY MEDICAL CENTER (MMC) IS A LICENCED HOSPITAL. MMC PROVIDES INPATIENT,

OUTPATIENT AND EMERGENCY CARE SERVICES PRIMARILY FOR THE CITIZENS OF THE

BALTIMORE METROPOLITAN AREA.

MERCY MEDICAL CENTER:

PART V, SECTION B, LINE 5: QUANTITATIVE AND QUALITATIVE DATA WAS GATHERED BY MERCY IN ORDER TO UNDERTAKE THE 2021 CHNA. AS PART OF THE OUANTITATIVE DATA GATHERING PROCESS FOR THE 2018 AND 2021 CHNA, MERCY'S COMMUNITY BENEFIT COMMITTEE MEMBERS WORKED COLLABORATIVELY WITH THE BALTIMORE CITY HEALTH DEPARTMENT AND A CONSORTIUM OF BALTIMORE CITY HOSPITALS TO OBTAIN UNIFORM QUANTITATIVE AND QUALITATIVE DATA INCLUDING DEMOGRAPHIC AND HEALTH DATA AND TO DEVELOP AND DISTRIBUTE A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TO OBTAIN COMMUNITY FEEDBACK AND INPUT FROM THOUSANDS OF THE BALTIMORE CITY RESIDENTS REGARDING COMMUNITY HEALTH AND SOCIAL CONCERNS. MERCY ALSO WORKED WITH THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE-JACOB FRANCE INSTITUTE AT THE UNIVERSITY OF BALTIMORE (BNIA-JFI) TO REACH OUT TO KEY STAKEHOLDERS FROM WITHIN THE CHNA SERVICE AREA TO SOLICIT INPUT INCLUDING NEIGHBORHOOD ASSOCIATION LEADERS AND REPRESENTATIVES OF ORGANIZATIONS THAT PROVIDE IMPORTANT SERVICES TO RESIDENTS IN THE CHNA AREA. FURTHER, AS PART OF THE CHNA PROCESS FOR 2013, 2016, AND 2018, AND 2021 MERCY REPRESENTATIVES SOUGHT INPUT REGARDING ITS PROPOSED CHNA SERVICE AREA FROM COMMUNITY LEADERS, PUBLIC HEALTH EXPERTS, AND REPRESENTATIVES OF MINORITY, LOW INCOME, AND MEDICALLY UNDERSERVED POPULATIONS. THE CONSENSUS FEEDBACK FROM THESE DISCUSSIONS VALIDATES MERCY'S CHNA SERVICE AREA DEFINITION. IN ACCORDANCE WITH IRS REGULATIONS 232098 11-18-22 Schedule H (Form 990) 2022 49

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1, " "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GOVERNING CHNAS, MERCY'S DEFINED CHNA COMMUNITY INCLUDES "MEDICALLY

UNDERSERVED, LOW INCOME OR MINORITY POPULATIONS"

MERCY MEDICAL CENTER:

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PART V, SECTION B, LINE 11: THE HEALTH AND SOCIAL NEEDS OF MERCY'S COMMUNITY WERE IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS COMPLETED AND PUBLISHED BEFORE JUNE 30, 2016. IN ADDITION, MERCY

HAS COMPLETED AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT AND

IMPLEMENTATION STRATEGY IN JUNE 2018 AS WELL AS JUNE 2021. THIS UPDATED

VERSION IS AVAILABLE ON THE MERCY HEALTH SERVICES WEBSITE.

THE SISTERS OF MERCY WERE ORIGINALLY FOUNDED IN DUBLIN, IRELAND TO CARE FOR HOMELESS, ABUSED AND NEGLECTED WOMEN AND CHILDREN. THIS TIMELESS LEGACY INFLUENCES MERCY'S APPROACH TO FOCUS SPECIAL ATTENTION ON CERTAIN TARGET POPULATIONS, SUCH AS INFANTS, WOMEN, AND THE IMPOVERISHED, MERCY DEFINED ITS CHNA COMMUNITY BENEFIT SERVICE AREA AS PART OF ITS CHNA PROCESS FOR THE 2013 TAX YEAR. DURING A SERIES OF MEETINGS AS PART OF THE CHNA PROCESS FOR 2013, MERCY'S COMMUNITY BENEFITS COMMITTEE DISCUSSED THE SOCIO-ECONOMIC AND HEALTH PARAMETERS THAT DEFINE MERCY'S "COMMUNITY". FOLLOWING A DATA DRIVEN PROCESS (SEE: MERCY MEDICAL CENTER 2013 CHNA), THE COMMITTEE APPROPRIATELY DECIDED THAT MERCY SHOULD FOCUS ITS LIMITED RESOURCES ON COMMUNITY BENEFIT ACTIVITIES TO IMPROVE POPULATION HEALTH WITHIN 18 COMMUNITY STATISTICAL AREAS (CSAS) THAT REPRESENT DOWNTOWN AND THE INNER-CITY NEIGHBORHOODS EAST, WEST, AND SOUTH OF THE CITY CENTER. THE COMMITTEE BELIEVES THAT THIS DEFINITION OF MERCY'S COMMUNITY, WHICH REPRESENTS A SMALLER GEOGRAPHIC AREA THAN THE CBSA PREVIOUSLY UTILIZED BY 232098 11-18-22 Schedule H (Form 990) 2022 50

2022.05080 MERCY MEDICAL CENTER

30012961

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MERCY, WILL FOSTER GREATER COORDINATION, BETTER STRATEGIC PARTNERSHIPS AND IMPROVED MEASUREMENT OF OUTCOMES, IN PARTICULAR WITH RESPECT TO THE TARGETED POPULATIONS INCLUDING LOWER-INCOME MOTHERS AND THEIR BABIES AND INDIVIDUALS EXPERIENCING HOMELESSNESS. IN ADDITION, AS PART OF THE CHNA PROCESS FOR 2013 AND 2016, MERCY REPRESENTATIVES SOUGHT INPUT REGARDING ITS PROPOSED COMMUNITY BENEFIT SERVICE AREA FROM COMMUNITY LEADERS, PUBLIC HEALTH EXPERTS, AND REPRESENTATIVES OF MINORITY, LOW INCOME, AND MEDICALLY UNDERSERVED POPULATIONS. THE CONSENSUS FEEDBACK FROM THESE DISCUSSIONS VALIDATES MERCY'S CHNA COMMUNITY BENEFIT SERVICE AREA DEFINITION. IN ACCORDANCE WITH IRS REGULATIONS GOVERNING CHNAS, MERCY'S DEFINED CHNA COMMUNITY INCLUDES "MEDICALLY UNDERSERVED, LOW INCOME OR MINORITY POPULATIONS". THE FOLLOWING COMMUNITY STATISTICAL AREAS (CSAS) MAKE UP MERCY'S CHNA SERVICE AREA: CANTON, CLIFTON-BEREA, DOWNTOWN/SETON HILL, FELLS POINT, GREATER ROSEMONT, GREENMOUNT EAST, HARBOR EAST/LITTLE ITALY, INNER HARBOR/FEDERAL HILL, MADISON/EAST END, MIDTOWN, OLDTOWN/MIDDLE EAST, PATTERSON PARK NORTH & EAST, POPPLETON/THE TERRACES/HOLLINS MARKET, SANDTOWN-WINCHESTER/HARLEM PARK, SOUTH BALTIMORE, SOUTHWEST BALTIMORE, UPTON/DRUID HEIGHTS, AND WASHINGTON VILLAGE/PIGTOWN.

ADDITIONALLY, SINCE THE IMPLEMENTATION OF THE NEW MARYLAND ALL-PAYER MODEL WHICH FOLLOWED THE COMPLETION OF MERCY'S 2013 CHNA, MERCY IS INCREASINGLY FOCUSED ON HIGH-UTILIZER PATIENTS, INCLUDING THOSE WITHIN OUR PREVIOUSLY-DEFINED CHNA COMMUNITY BENEFIT SERVICE AREA. AS EXPECTED, THERE IS SIGNIFICANT GEOGRAPHIC OVERLAP OF HIGH UTILIZER PATIENT ORIGIN AND OUR PREVIOUSLY-DEFINED CBSA, ESPECIALLY IN THE IMMEDIATE AREAS WHERE THE MOST VULNERABLE POPULATIONS RESIDE. THE SIMILARITY OF GEOGRAPHY PRESENTS AN ONGOING OPPORTUNITY TO INCREASE ALIGNMENT BETWEEN MERCY'S COMMUNITY 232088 11-18-22 51 Schedule H (Form 990) 2022 MERCY M Part V Facility Information (continued)

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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BENEFIT ACTIVITIES AND MERCY'S FOCUSED POPULATION HEALTH INTERVENTIONS TO

REDUCE POTENTIALLY AVOIDABLE UTILIZATION AS IDENTIFIED IN MERCY'S HSCRC

STRATEGIC HOSPITAL TRANSFORMATION PLAN. MERCY BELIEVES OUR POPULATION

HEALTH STRATEGIES ARE INTEGRAL TO OUR CHNA FOCUS AREAS:

-IMPROVING ACCESS TO CARE AND THE FREQUENCY OF CARE FOR OUR HOMELESS

NEIGHBORS.

-IDENTIFYING TACTICS AND STRATEGIES TO IMPROVE BIRTH OUTCOMES AND

PRE-NATAL CARE FOR EXPECTANT MOTHERS.

-EXPANDING ACCESS TO PREVENTATIVE COMMUNITY HEALTH SERVICES SUCH AS

PRIMARY CARE TO IMPROVE OUTCOMES

-PROVIDING SUPPORT TO VICTIMS OF VIOLENCE AND ADDICTION

-PROVIDE TARGETED HEALTH EDUCATION OPPORTUNITIES TO THE PUBLIC AND SUPPORT

THE EDUCATION OF FUTURE PHYSICIANS,

-ADVANCE PRACTICE PROVIDERS, NURSES, AND OTHER HEALTHCARE WORKERS WHO

IN-TURN SERVE THE COMMUNITY.

MERCY MEDICAL CENTER:

PART V, SECTION B, LINE 20E: THE HOSPITAL FACILITY OR AN AUTHORIZED THIRD

PARTY DID NOT UNDERTAKE ANY OF THE COLLECTION ACTIONS NOTED IN PART V,

SECTION B, LINE 19 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE ANY

PATIENT'S ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. IN

ORDER TO HELP DETERMINE PATIENTS' ELIGIBILITY UNDER THE HOSPITAL'S

FINANCIAL ASSISTANCE POLICY, THE HOSPITAL UNDERTAKES A NUMBER OF ACTIONS,

INCLUDING NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY ON

ADMISSION, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO
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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1, " "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISCHARGE, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE PATIENTS' BILLS, AND DOCUMENTING ITS DETERMINATION OF WHETHER PATIENTS WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

MERCY MEDICAL CENTER:

PART V, SECTION B, LINE 21D: THE HOSPITAL FACILITY PROVIDES A DISCOUNT OF AT LEAST 10% OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE TO ANY INDIVIDUAL THAT IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY. PURSUANT TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) ALL-PAYOR SYSTEM FOR HOSPITALS IN THE STATE OF MARYLAND, THE GREATEST DISCOUNT OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PERMITTED TO ANY COMMERCIAL INSURER OR MEDICARE IS ONLY 6%. AS A RESULT, THE HOSPITAL FACILITY WAS ABLE TO DETERMINE THAT THE MAXIMUM AMOUNT CHARGED TO INDIVIDUALS THAT WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY WAS NOT GREATER THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.

MERCY MEDICAL CENTER: PART V, SECTION B, LINE 23: THE HOSPITAL DOES NOT CHARGE ANY INDIVIDUALS THAT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGES FOR ANY SERVICE. THE HOSPITAL USED THE CHARGEMASTER RATES FOR A SERVICE AS A STARTING POINT AGAINST WHICH REDUCTIONS ARE APPLIED TO 232098 11-18-22 Schedule H (Form 990) 2022 Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DETERMINE THE AMOUNT ACTUALLY BILLED TO PATIENTS ELIGIBLE UNDER THE

FINANCIAL ASSISTANCE POLICY.

PART V SECTION B LINE 7A

THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND AT THE

LINK BELOW:

HTTPS://MDMERCY.COM/ABOUT-MERCY/POLICIES-AND-DOCUMENTS/COMMUNITY-HEALTH-

NEEDS-ASSESSMENT

PART V SECTION B LINE 10A

THE MOST RECENT COMMUNITY HEALTH IMPLEMENTATION STRATEGY CAN BE FOUND

AT THE LINK BELOW:

HTTPS://MDMERCY.COM/ABOUT-MERCY/POLICIES-AND-DOCUMENTS/COMMUNITY-HEALTH-

NEEDS-ASSESSMENT

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

Name and address

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

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Type of facility (describe)

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Part V Facility Informati	i <b>on</b> <sub>(continu</sub>	ied)		
Section D. Other Health Care Fac	ilities That	Are Not License	d, Registered,	or Similarly Recognized as a Hospital Facility

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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 (for example, 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.

#### PART I, LINE 3C:

MERCY MEDICAL CENTER PROVIDES EMERGENCY AND OTHER MEDICALLY NECESSARY CARE TO PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE AT NO CHARGE OR AT REDUCED-COST BASED ON A SLIDING SCALE FOR INCOME (UP TO APPROXIMATELY 400% OF THE FEDERAL POVERTY GUIDELINES) AND TAKING INTO ACCOUNT OTHER CONSIDERATIONS, AS DESCRIBED BELOW. IN ORDER TO QUALIFY FOR FINANCIAL ASSISTANCE UNDER MERCY MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY, A PATIENT MUST BE A U.S. CITIZEN OR PERMANENT LEGAL RESIDENT WHO QUALIFIES UNDER AT LEAST ONE OF THE FOLLOWING CONDITIONS:

1. A PATIENT WITH FAMILY INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, WITH LESS THAN \$10,000 IN HOUSEHOLD MONETARY ASSETS QUALIFIES FOR FULL FINANCIAL ASSISTANCE IN THE FORM OF FREE MEDICALLY NECESSARY CARE.

2. A PATIENT NOT OTHERWISE ELIGIBLE FOR MEDICAID OR CHIP WHO IS A

BENEFICIARY/RECIPIENT OF A MEANS-TESTED SOCIAL SERVICES PROGRAM, INCLUDING

BUT NOT NECESSARILY LIMITED TO THE FOLLOWING PROGRAMS, IS DEEMED ELIGIBLE

FOR FINANCIAL ASSISTANCE IN THE FORM OF FREE MEDICALLY NECESSARY CARE, 232100 11-18-22 Schedule H (Form 990) 2022

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 Part VI
 Supplemental Information (Continuation)
 PROVIDED THAT THE PATIENT SUBMITS PROOF OF ENROLLMENT WITHIN 30 DAYS

 UNLESS THE PATIENT OR THE PATIENT'S REPRESENTATIVE REQUESTS AN ADDITIONAL
 30 DAYS: A) HOUSEHOLDS WITH CHILDREN IN THE FREE OR REDUCED LUNCH PROGRAM

 B)
 SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) C)

 LOW-INCOME-HOUSEHOLD ENERGY ASSISTANCE PROGRAM D) PRIMARY ADULT CARE

 PROGRAM (PAC), UNTIL SUCH TIME AS INPATIENT BENEFITS ARE ADDED TO THE PAC

 BENEFIT PACKAGE E) WOMEN, INFANTS, AND CHILDREN (WIC).

3. A PATIENT WITH FAMILY INCOME AT OR BELOW 500% OF FEDERAL POVERTY LEVEL, WITH LESS THAN \$10,000 IN HOUSEHOLD MONETARY ASSETS QUALIFIES FOR PARTIAL FINANCIAL ASSISTANCE IN THE FORM OF REDUCED-COST MEDICALLY NECESSARY CARE. THE AMOUNT OF FINANCIAL ASSISTANCE IN THIS CASE IS BASED ON A SLIDING SCALE OF INCOME AND SHOWN IN THE ATTACHED TABLE AND OTHER FACTORS.

4. A PATIENT WITH: (I) FAMILY INCOME AT OR BELOW 500% OF FEDERAL POVERTY LEVEL; (II) WITH MEDICAL DEBT INCURRED WITHIN THE 12 MONTH PERIOD PRIOR TO APPLICATION THAT EXCEEDS 25% OF FAMILY INCOME FOR THE SAME PERIOD; AND (III) WITH LESS THAN \$10,000 IN HOUSEHOLD MONETARY ASSETS WILL QUALIFY FOR PARTIAL FINANCIAL ASSISTANCE IN THE FORM OF REDUCED-COST MEDICALLY NECESSARY CARE. THE AMOUNT OF FINANCIAL ASSISTANCE IN THIS CASE IS BASED ON A SLIDING SCALE OF INCOME, AMOUNT OF MEDICAL DEBT, AND OTHER FACTORS. A) AN ELIGIBLE PATIENT OR ANY IMMEDIATE FAMILY MEMBER OF THE PATIENT LIVING IN THE SAME HOUSEHOLD SHALL REMAIN ELIGIBLE FOR REDUCED-COST MEDICALLY NECESSARY CARE WHEN SEEKING SUBSEQUENT CARE AT MERCY MEDICAL CENTER DURING THE 12-MONTH PERIOD BEGINNING ON THE DATE ON WHICH THE REDUCED-COST MEDICALLY NECESSARY CARE WAS INITIALLY RECEIVED. B) TO AVOID AN UNNECESSARY DUPLICATION OF MERCY MEDICAL CENTER'S DETERMINATIONS OF ELIGIBLITY FOR FINANCIAL ASSISTANCE, A PATIENT ELIGIBLE FOR CARE UNDER Schedule H (Form 990)

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PARAGRAPH 4.A SHALL INFORM THE HOSPTIAL OF HIS OR HER ELIGIBILITY FOR THE REDUCED-COST MEDICALLY NECESSARY CARE.

5. AN UNINSURED PATIENT WITH FAMILY INCOME BETWEEN 200% AND 500% OF

FEDERAL POVERTY LEVEL WHO REQUESTS ASSISTANCE QUALIFIES FOR A PAYMENT

PLAN.

6. A HOMELESS PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE.

7. A DECEASED PATIENT, WITH NO PERSON DESIGNATED AS DIRECTOR OF FINANCIAL AFFAIRS, OR NO ESTATE NUMBER ON FILE AT THE APPLICABLE REGISTRARS OF WILLS DEPARTMENT, QUALIFIES FOR FINANCIAL ASSISTANCE.

8. A MEDICAID PATIENT WHO HAS A REMAINING BALANCE AFTER RECEIVING MEDICAL ASSISTANCE QUALIFIES FOR FINANCIAL ASSISTANCE.

9. MERCY MEDICAL CENTER MAY ELECT TO GRANT PRESUMPTIVE CHARITY CARE TO PATIENTS BASED ON INFORMATION GATHERED DURING A DEBT COLLECTION PROCESS. FACTORS INCLUDE PROPENSITY TO PAY SCORING, ELIGIBILITY AND PARTICIPATION IN OTHER FEDERAL PROGRAMS, AND OTHER RELEVENT INFORMATION.

10. A PATIENT WHO DOES NOT QUALIFY UNDER THE PRECEDING CATEGORIES MAY STILL APPLY FOR FINANCIAL ASSISTANCE, AND MERCY MEDICAL CENTER WILL REVIEW THE APPLICATION AND MAKE A DETERMINATION ON A CASE-BY-CASE BASIS AS TO ELIGIBILITY FOR FINANCIAL ASSISTANCE. FACTORS THAT WILL BE CONSIDERED INCLUDE: A) FIXED INCOME SUCH AS SOCIAL SECURITY, RETIREMENT OR DISABILITY WITH NO ADDITIONAL INCOME SOURCES AVAILABLE B) MEDICAL EXPENSES AND/OR C) EXPENSES RELATED TO NECESSITIES OF LIFE COMPARED TO INCOME. FOR ALL

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PURPOSES OF THE FINANCIAL ASSISTANCE POLICY, "HOUSEHOLD MONETARY ASSETS" MEANS ASSETS THAT ARE CONVERTIBLE TO CASH. IN DETERMINING A PATIENT'S MONETARY ASSETS FOR PURPOSES OF MAKING AN ELIGIBILITY DETERMINATION UNDER THIS FINANCIAL ASSISTANCE POLICY, THE FOLLOWING ASSETS ARE EXCLUDED; (1) THE FIRST \$10,000 OF MONETARY ASSETS; (2) EQUITY OF \$150,000 IN A PRIMARY RESIDENCE; AND (3) RETIREMENT ASSETS TO WHICH THE IRS HAS GRANTED PREFERENTIAL TAX TREATMENT AS A RETIREMENT ACCOUNT, INCLUDING BUT NOT LIMITED TO, QUALIFIED AND NONQUALIFIED DEFERRED COMPENSATION PLANS.

PART I, LINE 7:

THE COSTING METHODOLOGY USED TO CALCULATE AMOUNTS REPORTED IN LINE 7 WAS A <u>COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE</u> <u>COST-TO-CHARGES</u>.

PART I, LINE 7G:

THERE ARE NO COSTS REPORTED THAT ARE ATTRIBUTABLE TO A PHYSICIAN CLINIC.

PART I, LINES 7A, 7B AND 7F - MARYLAND HOSPITAL ASSOCIATION UNIFIED RESPONS 7A. CHARITY CARE AT COST AND 7F. HEALTH PROFESSIONS EDUCATION ARE EXPLAINED IN THE FOLLOWING:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO Schedule H (Form 990)

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BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

7B. UNREIMBURSED MEDICAID IS EXPLAINED IN THE FOLLOWING:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM. FOR FY 2023 MERCY MEDICAL CENTER'S SHARE OF THE MEDICAID ASSESSMENT WAS \$1,843,560.

PART I, LINE 6A

COMMUNITY BENEFIT REPORT IS MADE AVAILABLE ON ANOTHER'S WEBSITE,

SPECIFICALLY THE WEBSITE FOR THE MARYLAND HSCRC. MERCY MEDICAL CENTER

PREPARES ITS COMMUNITY BENEFIT REPORT ANNUALLY AND ITS MADE AVAILABLE

TO THE PUBLIC.

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PART III, LINE 4:

THE AMOUNT REPORTED AS BAD DEBT EXPENSE ON PART III, LINE 2 WAS DETERMINED USING ACTUAL BAD DEBT WRITE-OFFS LESS RECOVERIES RECEIVED DURING THE YEAR AND AN ADJUSTMENT TO THE BALANCE SHEET RESERVE. WRITE OFFS WERE AT CHARGE LEVEL.

THE ORGANIZATION HAS NOT ESTIMATED ANY AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

THE FOLLOWING IS A SUMMARY OF THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBE THE ORGANIZATION'S BAD DEBT EXPENSE. THE ACTUAL TEXT OF THE FOOTNOTE HAS NOT BEEN USED BECAUSE THE ORGANIZATION IS A MEMBER OF A GROUP WITH CONSOLIDATED FINANCIAL STATEMENTS:

NET PATIENT SERVICE REVENUES AND ALLOWANCES

NET PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED. THE ORGANIZATION'S CHARGES ARE BASED ON RATES ESTABLISHED BY THE STATE OF MARYLAND HEALTH SERVICES COST REVIEW COMMISSION; ACCORDINGLY, REVENUE REFLECTS ACTUAL CHARGES TO PATIENTS BASED ON RATES IN EFFECT DURING THE PERIOD IN WHICH THE SERVICES ARE RENDERED.

CONTRACTUAL ADJUSTMENTS REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED AS PATIENT SERVICE REVENUE AND AMOUNTS ALLOWED BY THIRD-PARTY PAYERS, AND ARE ACCRUED IN THE PERIOD IN WHICH THE RELATED SERVICES ARE RENDERED.

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THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS. THIS ESTIMATE CONSIDERS BUSINESS AND GENERAL ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE AND OTHER COLLECTION INDICATORS. THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ITS REVIEW OF ACCOUNTS RECEIVABLE AND COLLECTIONS TO DATE. OTHER FACTORS, SUCH AS PAYER MIX, ACCOUNT AGING, APPROVED DISCOUNTS, DENIAL RATES, AND PAYMENT CYCLES ARE CONSIDERED WHEN ESTIMATING THE ALLOWANCES. THE RESULTS OF THESE ASSESSMENTS ARE USED TO DETERMINE THE PROVISION FOR BAD DEBTS AND TO ESTIMATE AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE ORGANIZATION FOLLOWS XESTABLISHED GUIDELINES FOR PLACING ITS SELF-PAY PATIENT ACCOUNTS WITH AN OUTSIDE COLLECTION AGENCY. AFTER COLLECTION EFFORTS ARE EXHAUSTED, THE UNCOLLECTED BALANCES ARE RETURNED TO BE WRITTEN OFF TO BAD DEBTS. THE ORGANIZATION DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FROM THIRD-PARTY PAYERS, NOR DID IT HAVE SIGNIFICANT WRITE OFFS FROM THIRD-PARTY PAYERS.

PART III, LINE 8:

THE COSTING SOURCE IS THE MEDICARE COST REPORT AND THE METHODOLOGY IS

MEDICARE ALLOWABLE COST TO MEDICARE REVENUES RECEIVED.

PART III, LINE 9B:

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ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION CONTINUES TO

MONITOR WHETHER THE PATIENT QUALIFIES FOR CHARITY CARE UNDER THE FINANCIAL

ASSISTANCE POLICY. IF THE ORGANIZATION DETERMINES THAT A PATIENT QUALIFIES

FOR FINANCIAL ASSISTANCE, INCLUDING ONCE THE COLLECTION PROCESS HAS BEGUN,

THE ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE, ONCE CHARITY

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Part VI Supplemental Information (Continuation) CARE HAS BEEN APPROVED, THERE IS NO FURTHER ATTEMPT MADE BY THE ORGNANIZATION TO COLLECT. COLLECTION EFFORTS WILL BE STOPPED AT ANY TIME DURING THE COLLECTION PROCESS IF THE PATIENT QUALIFIES FOR CHARITY CARE UNDER THE FINANCIAL ASSISTANCE POLICY. FURTHERMORE, IF A PATIENT'S FINANCIAL SITUATION CHANGES AT ANY POINT DURING THE COLLECTION PROCESS, THE PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE AT SUCH POINT. PATIENTS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE SUBSEQUENT TO THE DATE OF SERVICE MAY BE ELIGIBLE FOR A REFUND OF PAYMENTS MADE IF IT IS DETERMINED THAT THE PATIENT WAS ELIGIBLE FOR A REFUND OF PAYMENTS MADE IF IT IS DETERMINED THAT THE PATIENT WAS ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF SERVICE.

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PART VI, LINE 2:

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MERCY MEDICAL CENTER GENERALLY EMPLOYS A MULTI-PRONGED APPROACH IN IDENTIFYING COMMUNITY HEALTH NEEDS. THESE APPROACHES ARE AS FOLLOWS:

1. AS PART OF THE QUANTITATIVE DATA GATHERING PROCESS FOR THE 2021 CHNA,			
MERCY'S COMMUNITY BENEFIT COMMITTEE MEMBERS WORKED COLLABORATIVELY			
WITH THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE-JACOB FRANCE			
INSTITUTE AT THE UNIVERSITY OF BALTIMORE (BNIA-JFI). BNIA-JFI IS A			
NONPROFIT ORGANIZATION WHOSE CORE MISSION IS TO PROVIDE OPEN ACCESS TO			
MEANINGFUL, RELIABLE, AND ACTIONABLE DATA ABOUT, AND FOR, THE CITY			
OF BALTIMORE AND ITS COMMUNITIES. BNIA-JFI BUILDS ON AND COORDINATES THE			
RELATED WORK OF CITYWIDE NONPROFIT ORGANIZATIONS, CITY AND STATE			
GOVERNMENT AGENCIES, NEIGHBORHOODS, FOUNDATIONS, BUSINESSES, AND			
UNIVERSITIES TO SUPPORT AND STRENGTHEN THE PRINCIPLE AND PRACTICE OF			
WELL INFORMED DECISION MAKING FOR CHANGE TOWARD STRONG NEIGHBORHOODS,			
IMPROVED QUALITY OF LIFE, AND A THRIVING CITY. BNIA-JFI IS ALSO A			
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PARTNER MEMBER OF THE NATIONAL NEIGHBORHOOD INDICATORS PARTNERSHIP OF THE URBAN INSTITUTE (NNIP). NNIP IS A COLLABORATIVE EFFORT BY THE URBAN INSTITUTE AND NEARLY 40 LOCAL PARTNERS TO FURTHER THE DEVELOPMENT AND USE OF NEIGHBORHOOD-LEVEL INFORMATION SYSTEMS IN LOCAL POLICYMAKING AND COMMUNITY BUILDING. BNIA-JFI PROVIDED TO MERCY' COMMUNITY BENEFIT COMMITTEE A BROAD ARRAY OF NEIGHBORHOOD DATA INDICATORS THAT PROVIDE ALL OF THE FACTS AND CIRCUMSTANCES PRESENT IN MERCY'S COMMUNITY BENEFIT SERVICE AREA INCLUDING BARRIERS TO ACCESSING CARE, TO PREVENT ILLNESS, TO ENSURE ADEQUATE NUTRITION, OR TO ADDRESS SOCIAL, BEHAVIORAL AND ENVIRONMENTAL FACTORS THAT INFLUENCE HEALTH IN THE COMMUNITY.

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INCORPORATED INTO BNIA-JFI'S NEIGHBORHOOD-LEVEL SOCIOECONOMIC DATASETS ARE INDIVIDUAL NEIGHBORHOOD HEALTH PROFILES COMPLETED BY THE BALTIMORE CITY HEALTH DEPARTMENT AND UPDATED IN MARCH 2012. THE NEIGHBORHOOD HEALTH PROFILES EXAMINE AT THE UNDERLYING FACTORS THAT AFFECT HEALTH IN EACH NEIGHBORHOOD-THE SOCIAL DETERMINANTS OF HEALTH. THE SOCIAL DETERMINANTS OF HEALTH ARE THE CONDITIONS IN WHICH RESIDENTS LIVE, LEARN, WORK, AND PLAY, AND INCLUDE FACTORS LIKE ACCESS TO HEALTHY FOOD, HEALTHY HOUSING, QUALITY SCHOOLS, AND SAFE PLACES TO BE ACTIVE. THE NEIGHBORHOOD HEALTH PROFILES PRESENT HEALTH OUTCOME INFORMATION AT THE COMMUNITY STATISTICAL AREA (CSA) LEVEL IN BALTIMORE CITY IN ORDER TO SUPPORT COMMUNITY-LEVEL HEALTH IMPROVEMENT EFFORTS TO ACHIEVE THE HEALTHY BALTIMORE 2015 PLAN, THE CITY'S COMPREHENSIVE PUBLIC HEALTH AGENDA TO IMPROVE HEALTH OUTCOMES IN BALTIMORE. THE BALTIMORE CITY'S OFFICE OF EPIDEMIOLOGY UTILIZED RIGOROUS RESEARCH METHODS AND SURVEY ANALYSIS TECHNIQUES TO AGGREGATE ALL THE DATA TO THE COMMUNITY STATISTICAL AREA (CSA) LEVEL. THE USE OF THE MOST RECENTLY AVAILABLE NEIGHBORHOOD HEALTH PROFILE INFORMATION FROM THE BALTIMORE CITY HEALTH DEPARTMENT ENSURES THAT THE COMMUNITY HEALTH

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IN ADDITION, THE ORGANIZATION ACCESSES AND REVIEWS OTHER STATE OF MARYLAND HEALTH CARE DATA BASES RELATED TO HEALTH CARE NEEDS OF COMMUNITIES THAT MERCY MEDICAL CENTER SERVES IN ITS PSA.

FURTHERMORE, MERCY MEDICAL CENTER REVIEWS PUBLICATIONS AND DATA AVAILABLE FROM ORGANIZATIONS IN WHICH MERCY MEDICAL CENTER PHYSICIAN AND ADMINISTRATIVE LEADERSHIP ARE ACTIVE PARTICIPANTS AND MEMBERS SUCH AS B'MORE FOR HEALTHY BABIES, JOURNEY HOME, FAMILY CRISIS CENTER OF BALTIMORE, AND BALTIMORE HOMELESS SERVICES, AMOUNG OTHERS.

2. PARTNERSHIPS, WORKGROUPS, AND MEMBERSHIP IN ORGANIZATIONS THROUGH THE WORKGROUPS AND PARTNERSHIPS THAT HAVE BEEN ESTABLISHED WITH KEY ORGANIZATIONS SUCH AS HEALTH CARE FOR THE HOMELESS, BALTIMORE HOMELESS SERVICES, THE WEINBERG HOUSING AND RESOURCE CENTER, MAYOR'S OFFICE ON EMERGENCY MANAGEMENT, SEX AND FAMILY CRIMES DIVISION OF THE BALTIMORE CITY POLICE DEPARTMENT, TURN AROUND HOUSE OF RUTH, FAMILY CRISIS CENTER OF Schedule H (Form 990)

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BALTIMORE, DOMESTIC VIOLENCE COORDINATING COUNCIL, B'MORE FOR HEALTHY BABIES AND FAMILY HEALTH CENTERS OF BALTIMORE, THE HOSPITAL RECEIVED SIGNIFICANT INPUT AND FEEDBACK ON THE HEALTH CARE NEEDS OF ITS IMMEDIATE SURROUNDING NEIGHBORHOODS AND COMMUNITIES. THIS WAS ACHIEVED THROUGH REGULAR MEETINGS AND DISCUSSIONS THROUGHOUT FY21.

THROUGH PARTICIPATION OF THE HOSPITAL'S EXECUTIVE LEADERSHIP TEAM IN BUSINESS FORUMS SUCH AS THE DOWNTOWN PARTNERSHIP AND MEMBERSHIP IN OTHER ORGANIZATIONS, SIGNIFICANT FEEDBACK AND INFORMATION ON HEALTH CARE NEEDS AND GAPS WAS ALSO GATHERED.

3. MERCY HEALTH SERVICES MISSION AND CORPORATE ETHICS COMMITTEE OF THE BOARD OF TRUSTEES MEETS REGULARLY TO REVIEW AND COORDINATE ISSUES RELATED TO MISSION INTEGRATION AND COORDINATION. THIS BOARD COMMITTEE IS INFORMED AND CLEARLY UNDERSTANDS THE SCOPE AND DEPTH OF THE HOSPITAL'S COMMUNITY BENEFIT AND INITIATIVES.

IN SUMMARY, THROUGH A QUANTITATIVE ASSESSMENT OF NEEDS BASED ON REVIEW OF CURRENT DATA SOURCES AND ACTIVE PARTICIPANTS IN SEVERAL COMMUNITY BASED ORGANIZATIONS, MERCY MEDICAL CENTER HAS BEEN ABLE TO DETERMINE AND PRIORITIZE ITS COMMUNITY HEALTH NEEDS FOCUS.

IN ADDITION TO THE FOREGOING APPROACHES REGULARLY FOLLOWED BY MERCY MEDICAL CENTER, MERCY MEDICAL CENTER CONDUCTED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT, IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH UNDER INTERNAL REVENUE CODE SECTION 501(R)(3) AND THE GUIDANCE PROVIDED BY IRS NOTICE 2011-52, DURING ITS 2021 TAX YEAR. MERCY MEDICAL CENTER WILL DIRECT ITS COMMUNITY HEALTH NEEDS PLANNING TOWARDS ADDRESSING THOSE Schedule H (Form 990)

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COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS

ASSESSMENT IN ACCORDANCE WITH ITS IMPLEMENTATION STRATEGY.

MERCY HAS COMPLETED AN UPDATED COMMUNITY HEALTH NEEDS ASSESSMENT AND

IMPLEMENTATION STRATEGY IN JUNE 2021. THIS UPDATED VERSION IS AVAILABLE ON THE MERCY HEALTH SERVICES WEBSITE.

PART VI, LINE 3:

MERCY ATTEMPTS TO BE VERY PROACTIVE IN COMMUNICATING ITS FINANCIAL

ASSISTANCE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO

PATIENTS. THE FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE CONTACT

INFORMATION IS POSTED IN ALL ADMISSIONS AREAS, INCLUDING THE EMERGENCY

ROOM. SUCH NOTICE IS POSTED IN ENGLISH, SPANISH AND/OR OTHER LANGUAGE THAT

WILL BE UNDERSTANDABLE TO TARGET POPULATIONS OF PATIENTS UTLIZING HOSPITAL SERVICES.

A COPY OF THE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO PATIENTS OR THEIR FAMILIES DURING THE PRE-ADMISSION, PRE-SURGERY AND ADMISSIONS PROCESS. ADDITIONALLY, A COPY OF THE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO PATIENTS OR THEIR FAMILIES UPON DISCHARGE.

MERCY UTILIZES A THIRD PARTY, AS WELL AS IN-HOUSE FINANCIAL COUNSELING STAFF, TO CONTACT AND SUPPORT PATIENTS IN UNDERSTANDING AND COMPLETING THE FINANCIAL ASSISTANCE REQUIREMENTS. THEY ALSO DISCUSS WITH PATIENTS OR THEIR FAMILIES THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS AND ASSIST PATIENTS WITH UNDERSTANDING THE QUALIFICATIONS FOR SUCH PROGRAMS.

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 EVEN AFTER A PATIENT IS DISCHARGED, EACH BILLING STATEMENT CONTAINS AN

 OVERVIEW OF MERCY'S FINANCIAL ASSISTANCE POLICY, A PATIENT'S RIGHTS AND
 OBLIGATIONS, AND CONTACT NUMBERS FOR FINANCIAL ASSISTANCE, FINANCIAL

 COUNSELING, AND MARYLAND MEDICAID. FOLLOW-UP PHONE CALLS BY HOSPITAL
 BILLING/COLLECTION STAFF MADE TO PATIENTS WITH UNPAID BALANCES ALSO STRESS

 THE AVAILABILITY OF FINANCIAL ASSISTANCE AND CHARITY CARE AVAILABILITY.

MERCY MEDICAL CENTER WILL MAKE AN EFFORT TO PROVIDE THE FINANCIAL ASSISTANCE APPLICATION, POLICIES, PROCEDURES AND INFORMATION IN ENGLISH, SPANISH, AND/OR ANY OTHER LANGUAGE THAT WILL BE UNDERSTANDABLE TO TARGET POPULATIONS OF PATIENTS UTILIZING HOSPITAL SERVICES.

MERCY MEDICAL CENTER PROVIDES AND PROMOTES HEALTH SERVICES FOR THE PEOPLE OF BALTIMORE OF EVERY CREED, RACE, ECONOMIC, AND SOCIAL CONDITION. IN THE SPIRIT OF THE SISTERS OF MERCY WHO ARE ITS SPONSORS, MERCY CONTINUES TO HAVE A SPECIAL COMMITMENT TO THE UNDERSERVED AND UNINSURED.

PART VI, LINE 4:

LOCATED IN THE HEART OF DOWNTOWN BALTIMORE, MERCY MEDICAL CENTER DRAWS PATIENTS FROM THE GREATER BALTIMORE METROPOLITAN AREA FOR ITS LONGSTANDING TRADITION OF COMPASSIONATE CARE, COMMITMENT TO QUALIFY AND PATIENT SAFETY, AS WELL AS ITS PRIMARY CARE AND SPECIALIST PHYSICIANS.

MERCY MEDICAL CENTER'S PRIMARY SERVICE AREA ("PSA") WHICH COMPRISES 16 ZIP CODES IN BALTIMORE CITY, ACCOUNTS FOR 49.0% OF ITS TOTAL ADMISSIONS. KEY DEMOGRAPHIC CHARACTERISTICS OF THE PSA ARE AS FOLLOWS:

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1. THE CHNA SERVICE AREA (CBSA) POPULATION IS 186,653, REPRESENTING

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APPROXIMATELY 30% OF BALTIMORE CITY'S TOTAL POPULATION.	
2. THE PERCENTAGE OF HOUSEHOLDS LIVING BELOW THE FEDERAL	POVERTY LINE IS
DRAMATICALLY HIGHER THAN THE CITYWIDE PERCENTAGE (22.5% V	S 16.0%).
ADDITIONALLY, THERE ARE FAR MORE CHILDREN LIVING BELOW TH	E FEDERAL POVERTY
LINE WITHIN MERCY'S CHNA SERVICE AREA THAN CITYWIDE (43.9	
3. UNEMPLOYMENT WITHIN BALTIMORE CITY IS SLIGHTLY HIGHER	THAN STATEWIDE
(7.6% VS 6.2%). PERHAPS MORE THAN ANY OTHER DATASET INCLU	
REPORT, THIS DEMONSTRATES MERCY'S LONG-STANDING SPECIAL C	OMMITMENT TO
SERVE THE POOR AND UNDERSERVED.	
ETHNICITY AND AGE	
1. 58.0% BLACK; 31.3% CAUCASIAN IN CBSA.	
2. APPROXIMATELY 54.6% OF PATIENTS SERVED BY MERCY MEDICA	L CENTER ARE
MEMBERS OF A RACIAL OR ETHNIC MINIORITIES; 66.5% ARE WOME	N
3. 28.5% OF THE POPULATION IS 65 YEARS IN AGE OR OLDER	

INCOME

1. 22.5% OF CBSA HOUSEHOLDS REPORTED LIVING BELOW THE FEDERAL POVERTY LINE.

2. THE PERCENTAGE OF FAMILIES LIVING IN MERCY'S CBSA THAT HAD INCOME THAT

WAS BELOW THE POVERTY LEVEL WAS GREATER COMPARED TO ALL FAMILIES IN

BALTIMORE CITY (23.2% VS 16.0%).

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OF NOTE, THE MAJOR COMMUNITY BENEFIT PROGRAMS THAT ARE IDENTIFIED IN PART VI, QUESTION 5 "PROMOTION OF COMMUNITY HEALTH" DIRECTLY ADDRESS KEY HEALTH CARE NEEDS OF THE POPULATION IN MERCY MEDICAL CENTER'S PSA.

1. % OF POTENTIALLY AVERTABLE DEATHS: 46.6 VS BALTIMORE RATE OF 36.2

2. TEEN BIRTH RATE PER 1,000: 26.8 VS BALTIMORE RATE OF 21.5

3. LOW BIRTH WEIGHT: 12.8% VS BALTIMORE RATE OF 13.0%

AS SHOWN BY THESE SELECT INDICATORS, THERE IS A SIGNIFICANT HEALTH STATUS DISPARITY BETWEEN MERCY'S COMMUNITY BENEFIT SERVICE AREA (CBSA) AND BALTIMORE CITY'S RESIDENTS.

DUE TO ITS LOCATION IN CENTER CITY, MERCY MEDICAL CENTER CARES FOR MANY OF THE AT-RISK, LOW INCOME POPULATION IN THE COMMUNITIES THAT IMMEDIATELY SURROUND THE HOSPITAL. THIS IS BEST EVIDENCED BY THE LARGE PERCENTAGE OF EMERGENCY ROOM VISITS BY THE MEDICAID, UNINSURED AND MEDICARE PATIENTS.

MEDICAID COVERED AND UNINSURED PATIENTS ACCOUNTED FOR MORE THAN 56.4% OF THE FY23 EMERGENCY ROOM VISITS. THERE ARE A COUPLE NOTABLE REASONS FOR SUCH A HIGH MEDICAID AND UNINSURED PATIENT POPULATION VISITING THE EMERGENCY ROOM:

1. BALTIMORE CITY'S LARGEST HOMELESS SHELTER AT GUILFORD AVENUE IS WITHIN THREE BLOCKS OF THE HOSPITAL.

2. MERCY MEDICAL CENTER PROVIDES ALL OF THE MEDICAL STAFF (PHYSICIANS AND Schedule H (Form 990)

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NURSING PERSONNEL) FOR HEALTHCARE FOR THE HOMELESS (HCH), A FEDERALLY QUALIFIED HEALTH CENTER, WHICH DELIVERS OUTPATIENT CARE TO A LARGE NUMBER OF HOMELESS PERSONS IN BALTIMORE CITY. THE HCH CLINIC IS LOCATED THREE BLOCKS FROM THE HOSPITAL.

PART VI, LINE 5:

MERCY FAMILY VIOLENCE RESPONSE PROGRAM

THE MERCY FAMILY VIOLENCE RESPONSE PROGRAM WAS DEVELOPED BY A MULTIDISCIPLINARY STAFF TASK FORCE AT MERCY MEDICAL CENTER TO PROVIDE CRISIS INTERVENTION AND SAFETY PLANNING FOR VICTIMS OF FAMILY VIOLENCE (DOMESTIC VIOLENCE, CHILD ABUSE, ELDER AND VULNERABLE ADULT ABUSE) AND SEXUAL ASSAULT WHO COME TO MERCY MEDICAL CENTER AND ITS PHYSICIANS FOR TREATMENT.

THIS PROGRAM IMPROVES BALTIMORE'S COORDINATED COMMUNITY RESPONSE TO VICTIMS OF VIOLENCE, AND CREATES AN ALERT WORKFORCE AT MERCY MEDICAL CENTER, SKILLED AT IDENTIFYING AND RESPONDING TO VICTIMS OF FAMILY VIOLENCE.

DUE TO ITS LOCATION WITHIN THREE BLOCKS OF THE CITY'S LARGEST HOMELSS SHELTER AT GUILFORD AVENUE AND CLOSE PROXIMITY TO HCH, MERCY MEDICAL CENTER'S ER RECEIVES MANY VISITS FROM HOMELESS PERSONS. WITH DECADES OF EXPERIENCE IN PROVIDING EMERGENCY AND URGENT CARE TO POOR AND HOMELESS POPULATIONS, THE HOSPITAL HAS ESTABLISHED KEY SERVICES FOR THE MEDICALLY UNDERSERVED INCLUDING THE FOLLOWING: A FULL TIME SOCIAL WORKER IS A PART OF THE ER TEAM TO COORDINATE CARE AND OTHER SERVICES FOR HOMELESS PATIENTS WHO ARRIVE AT THE ER.

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ER PHYSICIANS AND NURSES MAKE VISITS TO BALTIMORE CITY SHELTERS TO

PROVIDE THE FOLLOWING SERVICES:

1. ADMINISTRATION OF FLU VACCINATIONS TO RESIDENTS

2. PRESENTATIONS ON PARASITES AND INFECTIOUS DISEASE

3. INFECTIOUS DISEASE PREVENTION

THE FORENSIC NURSE EXAMINER PROGRAM (FNE) IS HOUSED AT THE HOSPITAL'S ER AND PROVIDES 24/7 CARE TO PATIENTS WHO ARE VICTIMS OF SEXUAL, DOMESTIC, CHILD, ELDER AND INSTITUTIONAL VIOLENCE. FORENSIC NURSES PROVIDE COMPREHENSIVE FORENSIC MEDICAL INTERVIEWS, MEDICAL ASSESSMENTS, EVIDENCE COLLECTION, AND ASSURE CRISIS INTERVENTION TO AN EVER INCREASING VOLUME OF UNDERSERVED PATIENTS.

DURING FY 2023, THE FNE PROGRAM CONDUCTED 588 EXAMINATIONS AND IS THE DESIGNATED SITE FOR PATIENTS IN BALTIMORE CITY.

LOW BIRTH WEIGHT PROGRAM - DEPARTMENT OF OBSTETRICS

MERCY MEDICAL CENTER DELIVERED 2,635 BABIES IN BALTIMORE CITY IN FY 2023. LOW BIRTH WEIGHT AND PREMATURITY ARE INTERTWINED AND CORRELATED. AS CITED IN QUESTION #2, LOW BIRTH WEIGHT IS A KEY HEALTH STATUS INDICATOR THAT IS MEASURED AND TRACKED BY BALTIMORE CITY DEPARTMENT OF HEALTH THAT MUST BE DECREASED IN INCIDENCE.

THE HOSPITAL HAS TAKEN A LEADERSHIP ROLE THROUGH ITS ACTIVE PARTICIPATION

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IN "B'MORE FOR HEALTHLY BABIES", A LONG TERM INITIATIVE LED BY THE MAYOR'S OFFICE AND MANAGED BY BALTIMORE CITY HEALTH DEPARTMENT TO REDUCE THE INCIDENTS OF LOW BIRTH WEIGHT. DR ROBERT ATLAS, CHAIRMAN OF MERCY MEDICAL CENTER'S DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, HAS A LEADERSHIP ROLE WITHIN THIS WORKGROUP. THE GOALS OF "B'MORE FOR HEALTHY BABIES" ARE REDUCTION IN THE FOLLOWING:

1. RATE OF PRE-TERM BIRTHS BY AT LEAST 10%

2. RATE OF LOW BIRTH WEIGHT INFANTS BY AT LEAST 10%

3. THE NUMBER OF DEATHS FROM UNSAFE SLEEP BY AT LEAST 10%

OF NOTE 71.9% OF THE BABIES CARED FOR IN MERCY MEDICAL CENTER'S NEONATAL INTENSIVE CARE UNIT WERE EITHER MEDICAID BENEFICIARIES OR UNINSURED/SELF PAY. THIS POPULATION IS ESPECIALLY LINKED WITH LOW BIRTH RATE AND PREMATURITY DUE TO POVERTY THAT CLOSELY RELATES TO UNHEALTHY LIFESTYLES, PARTICULARLY POOR NUTRITION AND INADEQUATE PRENATAL CARE.

IN ORDER TO ENSURE 24/7 COVERAGE FOR ITS OBSTETRICAL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, MERCY MEDICAL CENTER PROVIDED \$1,620,865 IN PHYSICIAN SUBSIDY FOR THIS SPECIALTY.

DETERMINING THE NEEDS IN THE COMMUNITY TO BE ADDRESSED

SINCE THE INCEPTION OF THE COMMUNITY BENEFIT REPORTING TO HSCRC, MERCY MEDICAL CENTER HAS CONSISTENTLY RANKED AMOUNG THE TOP OUARTILE OF HOSPITALS IN THE STATE OF MARYLAND IN TERMS OF THE PERCENTAGE OF OPERATING Schedule H (Form 990)

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EXPENSE DEVOTED TO COMMUNITY NEEDS PROGRAMS.

ACCESS TO CARE FOR AT-RISK, UNDERSERVED POPULATIONS HAS LONG BEEN A CORNERSTONE MISSION FOR MERCY MEDICAL CENTER. MAJOR PROGRAMS TO SERVE THIS NEED INCLUDE OUR FUNDING OF DIRECT PHYSICIAN CHARITY CARE ACROSS ALL SPECIALTIES AND THE PHARMACY CHARITY FUND TO PATIENTS WHO ARE UNINSURED AND UNABLE TO PAY. IN ADDITION, MERCY PROVIDES SUBSIDIZED SUPPORT TO ADULT AND PEDIATRIC PHYSICIAN OFFICES LOCATED ON THE MERCY CAMPUS THAT PROVIDES COST EFFICIENT AND ACCESSIBLE HELATH CARE REGARDLESS OF INSURANCE STATUS AND ARRANGES FOR SLIDING SCALE FEES TO ASSIST THE UNINSURED WITH PHYSICIAN AND OTHER EXPENSES.

BASED UPON PRIOR NEEDS ASSESSMENTS, MERCY MEDICAL CENTER IDENTIFIED THREE KEY AREAS OF FOCUS FOR "MISSION DRIVEN HEALTH SERVICES" IN FY 2021: THEY ARE AS FOLLOWS:

HOMELESSNESS: THE NEED TO RESPOND TO AND ACTIVELY SUPPORT THE MEDICAL PROFESSIONAL NEEDS OF ORGANIZATIONS THAT SERVE THE HOMELESS POPULATION OF BALTIMORE.

EMERGENCY SERVICES: AS PROVIDED THROUGH THE EMERGENCY DEPARTMENT, GIVEN THE LARGE PERCENTAGE OF POOR AND UNINSURED PATIENTS WHO ACCESS THIS SERVICE.

LOW BIRTH WEIGHT: MERCY MEDICAL CENTER DELIVERS MORE BABIES TO WOMEN AT OR BELOW THE POVERTY LINE THAN ANY OTHER HOSPITAL IN BALTIMORE. A SIGNIFICANT PERCENTAGE (>10%) OF THESE BIRTHS ARE PREMATURE AND OF LOW BIRTH WEIGHT.

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 ALL OF THESE PROGRAMS ARE INTERTWINED AS THEY SHARE A COMMON THREAD
 IN THAT ALL UNDERSERVED AND POOR POPULATIONS OF BALTIMORE ARE THE PRIMARY

 RECIPIENTS OF MEDICAL SERVICES PROVIDED BY MERCY MEDICAL CENTER ON
 AND OFF ITS CAMPUS.

## HOMELESSNESS

THE NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS HAS GROWN STEADILY OVER THE PAST 20 YEARS IN BALTIMORE AND THROUGHOUT THE ENTIRE NATION. THIS NUMBER IS EXPECTED TO CONTINUE TO RISE GIVEN THE DETERIORATING ECONOMIC CONDITIONS LOCALLY AND NATIONALLY THAT CAUSE HIGH UNEMPLOYMENT, LOSS OF HOMES, REDUCED FEDERAL ASSISTANCE TO MEDICAID AND OTHER SAFETY NET PROGRAMS. BALTIMORE'S HOMELESS POPULATION EXTENDS GREATLY BEYOND THOSE WHO CAN FIND BEDS IN CITY AND OTHER NONPROFIT RUN SHELTERS. MERCY MEDICAL CENTER IS DIRECTLY INVOLVED IN THE PROVISION OF MEDICAL SERVICES TO THE HOMELESS POPULATION THROUGH THREE AREAS.

HEALTH CARE FOR THE HOMELESS

HEALTH CARE FOR THE HOMELESS (HCH) WAS ESTABLISHED IN 1985 AND PROVIDES ADULT, PEDIATRIC, AND GERIATRIC MEDICAL CARE, DENTAL CARE, MENTAL HEALTH, HIV SERVICES, SOCIAL WORK AND CASE MANAGEMENT, ADDICTION TREATMENT, OUTREACH, PRISON RE-ENTRY, SUPPORTIVE HOUSING, AND ACCESS TO EDUCATION AND EMPLOYMENT.

SINCE ITS INCEPTION IN 1985, MERCY MEDICAL CENTER HAS DIRECTLY EMPLOYED AND PROVIDED ALL OF THE PHYSICIAN AND NURSING STAFF TO HCH FOR MEDICAL SERVICES. WHILE THE HOSPITAL IS REIMBURSED FOR THE DIRECT COSTS OF ITS Schedule H (Form 990)

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EMPLOYED	CLINICIANS	BY	HCH,	INDIRECT	AND	OTHER	COSTS	CONTRIBUTED	

TO HCH WERE \$27,120 IN FY 2023.

MERCY MEDICAL CENTER, THROUGH ITS SOLE MEMBER, MHS, IS GOVERNED BY A COMMUNITY BOARD COMPRISED OF CIVIC LEADERS WHO ARE COMMITTED TO AND REPRESENT THE HEALTHCARE NEEDS OF THE COMMUNITY. MERCY MEDICAL CENTER EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL OF ITS DEPARTMENTS. ALL FINANCIAL SURPLUSES MERCY MEDICAL CENTER GENERATES ARE USED EXCLUSIVELY TO FURTHER THE MISSION OF THE ORGANIZATION. COMMUNITY BOARD COMPRISED OF CIVIC LEADERS WHO ARE COMMITTED TO AND REPRESENT THE HEALTHCARE NEEDS OF THE COMMUNITY.

PART VI, LINE 6:

MERCY MEDICAL CENTER IS A PART OF AN AFFILIATED HEALTH CARE SYSTEM, WHICH INCLUDES A NUMBER OF ORGANIZATIONS THAT ARE UNDER THE COMMON GOVERNANCE OF MERCY HEALTH SERVICES. THESE AFFILIATED ORGANIZATIONS WORK TOGETHER TO PROVIDE A RANGE OF HEALTHCARE SERVICES TO THEIR COMMUNITIES. AMOUNG MERCY MEDICAL CENTER'S AFFILIATES ARE SAINT PAUL PLACE SPECIALISTS, INC. (SPPS), MARYLAND FAMILY CARE, INC. (MFC), AND STELLA MARIS (SM). SPPS PROVIDES SPECIALITY PHYSICIAN SERVICES TO PATIENTS OF MERCY MEDICAL CENTER'S INPATIENT SERVICES AND OUTPATIENT CLINICS AND TO OTHER MEMBERS OF THE COMMUNITY THROUGHOUT CENTRAL MARYLAND AND BEYOND. DURING THE 2023 TAX YEAR, SPPS PROVIDED \$1,643,817 OF CHARITY CARE TO PATIENTS SEEN BY SPPS PHYSICIANS.

STELLA MARIS OWNS AND OPERATES A NURSING HOME, A RESIDENTIAL AND HOME HOSPICE SERVICE AND A HOME HEALTH AGENCY. DURING THE FY23 TAX YEAR, SM PROVIDED \$251,777 OF CHARITY CARE TO ITS PATIENTS.

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MFC PROVIDES PRIMARY CARE SERVICES ON THE CAMPUS OF MERCY MEDICAL CENTER, THROUGHOUT BALTIMORE CITY, AND IN ANNE ARUNDEL AND BALTIMORE COUNTIES. ADDITIONALLY, MFC EMPLOYS AN NUMBER OF PHYSICIANS TO SERVE AS HOSPITALISTS, WHO CARE FOR PATIENTS ADIMTTED TO MERCY MEDICAL CENTER. ALSO, MFC EMPLOYS NURSE PRACTITIONERS THAT PROVIDE SERVICES TO UNINSURED PATIENTS IN MERCY'S NURSERY AND CHILDREN'S HEALTH OUTREACH PROGRAM. MFC INCURS SUBSTANTIAL COSTS PROVIDING THE COMMUNITY WITH THE HOSPITALIST AND NURSE PRACTITIONER PROGRAMS. DURING THE 2023 TAX YEAR, MFC INCURRED A NET OPERATING LOSS FROM PROVIDING THE HOSPITALIST PROGRAM OF \$595,538 AND FROM PROVIDING THE NURSE PRACTITIONER PROGRAM OF \$2,517,253.

IN ADDITION TO THE FOREGOING, THE AFFILIATED HEALTH CARE SYSTEM

PARTICIPATES IN A NUMBER OF PARTNERSHIP/WORK GROUPS, INCLUDING THE

FOLLOWING:

GROUP NAME: HEALTH CARE FOR THE HOMELESS

PURPOSE AND MMC PARTICIPATION: HCH PROVIDES HEALTH-RELATED SERVICES TO REDUCE THE INCIDENCE AND BURDENS OF HOMELESSNESS. ITS HEADQUARTERS/CLINIC IS LOCATED THREE BLOCKS FROM MERCY. CHRISTOPHER THOMASKUTTY, MERCY MEDICAL CENTER VICE PRESIDENT, SERVES ON THE HCH BOARD OF DIRECTORS.

GROUP NAME: BALTIMORE HOMELESS SERVICES

PURPOSE AND MMC PARTICIPATION: A PROGRAM WITHIN THE MAYOR'S OFFICE

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OF HUMAN SERVICES RESPONSIBLE FOR MANAGING THE CONTINUUM OF CARE PROVIDED

TO THE CITY'S HOMELESS POPULATION. MERCY SUPPORTIVE HOUSING PROGRAM

PROVIDES HOUSING COUNSELING AND CASE MANAGEMENT FOR HOMELESS FAMILIES

UNDER GRANTS FROM THIS AGENCY.

GROUP NAME: THE WEINBERG HOUSING AND RESOURCE CENTER

PURPOSE AND MMC PARTICIPATION: BALTIMORE CITY'S FACILITY PROVIDING 24/7 EMERGENCY SHELTER BEDS AND 25 BEDS FOR THE MEDICALLY FRAGILE AS WELL AS PROGRAMS AND SERVICES FOR THE HOMELESS. MERCY EMPLOYEES ASSIST WITH THE PROGRAM.

GROUP NAME: MAYOR'S OFFICE ON EMERGENCY MANAGEMENT

PURPOSE AND MMC PARTICIPATION: MERCY SERVES ON THE EMERGENCY PREPAREDNESS TASK FORCE FOR BALTIMORE CITY.

GROUP NAME: SEX AND FAMILY CRIMES DIVISION OF BALTIMORE CITY POLICE

DEPARTMENT PURPOSE AND MMC PARTICIPATION: MERCY'S FORENSIC NURSE EXAMINER

PROGRAM WORKS COLLLABORATIVELY WITH THE BALTIMORE CITY POLICE DEPARTMENT.

MERCY PROVIDES THE FORENSIC NURSE EXAMINER PROGRAM IN THE METROPOLITAN

AREA.

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GROUP NAME: TURN AROUND, HOUSE OF RUTH

PURPOSE AND MMC PARTICIPATION: MERCY'S FAMILY VIOLENCE RESPONSE

PROGRAM WORKS WITH TURN AROUND, HOUSE OF RUTH AND OTHER ORGANIZATIONS.

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MERCY ALSO IS TAKING A LEADERSHIP ROLE IN ESTABLISHING HOSPITAL-BASED

FAMILY VIOLENCE RESPONSE PROGRAMS AT OTHER MARYLAND HOSPITALS.

GROUP NAME: FAMILY CRISIS CENTER OF BALTIMORE (FCCB)

PURPOSE AND MMC PARTICIPATION: FCCB IS A MAJOR REFFERAL PARTNER TO MERCY FORENSIC NURSE EXAMINER AND SUPPORTIVE HOUSING PROGRAMS.

GROUP NAME: DOMESTIC VIOLENCE COORDINATING COUNCIL

PURPOSE AND MMC PARTICPATION: COLLEEN MOORE, COORDINATOR OF MERCY'S FAMILY VIOLENCE REPONSE PROGRAM, SERVES ON THE ORGANIZATION'S STEERING COMMITTEE.

GROUP NAME: B'MORE FOR HEALTHY BABIES

PURPOSE AND MMC PARTICIPATION: BHB IS A COALITION OF PHYSICIANS AMOUNG BALTIMORE CITY'S MAJOR HOSPITALS THAT ADDRESSES WAYS TO REDUCE INFANT MORTALITY, PREMATURITY AND LOW BIRTH WEIGHT. ROBERT ATLAS, M.D. CHAIRMAN OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY AT MERCY AND A RECOGNIZED EXPERT IN AT-RISK PREGNANCY IS A LEADER WITH BHB.

GROUP NAME: FAMILY HEALTH CENTERS OF BALTIMORE (FCHB)

PURPOSE AND MMC PARTICIPATION: CHRISTOPHER THOMASKUTTY AND LISA CONIC,

MERCY MEDICAL CENTER VICE PRESIDENTS, SERVE ON THE BOARD OF DIRECTORS OF

FCHB, A FEDERALLY QUALIFIED HEALTH CENTER THAT SERVES CENTRAL AND SOUTH

BALTIMORE CITY.

Schedule H (Form 990)

232271 04-01-22

MERCY MEDICAL CENTER Schedule H (Form 990) Part VI Supplemental Information (Continuation)

GROUP NAME: TOTAL HEALTHCARE

PURPOSE AND MMC PARTICIPATION: DONNELL HENRY, MERCY MEDICAL CENTER

DIRECTOR OF FINANCIAL PLANNING AND BUDGET, SERVES ON THE BOARD OF

DIRECTORS OF TOTAL HEALTHCARE, A FEDERALLY QUALIFIED HEALTH CENTER THAT

SERVES CENTRAL BALTIMORE CITY.

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

.

MD

Schedule H (Form 990)

232271 04-01-22

80 2022.05080 MERCY MEDICAL CENTER 30012961

SCHEDULE I (Form 990)	Co Go	Grants and Oth Governments, an Complete if the organization	and Other Assistance to Organizations, ents, and Individuals in the United States organization answered "Yes" on Form 990, Part IV, line 21 or 22.	ce to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	1 990. the latest informa	ition.		Open to Public Inspection
Name of the organization MERCY MEDICAL	ICAL CENTER	ER					Employer identification number 52-0591658
Part I General Information on Grants and Assistance	nd 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	to substantiate the	amount of the grants of	or assistance, the <b>g</b>	grantees' eligibility	for the grants or assis	tance, and the selectic	
criteria used to award the grants or assistance? Describe in Part IV the orranization's increatines for monitoring the use of grant funds in the I linted States	stance? 	oring the use of grant f	tinds in the United	Statae			Yes X No
5	Domestic Organi 85.000. Part II can	zations and Domestic be dunlicated if additic	Governments. C	omplete if the orga	mization answered "Y	complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded	IV, line 21, for any
1 (a) Name and address of organization or government	( <b>a</b> )	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DET KOTHETOODE HEREE KENTERE							\$5,000 FOR GREATER
PO BOX 841390							RAKTLANU HEART WALK ANU \$2.500 FOR GO RED FOR
DALLAS, TX 75284	13-5613797	501 (C ) (3)	7,500.	0.			WOMEN'S HEART HEALTH
BALTIMORE CIVIC FUND FORMERLY							
101 W. 24TH STREET - BALTINGRE, MD							\$7, UBL.3U - XUUTHWOKKS SUMMER JOB PROGRAM
	52-1212473	501 (C ) (3)	7,062.	0.			7/5/22-8/5/22
BALFIMORE COMMUNITY FOUNDATION C/O							\$7,000 FOR GRANT PERIOD:
RAL MD TRANSPORTA							1/1/22-12/31/22 AND
- 2 EAST READ STREET - BALTIMORE, WD 21202	23-7180620 501(0)(	501 (0) (3)	14 500	c			\$7,500 FOR GRANT PERIOD: 1/1/23-12/31/23 (2-VEAR
			• o o o o o o				
BALTIMORE METROPOLITAN COUNCIL 1500 WHERSTONE WAY SUITE 300							CHESAPEAKE CONNECT 2022
BALTIMORE, MD 21230	52-1780834	501(A)	7,000.	.0			DINNER SPONSOR
BALTIMORE OFFICE OF PROMOTION &							2023 FARMERS' MARKET
н Н				•			SPONSORSHIP-BAGS &
10TH FLOOR - BALTIMORE, MD 21202	90-0031850	501 (C ) (3)	15,000.				
CRISTO REY CORPORATE							\$45,600 + \$45,600 =91,200 Corporate intership
420 SOUTH CHESTER STREET BUSINESS O							FROGRAM ( CIP) SPONSORSHIP
BALTIMORE, MD 21231	20-5300491 501	501 (C ) (3)	91,200.	• 0			ANNUAL FEE.
	ad government org	janizations listed in the	line 1 table				15.
	s listed in the line 1	table					• • •
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022
SEE PART 1	TV FOR COLUMN		(H) DESCRIPTIONS				

81

232101 10-31-22

Schedule I (Form 990) MERCY MEDICAL CENTER Part II Continuation of Grants and Other Assistance to Domestic Or	ICAL CENTER Assistance to Domes	ER mestic Organizations	ganizations and Domestic Governments	vernments (Sche	(Schedule I (Form 990), Part II.)		52-0591658 Page 1
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN PARTNERSHIP OF BALTIMORE, INC - 20 SOUTH CHARLES ST.6TH FLOOR - BALTIMORE, MD 21201	52-1326864	501 (C ) (6)	42,575.	0			\$40,000 VOLUNTARY CONTRIBUTION FY2023. \$1,575 - 2022 ANNUAL MEBTING 10 TICKETS MEMBER
HEALTHCARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501 (C ) (3)	6,200.	o			\$6,200 HEALTHCARE FOR THE HOMELESS 2023 CHOCOLATE AFFAIR EVENT SPONSORSHIP
KENNEDY KRIEGER INSTITUTE 707 N BROADWAY BALTIMORE, MD 21205	52-1734695 501	501 (C ) (3)	5,500.	0.			YELLOW RIEBON SPONSORHIP FOR 2023 HAIS & HORSES EVENT \$5,000; ADDITIONAL FICKETS FOR \$500.
MERCY HIGH SCHOOL 1300 E. NORTHERN PKWY BALFIMORE, MD 21239	52-0735462	AFFILIATE OF THE	5 ,330 .	.0			SPONSORHIP - 2023 GARNET GALA \$2,830, ANNUAL DONATION \$500 & SPONSORHIP-THE CLASSIC
MCUNT VERNON FLACE CONSERVANCY PO BOX 2394 BALTIMORE, MD 21203	26-3589281	501 (C ) (3)	15,000.	o			\$10,000 SPONSORSHIP FOR THE MONUMENT LIGHTING AND \$5,000 FOR 2023 FLOWER MART EVENT
PARTNERS FOR CANCER CARE AND PREVENTION - 10 EAST LEE STREET APT 1901 - BALTIMORE, MD 21202	45-1605551	501 (C ) (3)	15,000.	.0			DR SARDI'S CHIPPING FOR CANCER CARE GOLF OUTING SEPTEMBER 16, 2022.
PLANT-A INSIGHTS GROUP, LLC 153 REMSEN ST. FLOOR 10D BROOKLYN, NY 11201	92~0888390	SINGLE MEMBER LL	15,500.	¢			SPONSORSHIP-AMERICA'S GREATEST WORKPLACE FOR WOMEN 2023
THE BALTIMORE SUN MEDIA GROUP PO BOX 3132 BOSTON, MA 02241	95-4066880	PUBLIC COMPANY	20,500.	0.	· · · · · · · · · · · · · · · · · · ·		HALL OF FAME SPONSORSHIP
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE - 31 SOUTH GREENE ST DEVELOPMENT OFFICE - BALTIMORE, MD 21201	52-6002033	501 (C ) (3)	10,000.	°0			\$10,000 PRESENTING SPONSORSHIP FOR THE 2023 UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE SCHOOL OF MEDICINE
							Screaue I (Form 330)

04-01-22

Schedule I (Form 990) 2022 MERCY MEDICAL CENTER	ENTER				52-0591658 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	-				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b), and any other ad	ditional information.	
PART II, LINE 1, COLUMN (H):	ľ		, , ,		
NAME OF ORGANIZATION OR GOVERNMENT:					
BALTIMORE COMMUNITY FOUNDATION C/O	C/O CENTRAL MD		TRANSPORTATION ALLIANCE	LIANCE	-
(H) PURPOSE OF GRANT OR ASSISTANCE:		\$7,000 FOR GRANT PERIOD:	PERIOD:		
1/1/22-12/31/22 AND \$7,500 FOR GRA	GRANT PERIO	PERIOD: 1/1/23-12/31/23		(2-year	
PERIOD)					
	;				
NAME OF ORGANIZATION OR GOVERNMENT:					
DOWNTOWN PARTNERSHIP OF BALTIMORE,	INC				
232102 10-31-22					Schedule I (Form 990) 2022

Schedule I (Form 990) MERCY MEDICAL CENTER
Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$40,000 VOLUNTARY CONTRIBUTION

FY2023. \$1,575 - 2022 ANNUAL MEETING 10 TICKETS MEMBER & \$1,000

CONTRIBUTION FOR \$100K END OF YEAR CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORHIP - 2023 GARNET GALA

\$2,830, ANNUAL DONATION \$500 & SPONSORHIP-THE CLASSIC \$500

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 PRESENTING SPONSORSHIP FOR

THE 2023 UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE CELEBRATING DIVERSITY

EVENT

Schedule I (Form 990)

232291 04-01-22

12200409 797738 30012960998

(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.       Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.       Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Name of the organization       Employee Identification number 52-0591658         Part I       Questions Regarding Compensation       Employee Identification number 52-0591658         Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Personal services (such as maid, chauffeur, chef)       Ib         I taxy of the boxes on line 1a are checked, did the organization folow a written policy regarding payment or reimbursement or provision of all of the expensee descible thew, "complete Part III to explain '1b       Ib         2       Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OCEV.Executive Director, regarding payment or reimb	sc	HEDULE J	I	OMB No. 1	545-004	7
Component of Imployer if the organization answered 'Yes' on Form 980, Part IV, line 23, Attach to Form 980, Component of the organization answered 'Yes' on Part 980.         Component of the latest information.         Component of the organization and the latest information.         Component of the latest information.           Name of the organization and upper component of the organization organization and the latest information.         Employer identification number 52–0591658           Pert I         Questions Regarding Compensation         S2–0591658           Image: Complex Part III, Section A, line 1a, complex Part III to provide any of the following to or tor a person listed on Form 980, Part VII, Section A, line 1a, complex Part III to provide any of the following to or tor a person listed on Form 980, Part VII, Section A, line 1a, complex Part III to provide any of the following to or tor a person listed on Form 980, Part VII, Section A, line 1a, complex Part III to provide any of the following to or tor a person listed on Form 980, Part VII, Section A, line 1a, Complex Part III to social cha dues on hitteline fees           Image: Travel for companione         Part VII, Section A, line 1a, Complex Part III to social cha dues on hitteline fees           Image: Travel for companione         Part VII, Section A, line 1a, withon policy regarding payment or reinformation regarizes due due duo or Part Part Complex Part III to social cha dues on hitteline fees           Image: Travel for companione         Part O, Il Section A, line 1a, withon policy regarding payment or reinformation regarizes due due due organization to a social cha dues on hitteline fees           Image: the boxes on line face and theeked, dd the organiz	(Fo		ľ	20	00	)
Department its in trace         Open system         Open system           Name of the organization         Employer identification number 52 - 0591658           Part I         Questions Regarding Compensation         Employer identification number 52 - 0591658           Part I         Questions Regarding Compensation         Yes           Image: A system         Image: A system         System           Image: A system         Image: A system         System           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system           Image: A system         Image: A system         Image: A system <td< td=""><td></td><td></td><td></td><td>ZU</td><td>22</td><td></td></td<>				ZU	22	
Name of the organization         MERCY_MEDICAL_CENTER         Employer identification number 52-0591658           Part I         Questions Regarding Compensation         Yes           a         Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ino 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Image: Transform of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ino 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Image: Transform of the organization provided any of the following to organization residues of personal residues of the singen of the organization of all of the expanses described above? If "No," complete Part III to explain         19           2         Did the organization regule substantiation prior to reintoursing or allowing opponses hourred by all directors, truttese, and officer, including the CCP/Executive Director, paradring to magnization to restablish or officer, including the CCP/Executive Director, paradring to magnization to establish compensation of the CEO/Executive Director, but explain in Part III.         2           Corponstation committee         Writen employment contract         19         2         2         2           3         Indicate which, if any, of the following the organization uses to eastablish the compensation or the ceto/Executive Director, but explain in Part III.         2         2         2	Depa					ic
MIRCOY MEDICAL CENTER         52-0591653           Part I         Questions Regarding Compensation         Image: Compensation Compensation provided any of the following to or for a person listed on Form 980, Part VII, Section A, Im 61, Complete Part III to provide any relevant information regarding these listes.         Image: Complete Part III to provide any relevant information regarding these listes.           Image: Complete Part III to provide any relevant information regarding these listes.         Image: Complete Part III to provide any relevant information regarding these listes.         Image: Complete Part III to provide any relevant information regarding these listes.           Image: Complete Part III to provide any relevant information regarding these information and gross-up payments         Payments for buildings are origitation regarding these information regulates.         Image: Complete Part III to explain           Image: Complete Part III to provide any relevant provide and all of the expenses accorable above? If 'No,' complete Part III to explain         Image: Complete Part III to explain         Image: Complete Part III to explain           Indicate which, if any, of the following the organization regarding the base for methods used by a related organization to establish compensation or the CEO/Executive Director, to explain II here TIII to explain II here TIII Compensation committee         Image: CEO/Executive Director, Check at that apply. Do not check any boxes for methods used by a related organization to establish compensation committee         Image: CEO/Executive Director, to explain II here TIII.         Image: CEO/Executive Director, to explain II here TIII.         Image: CEO/Executive Director, to exp						
Part 1       Questions Regarding Compensation         1a       Check the appropriate box(ex) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items.       Image: Compensation Compensation Compensation Payments or business use of personal readence of personal use Trave if or companions       Payments for business use of personal readence of the personal evaluation for the companions of an organization follow a writen policy regarding payment or relevance and officers, including the CEC/Executive Director, regarding the compensation of the expenses doscribed abow? If "No," complete Part III to explain       1b         2       Indicate which, if any, of the following the organization follow a writen policy regarding payment or relevances, and officers, including the OEC/Executive Director, regarding the lense checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to atablish the compensation of the organization to establish compensation committee       Witthe employment contract       1         1       Compensation contract       Ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, writh respect to the filing organization or releted organization:       X         2       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, writh respect to the filing organization or releted organization:       X         4       During the year, did any person and provide the applicability returnement plan?       4a       X <t< td=""><td>Nan</td><td></td><td></td><td></td><td></td><td>nber</td></t<>	Nan					nber
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, lino 1a. Complete Part III to provide any relevant information regarding these itoms.       Yes       No         Part VII, Section A, lino 1a. Complete Part III to provide any relevant information regarding these itoms.       Print-class or charter traval       Polyantian for husings are of personal residence or personal use of personal residence or personal residence or personal residence or reinduces are of a compare to reinduces are of a compare to reinduces are of all of the organization follow a writton policy regarding payment or reinduces ment or provision of all of the organization follow a writton policy regarding payment or reinduces and officers, including the OEO/Executive Director, regarding the items checked on line 1a?       1b         2       Indicate which, if any, of the following the organization used to establish the compressition of the organization's CEO/Executive Director, robust at the applicable the and the organization to establish compensation committee       1b         3       Indicate which, if any, of the following the organization used to establish the compensation or a related organization to establish compensation committee       1b       1b         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a supplemental nonqualified reliment plan?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingint in the section planet	De		52-0	59165	8	
1a       Check the appropriate box(e) (ff the organization provided any of the following to or for a person fisted on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these liters.         Prist-Class or charter travel       Payments for business use of personal use         Travel for companions       Payments for business use of personal residence for the discontral person for the residence for residence for personal residence for the residence for the residence for residence for personal residence for the personal residence for the residence for the discontral person formation or personal residence for the residence for the discontral person formation or personal residence for the discontral personal residence for the discontral personal residence for the discontral personal residence fore many personal personal commuties	L ¢					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these itoms.       Image: Comparison of Comparison	10	Check the appropriate her (a) if the examination provided any of the following to be for a surrow listed on Form C	200	Late 1	Yes	No
Image: Second	ાત		190,			
Travel for companions       Payments for business use of personal residence         Tax Indemnification and gross-up payments       Health or social dub dues or initiation fees         Disoretionary spending account       Personal services (such as maild, chauffeur, cheri)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses doscribed above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to roimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the 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 committee       Witten employment contract         Compensation committee       Witten employment contract       Witten employment contract         Checkeve as everance payment or a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4a       X         During the year, list the parsons and provide the applicable amounts for each item in Part III.       Sec       X         Distribute in or receive payment from an equity-based compensation arrangement?       4a       X			aluna			
Tax Indemnification and gross-up payments       Health or social okub dues or initiation fees         Depretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on 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 Patt III to explain       1b         2       Did the organization regular base statistic price to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       1b       2         Image: Compensation committee       Outing the QEO/Executive Director, but explain in Part III.       2       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       3 Approval by the board or compensation committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         5       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         6       Participate in or receive payment from an equity-based compensation arrangement?<					2 (A) 1 (A)	
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line fa are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expanses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to roimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       4         Independent compensation consultant       Compensation survey or study       Form 990 of other organization:         A purpored by the board or compensation committee       Vitten employment contract       4         0       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4         e       Participate in or receive payment from a supplemental nonqualified retirement plan?       4         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       5         c       P						1. A. A. A.
b       If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the cropanization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         5       Indicate which, if any of the following the organization used to establish the compensation committee       4         6       Compensation committee       Written employment contract         7       Compensation committee       Written employment contract         8       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization:       4         9       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         9       Participate in or receive payment from a supplemental compensation stor each item in Part III.       5       X         0       Duri						
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 roimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, block any boxes for methods used by a related organization to establish compensation committee       2         CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committee       Written employment contract       4         Compensation committee       Written employment contract       4         Porting the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4         Participate in or receive payment from an equity-based compensation arrangement?       4       X         Participate in or receive payment from an equity-based compensition pay or accrue any compensation contingent on the revenues of:       5       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the orga			, onlog			
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 roimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, block any boxes for methods used by a related organization to establish compensation committee       2         CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committee       Written employment contract       4         Compensation committee       Written employment contract       4         Porting the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4         Participate in or receive payment from an equity-based compensation arrangement?       4       X         Participate in or receive payment from an equity-based compensition pay or accrue any compensation contingent on the revenues of:       5       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the orga	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract         1       Compensation committee       Written employment contract       1         1       Independent compensation consultant       Compensation survey or study       1         2       Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501(c)(A), 501(c)(A), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue				1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the 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 of the CEO/Executive Director, but explain in Part III.       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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       5b       X       5b       X         f "Yes" on line 6a or 5b, describe in Part III. <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td>	2					
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEC/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Certification of the CEO/Executive Director, but splain in Part III.            Compensation committee Independent compensation consultant Compensation consultant Compensation or a related organization: a Receive a severance payment or change-of-control payment?        Very the board or compensation committee          4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:        Approval by the board or compensation committee          4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:        4a       X          a Receive a severance payment from an equity-based compensation arrangement?        4b       X          b Participate in or receive payment from an equity-based complexation arrangement?        4b       X          ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.        5a       X          0 Any related organization?        5a       X        5a       X          ft "Yes" ton line 5a or 5b, describe in Part III.				2	, I	الجيار وريه
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. <ul> <li>Compensation committee</li> <li>Compensation committee</li> <li>Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> </ul> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:             <ul> <li>Receive a severance payment or change-of-control paymont?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide an</li></ul></li>						
establish compensation of the CEO/Executive Director, but explain in Part III.              Compensation committee               Written employment contract               Compensation committee               Written employment contract               Compensation committee               Porn 990 of other organizations               Approval by the board or compensation committee               Agecive a severance payment or change-of-control paymont?               Aa             X	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       A a         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         f "Yes" on line 5a or 5b, describe in Part III.       6b       X       7       X         a The organization?       6a       X       6b<		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizatio	n to			
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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a         a       Receive a severance payment or change-of-control payment?       4a         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b         c       Participate in or receive payment from an equity-based compensation arrangement?       4c         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c         Only section 501(c)(4), so 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         F or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a       The organization?       5a         if "Yes" on line 5a or 5b, describe in Part III.       5b         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a         a       The organization?       6a         If "Yes" on line 6a or 6b, describe in Part III.       6b         7       X		establish compensation of the CEO/Executive Director, but explain in Part III.				
Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         b Any r		Compensation committee Written employment contract				
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment form a supplemental nonqualified retirement plan?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from a equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>		Independent compensation consultant				
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b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         c       Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X         a       The organization?       6b       X         b       Any related organization?       6b       X         f<"Yes" on line 6a or 6b, describe in Part III.		organization or a related organization:		an a		
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<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>contingent on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>contingent on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>						
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<ul> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>	D	· · · · · · · · · · · · · · · · · · ·		<b>5b</b>	141.211	<b>^</b>
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a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       7       X	0		1			
b Any related organization?       6b X         If "Yes" on line 6a or 6b, describe in Part III.       7         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the       7				.57 XZ.	to tale. N	v
If "Yes" on line 6a or 6b, describe in Part III.         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	h	Any related organization?	•••••••	<u>0a</u>		
<ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>	×					
not described on lines 5 and 6? If "Yes," describe in Part III     7     X       8     Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the     7     X	7					
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•			7	x	1112년 
	8				- <b>-</b>	
	-	to bit the entry of a second the state of the Development of the CD 40000 to the terms of the terms of the terms		ender en R		x
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9			sele al		
Regulations section 53.4958-6(c)?	-				(م-النفية)	· · · · · ·
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2022	LHA				n 990)	2022

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Schedule J (Form 990) 2022 MERCY	ы В	MERCY MEDICAL CENTER	TER		52-0591658	658		Pade 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	uplc	oyees, and Highest C	ompensated Empl	oyees. Use duplicat	e copies if additional s	pace îs needed.		
For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.	be re orm	ported on Schedule J 990, Part VII.	, report compensati	on from the organiza	ttion on row (i) and fron	n related organization	s, described in the inst	ructions, on row (ii).
Note: The sum of columns (B)()-(ii) for each listed individual must equal the	ed in	dividual must equal th		orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (f	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	vidual.
		(B) Breakdown of W-2		and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID N. MAINE M.D.	E	.0	.0	.0	.0	0	•0	•0
CHAIR, EX OFFICIO	(iii)	1,085,032.	838,133.	.0	9,150.	29,659.	1,961,974.	•0
(2) JUSTIN C. DEIBEL	Ξ			.0	0.	4	0	0.
VICE CHAIR	Ξ	597,46	492,655.	0.	9,150.	29,659.	1,128,932.	.0
(3) WILMA ROWE M.D.	Ξ			0.		0.	.0	0.
SECRETARY	Ξ	668,	399,669.	.0		29,902.	~	•0
(4) SUSAN D. FINLAYSON	Ξ	480,34	, 67	.0	13,725.	<u>ہ</u>	880,931.	.0
DIRECTOR	9			0.			•0	.0
CHRISTOPHER THOMASKU	Ξ	418,82	307,973.	•0	9,150.	29,659.	765,608.	0.
SVP CLIN PROG - CHIEF OF STAFF	Ξ			0.				•0
(6) JUDITH WEILAND	Ξ	387,36	232,836.	.0	16,560.	11,670.	648,433.	.0
SVP STRATEGIC & CAPITAL PLANNING	Ξ		.0	0.	.0	0.		0.
(7) PERRY, KATHLEEN	ε	395,464.	163,907.	0.	16,845.	24,549.	600,765.	.0
SVP AND CHIEF INFORMATION OFFICER (	(EI)			•0	0.		•0	•0
(8) TAMMY L. JANUS	Ξ	313,252.	191,316.	• 0	12,725.	29,659.	546,952.	0.
SENIOR VP HR	(iii)	0.	0.	0.	0.		0.	0.
(9) ROBERT A. EDWARDS	Ξ	88,509.	69,760.	313,067.	122.	28,676.	500,134.	•0
SENICR VP PHYSICIAN DELIVE	Ē		•0	•0	• 0	•0	• 0	•0
(10) RALPH J. LEBRON	Ξ	394,002.	34,850.	• 0	9,150.	29,902.	467,904.	•0
DIRECTOR (STARTED 1/1/2023)	0			.0	•0			•0
(11) STACEY (SEDALIA) BRUIL	Ξ	248,810.	33,075.	69,548.	8,611.	29,659.	389,703.	0.
DIRECTOR	8		.0	0	•0	.0	0.	0.
(12) JOHN E. TOPPER	ε	.0		.0	.0	0.		0.
FORMER VICE CHAIR (THRU 21)	(ii)	112,	226,458.	0.	0.	868.	ъ С	.0
(13) ELINOR PETROCELLI	Ξ	215,086.	25,913.	40,005.	6,566.	17,715.	305,285.	•0
TREASURER	Û	• 0	•0	•0	.0	0.	0.	0.
(14) THOMAS R. MULLEN	Θ			.0				.0
FORMER CHAIR, EX OFFICIO	Œ	- N	1,09	.0	N	- N	292,833.	0.
(15) MICHAEL C. MULLANE	ε	106,844.	93,963.	.0	3,830.	23,360.	ရှိ	•
DIRECTOR	(iii)	0.	0.	.0		0.		.0
(16) SCOTT SPIER M.D.	Θ	44,010.	•0	0.	3,090.	23,609.	70,709.	0.
FORMER DIRECTOR	8	0.	.0	0.	0.	0.	•0	0.
							Schedu	Schedule J (Form 990) 2022

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Schedule J (Form 990) 2022 MERCY MEDICAL CENTER	52-0591658	Page 3
	s part for any additional information.	
PART I, LINE 3:		
THE ORGANIZATION RELIED ON A RELATED ORGANIZATION AND THAT RELATED		
ORGANIZATION USED THE FOLLOWING METHODS TO ESTABLISH THE TOP MANAGEMENT		
OFFICIAL'S COMPENSATION:		
1. COMPENSATION COMMITTEE		
2. INDEPENDENT COMPENSATION CONSULTANT		
3. COMPENSATION SURVEY OR STUDY; AND		
4. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE		-
PART I, LINE 7:		
THE COMPENSATION COMMITTEE APPROVES NON-FIXED PAYMENTS FOR MANAGMENT BASED		
ON THE DEGREE OF MEETING CORPORATE PRIORITIES ESTABLISHED BY THE BOARD OF		
TRUSTEES. THE CORPORATE OBJECTIVES ARE DESIGNED TO ADVANCE THE ORGANIZATION		
IN THE AREAS OF QUALITY CARE, PATIENT SAFETY, PATIENT SATISFACTION,		
BUSINESS DEVELOPMENT AND FINANCIAL STRENGTH.		
		Ĭ
	Schedule J {Form 990} 2022	90) 2022

ENTITY 1 Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identification number 52-0591658	FOR COLUMNS (A) AND (F) CONTINUATIONS	EIN (c) CUSIP # (d) Date issued (e) issue price (f) Description of purpose (g) Defeased (h) On behalf	574217XX8 08/03/06 35000000.GARAGE	5742176K6 04/01/10 3000000.CONVERSION 2007 B X X	574218EZ2 04/25/12 51737448.REFUNDING 2001 BO X X	574218B85 03/02/16 144576937.REFUNDING 2007 A X X X	10 980 000 22 530 000 C D D		35,300,752. 30,000,000. 51,704,960. 144,576,937.	1,435,719.	1,492,333.	142,845,79	372,010.	33.135.657.	30,000,000. 50,301,729.		2008 2010 2003	Yes No Yes No Yes No Yes No	kexempt bonds (or, X X X X X	cable bonds (or, if Y Y			
Supplemental (Form 990) Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.ir	Name of the organization MERCY MEDICAL CENTER	FOR	(a) Issuer name (b) Issuer EIN (c) C	r	MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORIT 52-09360915			1 ∆monint of honds ratical	Amount of bonds legally defeased	Total proceeds of issue	ve funds	5 Capitalized interest from proceeds	6 Proceeds in refunding escrows		<ol> <li>9 Working capital expenditures from proceeds</li> <li>10 Capital expenditures from proceeds</li> </ol>	_	12 Other unspent proceeds	13 Year of substantial completion		14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	e of taxable bonds	16 Has the final allocation of proceeds been made?	17 Does the organization maintain adequate books and records to support the	final allocation of proceeds?

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ENTITY 2 Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	DICAL CENTER 52-0591658	FOR COLUMNS (A) AND (F) CONTINUATIONS	CUSIP # (d) Date issued (e) Iss	Yes No Yes No	52-0936091 NONE 05/19/16 65450000.REFUNDING 2013 BO X X	52-0936091 NONE 04/21/21 46680000.REFUNDING 2011 BO X X X	IER REVENUE BOND REVENUE BOND XIT 52-0936091 NONE 06/09/22 45200000.MERCY MEDICAL CEN X X X X	-0936091 NONE 06/28/22 93150000. MERCY HEALTH ISSU X X		10021T 100010001	65,448,736, 46,869,992, 44,554,982, 35,335,000.			160,000. 280,000.				• UUU, CCU, CC   • UUU, UU2, C4   • UUU, C00, 22   • UUU, C00   • C00			pissue)? X X X X X	ding issue of taxable bonds (or, if		books and records to support the X X X
SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Services Internal Revenue Services	Name of the organization MERCY MEDICAL CENTER	FOR	(a) Issuer name (b) Issuer EIN		-0936091		MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORIT 52-0936091	MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORIT 52-0936091			<ol> <li>Amount of bonds legally dereased</li> <li>Total proceeds of issue</li> </ol>	5 Capitalized interest from proceeds	6 Proceeds in refunding escrows	7 Issuance costs from proceeds	8 Credit enhancement from proceeds	9 Working capital expenditures from proceeds	[			14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,		of taxable bonds	Has the final allocation of proceeds been made?	17 Does the organization maintain adequate books and records to support the final allocation of oroceeds?

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• Mosthe eventiation a number of a number of an 11 C						- -		
which owned property financed by tax-exempt bonds?	1 GS		res	°N ⊠	res	2 X	Yes	on X
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×		×		X		×
3a Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		×	
b) If "Yes" to line 3a, does the organization routinely engage bond coupsel or other outside	1		1		1		1	
	×		×		X		X	
c Are there any research agreements that may result in private business use of								
bond-financed property?		Х		×		×		×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities				1				
other than a section 501(c)(3) organization or a state or local government		• 00		• 00		× 00.	•	00 %
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,						•		
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		.00 %		°00.	•	% 00	•	00 %
7 Does the bond issue meet the private security or payment test?		м		×		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×		×		×
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or		ž		ž		è		č
- 1		\$		%		\$		\$
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
	X		×		X		X	
"PartiV∛ Arbitrage								
1 Has the issuer filed Form 8038-T. Arbitrade Rebate. Yield Reduction and	Yes	Ŷ	Yes	N N	C ≺es	Ŷ	Yes	Ŷ
Penalty in Lieu of Arbitrane Behate?		×		×		×		×
<ul> <li>Mon to find the following analy?</li> </ul>								
1.		×		×		×	×	
	X			×		X		M
c No rebate due?		×	×		X		Х	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
2 le the hond issue a variable rate issue?	-	×		×		×		×
				1				

	A			B		U		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	٥N	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×		х		X		×
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		х		X	İ	×		×
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	X		Х		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								-
counsel to review any management or service contracts relating to the financed property?	×		X		×		×	
c Are there any research agreements that may result in private business use of							2 -	
bond-financed property?		Х		х		×		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								1
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		• 00 %	•	% 00		.00 %	Ţ	% 00
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		% 00.	•	» 00		% 00		% 00
7 Does the bond issue meet the private security or payment test?		×		M		×		M
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		X		×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or		-						
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-27		X	×		×		X	
Part IV Arbitrage				-				
	<					~		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	٥N	Yes	Ŷ	Yes	٥N	Yes	°N N
		×		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X		X		X
b Exception to rebate?		X		×		X		×
c No rebate due?	X			x	Х		Х	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	-			~				
3 Is the bond issue a variable rate issue?	X			X	X		X	

Schedule K (Form 990) 2022 MERCY MEDICAL CENTER Part IV Arbitrage (continued)			52-	52-0591658		ENTITY		Page 3
	A			В		U	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	°N ⊳	Yes	٩ ٩	Yes	No
h Name of monidar		٩		⊲		∢		Ā
Was the hedre sunerinterrated?		-						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	i	×		×		×
b Name of provider								1
		X		×		\$		À
		4		4		4		4
r mas ure organization established written procedures to monitor the requirements of searchar 1480	Þ		۶		Þ		Þ	
	4		4		4		4	
Fart V Procedures 10 Undertake Corrective Action								
	Ā			8		0		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	Ŷ	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
annlicahla radulatione?	×		~		¥		Ā	
when we are a supervised on the second se	<b>1</b>				4		4	
Part VIS Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	on Schedule	K. See instru	ctions.					
							·	
								1
					i			
232 123 10-28-22						Sch	Schedule K (Form 990) 2022	n 990) 2022
SER PART VI SUPPLEMENTAL, INFORMATION SHERT								

Schedule K (Form 990) 2022 MERCY MEDICAL CENTER Part IV Arbitrate (continued)			52-	52-0591658		ENTITY	5	Page 3
والمعالم والمستعمل والمست	<b>∀</b> ⊢			- 1 - 1	;	v		-
+a rias use organization or use governmential issuer entered into a quantied hedge with respect to the bond issue?	Tes	NO X	Tes	2 ×	Yes	2 ×	Yes	oN No
b Name of provider	-	1		1		1		1
						-		
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×		×		×
b Name of provider								
c Term of GIC								
6 Were any gross proceeds invested beyond an available temporary period?		×		X		M		×
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		×		X			X
ranty Procedures to Undertake Corrective Action								
Has the numerication actabilished written moncedures to ensure that violations		4		2 2				
rias use organization established written procedules to ensure that worktors of factaral tax radiirements are timely identified and corrected thywing the	Sal	DN N	1 66	2	Tes	ON	res	ØN
or records tax requirements are innergiver land our conserved univerginale voluntary chosing agreement program if self-remediation ien't available under						÷		
evolutions y ordening agricements programme devolution and tavaname devolution applicable requilations?	×			×	×		×	
Part W Supplemental Information. Provide additional information for responses to guestions on Schedule K. See instructions.	s on Schedule k	. See instruc	ctions.	1	1		1	
SCHEDULE K, PART I, BOND ISSUES:								
NAME: MARYLAND HEALTH & HIGHER	EDUCATIONAL FAC	C AUTHORITY	ORITY					
(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY	ONAL FA	C AUTHO	DRITY					
(F) DESCRIPTION OF PURPOSE: 2010 PARTIAL CONVERSION	ON 2007	2007 BONDS						
					:			
(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL (F) DESCRIPTION OF DIRPOSE: 2012 RONDS REFINDING 2001		FAC AUTHORITY RONDS	JRITY					
THAT IT AND I TO THAT IT WAR AND I								Ì
(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL	ONAL FAC	C AUTHORITY	ORITY					
	AND TATAO	VIIIIIIA	עיייד סל					
DESCRIPTION OF PURPOSE	1G 2013 1	SONDS	77774					
(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL (F) DESCRIPTION OF PURPOSE: 2021 BONDS REFUNDING 2011		FAC AUTHORITY BONDS	DRITY					
) ISSUER NAME: MARYLAND HEALTH & HIGHEF	ONAL FAC	ΞI						
(F) DESCRIPTION OF PURPOSE: REVENUE BOND MERCY MEDICAL CENTER	DICAL CI		ISSUE 2	2022A				
000103 4h.08-00						498	edule K (For	Schedule K (Form 990) 2022
SEE PART VI SUPPLEMENTAL INFORMATION SHEET						}		

Schedule K (Form 990) 2022 MERCY MEDICAL CENTER 52-0591658	Page 4
Part Mi       Supplemental Information. Provide additional information for responses to guestions on Schedule K. See Instructions. (continued)         (A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY         (F) DESCRIPTION OF PURPOSE:         REVENUE BOND MERCY HEALTH ISSUE 2022B AND REISSUE OF 2016C	
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: (A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2012	
(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2016	
(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2020	
TAX EXEMPT BONDS I, BOND A PART II, LINE 3 THE AMOUNT IN PART II, LINE 3 "TOTAL PROCEEDS" IS NOT EQUAL TO THE AMOUNT IN PART I, COLUMN E "ISSUE PRICE", THE "TOTAL PROCEEDS" FOR THE BOND ISSUANCE INCLUDES INVESTMENT EARNINGS ON THE PROCEEDS.	
TAX EXEMPT BONDS I, BOND C PART II, LINE 3 THE AMOUNT IN PART II, LINE 3 "TOTAL PROCEEDS" IS NOT EQUAL TO THE AMOUNT IN PART I, COLUMN E "ISSUE PRICE". THE "TOTAL PROCEEDS" FOR THE BOND ISSUANCE INCLUDES INVESTMENT EARNINGS ON THE PROCEEDS.	
TAX EXEMPT BONDS 2, BOND B PART II, LINE 3 THE AMOUNT IN PART II, LINE 3 "TOTAL PROCEEDS" IS NOT EQUAL TO THE AMOUNT IN PART I, COLUMN E "ISSUE PRICE". THE "TOTAL PROCEEDS" FOR THE BOND ISSUANCE INCLUDES INVESTMENT EARNINGS ON THE PROCEEDS.	
TAX EXEMPT BONDS 2, BOND C PART II, LINE 3 THE AMOUNT IN PART II, LINE 3 "TOTAL PROCEEDS" IS NOT EQUAL TO THE AMOUNT IN PART I, COLUMN E "ISSUE PRICE". THE "TOTAL PROCEEDS" FOR THE BOND ISSUANCE INCLUDES INVESTMENT EARNINGS ON THE PROCEEDS.	
TAX EXEMPT BONDS I BOND C & D, AND BONDS II BOND B, PART II LINE 7 THE ISSUANCE COSTS FOR THESE BOND ISSUANCES WERE NOT PAID OUT OF THE PROCEEDS FROM THE BOND ISSUANCES. RATHER, THE ISSUANCE COSTS WERE PAID OUT OF REGULAR OPERATING FUNDS OF THE ORGANIZATION.	
PART II, BOND C THE TOTAL PROCEEDS OF THE ISSUE ARE LESS THAN THE GROSS PROCEEDS IN 232124 10-28-22	0) 2022

	Schedule K (Foum 950) 2022MERCY MEDICAL CENTER52-0591658Page 4Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. (continued)Page 4RESERVE FUNDS AND OTHER SPENT PROCEEDS FOR THE BOND ISSUANCE BECAUSEFor instructions. (continued)FUNDS PLEDGED TO THE SERIES 2001 BONDS, WHICH WERE REFUNDED BY THISBOND ISSUANCE, WERE TRANSFERRED (AS PART OF THE BOND ISSUANCE) INTO THEDEBT SERVICE RESERVE FUND HELF FOR THIS BOND ISSUANCE).
232124 10-28-22 Schedule K (Form 990) 2022	

SCHEDULE O (Form 990)

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 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest information.</u>



Name of the organization

MERCY MEDICAL CENTER

Employer identification number 52-0591658

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXCELLENT CLINICAL SERVICES WITHIN A COMMUNITY OF COMPASSIONATE CARE.

AS AN INDEPENDENT CATHOLIC HOSPITAL, WE PLEDGE TO ENHANCE THE HEALTH OF

OUR REGION AND SERVE ALL PEOPLE OF EVERY CREED, COLOR, ECONOMIC, AND

SOCIAL CONDITION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREED, COLOR, ECONOMIC, AND SOCIAL CONDITION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

21.1% OF TOTAL HOSPITAL REVENUE. IN FISCAL YEAR 2023, MERCY SERVED

6,381 MEDICAL ADMISSIONS AND OBSERVATION CASES AND PROVIDED CARE FOR

42,435 EMERGENCY ROOM VISITS.

MMC'S THIRD LARGEST MAJOR SERVICE CATEGORY IS OBSTETRICS/NEONATAL

INTENSIVE CARE/PEDIATRICS, REPRESENTING 14.3% OF TOTAL HOSPITAL

REVENUE. IN FISCAL YEAR 2023, MMC PROVIDED CARE FOR 2,286 NURSERY

BIRTHS AND 278 NICU BIRTHS DURING THE PERIOD. MMC IS THE LARGEST

BIRTHING HOSPITAL IN BALTIMORE CITY. APPROXIMATELY 56.7% OF MOTHERS

DELIVERING AT MERCY ARE MEDICAID INSURED.

FORM 990, PART VI, SECTION A, LINE 6:

MERCY HEALTH SERVICES, INC. ("MHS"), A 501(C)(3) CORPORATION, IS THE SOLE

MEMBER OF MERCY MEDICAL CENTER, INC. ("MMC").

FORM 990, PART VI, SECTION A, LINE 7A:

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MERCY MEDICAL CENTER	Employer identification number 52-0591658
THE PRESIDENT OF MHS SERVES AS AN EX OFFICIO VOTING MEMBER	OF THE BOARD OF
DIRECTORS OF MMC. AS THE MEMBER OF MMC, THE BOARD OF TRUS	TEES OF MHS
ELECTS ALL OF THE OTHER MEMBERS OF THE BOARD OF MMC. ALL	OF THE MEMBERS OF
THE MMC BOARD SERVE AT THE PLEASURE OF THE BOARD OF TRUSTE	ES OF MHS AND ARE
SUBJECT TO REMOVAL BY THE MHS BOARD.	

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF TRUSTEES OF MHS EXERCISES AUTHORITY OVER MMC THROUGH ITS RIGHT TO APPOINT AND REMOVE MMC BOARD MEMBERS. IN ADDITION, MHS, AS THE MEMBER, IS RESPONSIBLE FOR THE FOLLOWING ACTIONS: A) TO APPOINT MEMBERS TO MMC'S BOARD OF DIRECTORS; B) TO REVIEW AND APPROVE OR DISAPPROVE THE STRATEGIC PLAN, ANNUAL BUDGET AND THE ANNUAL OPERATING GOALS AND OBJECTIVES OF MMC AS RECOMMENDED TO MHS BY MMC'S BOARD OF DIRECTORS; C) TO EVALUATE THE PERFORMANCE OF MMC'S BOARD OF DIRECTORS, OFFICERS, AND OPERATING MANAGEMENT; D) TO REMOVE BOARD MEMBERS OF MMC IN ITS DISCRETION AT ANY TIME; E) TO APPROVE THE MISSION AND VISION THAT GOVERN MMC'S OPERATIONS; F) TO HAVE ULTIMATE RESPONSIBILITY FOR MMC'S QUALITY ASSURANCE, PERFORMANCE IMPROVEMENT, UTILIZATION REVIEW AND RISK MANAGEMENT; AND G) TO APPOINT, REAPPOINT AND TAKE ANY CORRECTIVE ACTION RELATED TO THE MEDICAL STAFF OF MMC (THE "MEDICAL STAFF") IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS OF MMC. THE FOLLOWING ACTIONS REQUIRE THE APPROVAL OF AND AFFIRMATIVE CORPORATE ACTION BY MHS: A) ANY DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF MMC'S ASSETS, DISSOLUTION, LIQUIDATION, WINDING UP OR ABANDONMENT OF MMC; B) ANY AMENDMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS OF MMC OR OF THE MEDICAL STAFF BYLAWS OF MMC; C) ANY BORROWING OR LENDING BY MMC OR THE ISSUANCE OF ANY GUARANTEE BY MMC IN AN AMOUNT IN EXCESS OF AN AMOUNT SPECIFIED BY MHS FROM TIME TO TIME; D) ANY MERGER, CONSOLIDATION OR INSTITUTIONAL AFFILIATION WITH ANY OTHER AMOUNT IN EXCESS OF AN AMOUNT 232212 10-28-22 Schedule O (Form 990) 2022 97

2022.05080 MERCY MEDICAL CENTER

Schedule O (Form 990) 2022	Page 2
Name of the organization MERCY MEDICAL CENTER	Employer identification number 52-0591658
SPECIFIED FROM TIME TO TIME BY MHS CORPORATION OR OTHER EN	TITY; AND E) THE
PURCHASE OR SALE OF ASSETS FOR AN AMOUNT IN EXCESS OF AN A	MOUNT SPECIFIED
FROM TIME TO TIME BY MHS. ULTIMATELY, THE CORPORATION IS C	ONTROLLED BY
MHS'S 29-PERSON COMMUNITY BOARD, WHICH INCLUDES 21 INDEPEN	DENT DIRECTORS AS

NOTED ABOVE.

FORM 990, PART VI, SECTION B, LINE 11B:

MERCY HEALTH SERVICES, INC. ("MHS"), THE SOLE PARENT OF THE CORPORATION, HAS A POLICY WHICH REQUIRES THE CORPORATION'S 990 TO BE MADE AVAILABLE FOR REVIEW BY THE MHS BOARD AND/OR THE MHS BOARD EXECUTIVE COMMITTEE PRIOR TO ITS FILING. AT ITS BOARD MEETING, MHS BOARD EXECUTIVE COMMITTEE MEMBERS RECEIVED A COPY OF THE CORPORATION'S DRAFT FORM 990. THE MHS CFO PROVIDED A POWER POINT PRESENTATION REGARDING THE DRAFT AND THERE WAS AN OPPORTUNITY FOR QUESTIONS AND DISCUSSION. FOLLOWING FURTHER REVISION OF THE DRAFT 990 AND PRIOR TO ITS FILING, IT WAS MADE AVAILABLE IN FINAL FORM TO ALL MEMBERS OF THE MHS BOARD AND THE CORPORATION'S BOARD FOR THEIR REVIEW. ANY ADDITIONAL COMMENTS/QUESTIONS FROM BOARD MEMBERS ARE RESPONDED TO PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

MHS HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT COVERS MHS AND ALL OF ITS DIRECT AND INDIRECT SUBSIDIARIES. THE INDIVIDUALS COVERED UNDER THE POLICY INCLUDE ALL TRUSTEES, DIRECTORS, OFFICERS (INCLUDING ALL SENIOR AND EXECUTIVE VICE PRESIDENTS) AND MEMBERS OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS. UNDER THE POLICY, EACH SUCH PERSON IS REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM REGARDING BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH ANY OTHER ORGANIZATION THAT DOES BUSINESS WITH MHS OR ITS SUBSIDIARIES AND RELATIONSHIPS BETWEEN AND AMONG 202212 10-26-22 98

Schedule O (Form 990) 2022	Page 2
Name of the organization MERCY MEDICAL CENTER	Employer identification number 52-0591658
OFFICERS, TRUSTEES AND DIRECTORS. THE COMPLETED DISCLOSURE	FORMS ARE
REVIEWED BY THE MHS BOARD CHAIR AND BY THE MHS CEO OR A DE	SIGNEE. IN
ADDITION TO THE ANNUAL DISCLOSURE, ANY PERSON WHO IS COVER	ED BY THE
CONFLICT OF INTEREST POLICY HAS AN ONGOING OBLIGATION TO D	ISCLOSE THE
EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT TO THE BOAUR	D OR THE BOARD
COMMITTEE IN WHICH THE MATTER ARISES. FOLLOWING THE DISCLO	SURE, THE PERSON
MAY MAKE A PRESENTATION, BUT MUST THEN LEAVE THE MEETING A	ND THE OTHER
MEMBERS OF THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER	A CONFLICT
EXISTS. UNDER THE POLICY, A CONFLICT OF INTEREST EXISTS WH	EN AN
INDIVIDUAL'S OWN PERSONAL INTERST WOULD, OR MAY, INTERFERE	WITH HIS OR HER
IMPARTIALITY REGARDING THE MATTER. IF A CONFLICT EXISTS, T	HE PERSON MAY NOT
BY PRESENT DURING DELIBERATIONS ON THE MATTER OR VOTE ON I	T. THE BOARD OR
COMMITTEE, AFTER CONDUCTING SUCH ADDITIONAL DUE DILIGENCE	AS IT DETERMINES
IS APPROPRIATE, SHALL MAKE A DECISION ON THE MATTER BASED	UPON WHETHER THE
PARTICULAR PROPOSAL IS FAIR, REASONABLE AND IN THE BEST IN	TEREST OF THE
ORGANIZATION.	

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD HAS ADOPTED A COMPENSATION POLICY (THE "POLICY") FOR COVERED INDIVIDUALS. PURSUANT TO THE POLICY, A COMPENSATION COMMITTEE OF INDEPENDENT DIRECTORS OF THE BOARD OF THE ORGANIZATION'S PARENT CORPORATION WAS ESTABLISHED TO REVIEW THE COMPENSATION OF ALL EMPLOYEES SPECIFIED AS HAVING A SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION AND WHO RECEIVE REMUNERATION FROM THE ORGANIZATION. THE COMPENSATION COMMITTEE IS ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH OPINES TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED MEET APPLICABLE IRS REASONABLENESS AND "SAFE HARBOR" STANDARDS. THE OUTSIDE COMPENSATION CONSULTANT PROVIDES DATA 202212 10-28-22 299 COMPENSATION COMMITTEE. THE POLICY FURTHER REQUIRES THAT ALL COMPENSATION

REVIEWS BE PERFORMED IN ACCORDANCE WITH THE MHS CONFLICT OF INTEREST

POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS OF THE ORGANIZATION, ITS CONFLICTS OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS ARE AVAILABLE FROM THE ORGANIZATION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSETS RELEASED FROM RESTRICTION	1,310,061.
CHANGE IN POST RETIREMENT OBLIGATION	965,634.
UNREALIZED GAIN ON SWAP	4,872,459.
NET ASSETS TRANSFER FROM AFFILIATES	26,065,604.
TOTAL TO FORM 990, PART XI, LINE 9	33,213,758.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
MERCY MEDICAL CENTER	52-0591658

FORM 990; PART XII; LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PART XI, QUESTIONS 2 AND 3 - AUDITS

MERCY HEALTH SYSTEM, INC. AND ITS SUBSIDIARES INCLUDING THE

ORGANIZATION FILING THIS FORM 990, UNDERGO A CONSOLIDATED AUDIT OF

THEIR FINANCIAL STATEMENT THAT COMPLIES WITH SINGLE AUDIT ACT/OMB

CIRCULAR A-133 REQUIREMENTS DUE TO THE EXPENDITURE OF FEDERAL AWARDS.

THE ACCOUNTING FIRM OF DIXON HUGHES GOODMAN LLP HAS ISSUED AN

UNQUALIFIED OPINION REGARDING THE CONSOLIDATED FINANCIAL STATEMENTS IN

CONFORMANCE WITH GENERALLY ACCEPTED AUDIT STANDARDS AND THE SINGLE

AUDIT ACT/OMB CIRCULAR A-133 REQUIREMENTS FOR THE FISCAL YEAR THAT

CORRESPONDS TO THE TAX REPORTING YEAR GOVERNED BY THIS FORM 990.

PART VI, LINE 1B

MERCY HEALTH SERVICES, INC. ("MHS"), A 501(C)(3) CORPORATION, IS THE SOLE MEMBER OF MERCY MEDICAL CENTER, INC. ("MMC"). MHS IS GOVERNED BY A 28-PERSON BOARD OF TRUSTEES, OF WHOM 21 ARE INDEPENDENT BOARD MEMBERS. THE BOARD OF DIRECTORS OF MMC IS CURRENTLY MADE OF 9 DIRECTORS. THE PRESIDENT OF MHS SERVES AS AN EX OFFICIO MEMBER OF MMC'S BOARD AND THE BALANCE OF THE MMC BOARD MEMBERS ARE ELECTED BY, AND SUBJECT TO REMOVAL BY, THE BOARD OF TRUSTEES OF MHS. ALL OF THE BOARD MEMBERS ARE COMPENSATED AS EMPLOYEES EITHER OF MMC OR A RELATED ORGANIZATION LISTED IN SCHEDULE R, PART II.

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Schedule O (Form 990) 2022

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, 355, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Organizations and Unrelated Partnerships lization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3 Attach to Form 990. <u>Attach to Form 990.</u>	rtnerships 1e 33, 34, 35b, 36 information.	i, or 37.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization MERCY MEDICAL	IJ				Employer identification number 52-0591658	cation number 558
Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization answered "Yes"	on Form 990, Part IV, line 3:				
(a) Name, address, and EIN (if applicable) مأ مانتخوتعداهما مسائله	(b) Primary activity	(c) Legal domicile (state or	r Total income	(e) End-of-year assets		(f) Direct controlling
ט בוא פאפר כפר טוויני		toreign country)			D	enury
	[					
						:
	- <b>-</b>					
Part II I dentification 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.		<u> </u> unswered "Yes" on Form 990	, Part IV, line 34,	because it had one	) or more related tax-exe	mpt
(a)	(q)	(c)	(q)	(e)	(1)	(g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct	Section 5 12(0)( 13) controlled
or related organization		foreign country)	section	status (if section 501(c)(3))	enuty	entity? Yes No
MERCY HEALTH SERVICES INC - 52-2173382						<u> </u>
L PLA				LINE 12C		
BALTIMORE, MD 21202	SUPPORT	MARYLAND	501(C)(3)	II-TI	N/A	X
MERCY HEALTH FOUNDATION INC - 52-2173656						
L PL						
BALTIMORE, MD 21202	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	N/A	×
PLACE SPECIALISTS INC -						
52-1495113, 301 ST PAUL PLACE, BALTIMORE, MD						
	SPECIAL CARE	MARYLAND	501(C)(3)	LINE 3	N/A	X
MARYLAND FAMILY CARE INC - 52-2046586						
301 ST PAUL PLACE						
BALTIMORE, MD 21202	PRIMARY CARE	MARYLAND	501(C)(3)	LINE 3	N/A	X
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ns for Form 990.				Schedule R	Schedule R (Form 990) 2022

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232161 09-14-22 LHA

MERCY MEDICAL CENTER

Schedule R (Form 990) MERCY MEDICAL CENTER Part II Continuation of Identification of Related Tax-Exempt Organizations

52-0591658

Fartil Continuation of Identification of Related Lax-Exempt Organizations	cempt Urganizations						
(a)	(q)	(c)	(p)	(e)	()	(6)	
Name, address, and EIN of related orcanization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 512(b)(13) controlled	ed (13)
		toreign country)	Section	501(c)(3))	entry	vrganizati Yes	NO 2
STELLA MARIS INC - 52-1419602						⊢	
-							
TIMONIUM, MD 21093	NURSING FACILITY	MARYLAND	501(C)(3)	LINE 10	N/A		X
MERCY TRANSITIONAL CARE SERVICES INC -							
52-1968440, 301 ST PAUL PLACE, BALTIMORE, MD					MERCY MEDICAL		
21202	SKILLED NURSE	MARYLAND	501(C)(3)	LINE 10	CENTER	X	
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Schedule R (Form 990) 2022 MERCY MEDICAL		CENTER							52-0	52-0591658		Page 2
Part III Identification of Related Organizations Taxable as a Partner organizations treated as a partnership during the tax year.	Taxable as	a Partners /ear.	ship. Complete if	the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	/es" on Form 99(	), Part IV, line 3	4, becaus	e it had one or i	more rela		
(a) (b) Name, address, and EIN Primary activity of related organization		(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) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) Ceneral on DX managing Dartner? S5) Ved No	Perc	(k) entage hership
		;						and a merit			2	
								· ·				
Part N Identification of Related Organizations Taxable as a Corporation or Trust.	Taxable as t trust during t	a Corporat the tax yea		mplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	swered "Yes" on	Form 990, Part	t IV, line 34	t, because it ha	d one or 1	nore rela	ated
(a) Name, address, and EIN of related organization		(Frimary	(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 p, income	total	(g) Share of end-of-year assets	(h) Percentage ownership	1 17	(i) Section 512(b)(13) controlled entity?
GREENLEAF INSURANCE CO LFD - 98-0206045 PO BOX 1363 GRAND CAYMAN ISLANDS KY1-1108		INSURANCE	<u> </u>	CAYMAN LSLANDS MR	MERCY MEDICAL	C CORP	31,807	, 396. 10	182,669,200.	100%		
VASCULAR SPECIALITY SERVICES INC - 52-1995474 341 N CALVERT ST. STE 200 BALTIMORE, MD 21202		1 641	ACTICE		N/A	C CORP	N/A		N/A	N/A		×
232162 09-14-22				104					Sched	Schedule R (Form 990) 2022	rm 990)	2022

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Schedule R (Form 990) 2022 MERCY MEDICAL CENTER			52-0591658	1658	Page 3
Part V. Transactions With Related Organizations. Complete if the organization ans	swered "Yes" on Form	rganization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	, or 36.		
<ul> <li>Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</li> <li>1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?</li> <li>a Receipt of (1) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> </ul>	s with one or more re y	lated organizations listed i	in Parts II-IV?	1a 7	Yes No X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4	×
				<u>р</u>	×
d Loans or loan guarantees to or for related organization(s)				멷	×
e Loans or loan guarantees by related organization(s)	******			<b>-</b>	×
f Dividends from related organization(s)				4	×
		*****	*****	; <u>P</u>	X
Purchase of assets from related organization(s)				i te	×
Exchange of assets with related organization(s)					X
j Lease of facilities, equipment, or other assets to related organization(s)				1	×
k Lease of facilities equipment, or other assets from related organization(s)				Ţ	×
	nization(s)			+	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)	* * * * * * * * * * * * * * * * * * * *		-  -	+
Sharing of facilities, equipment, mailing lists, or other assets with re	ion(s)			ţ	×
Sharing of paid employees with related organization(s)		****		-	X
					×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				1- 2	×
s Other transfer of cash or property from related organization(s)					X
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.	ho must complete thi	is line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved	
(1) MERCY TRANSITIONAL CARE SERVICES	Ŋ	5,648,480.	FMV		
(2) MERCY TRANSITIONAL CARE SERVICES	0	2,710,785.	FMV		
(3)					
(4)		Y			
(5)					
(6)					
232163 09-14-22	105		Schedule	Schedule R (Form 990) 2022	90) 2022

ganization 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.	(d)         (e)         (f)         (g)         (h)         (i)         (j)         (k)           le         Predominant income         patters sec.         Share of         Share of         Disproport         Code V-UBI         General of         Percentage           gn         (related, unrelated, sec.         Share of         Share of         Disproport         Code V-UBI         General of         Percentage           gn         (related, unrelated, sec.         soutiate         anount in box 20         General of         Percentage           excluded from tax under from tax         end-of-year         assets         vae No.         (of Crim 1065)         vae No.				
Schedule R (Form 990) 2022 MERCY MEDICAL CENTER Part V Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	as a partnership through which the organization conducted more than five percent jarding exclusion for certain investment partnerships.	(e) Are all 501(c)(3) rr orgs.?				
Schedule R (Form 990) 2022 MERCY MEDICAL CENTER Part VI Unrelated Organizations Taxable as a Partnership. Compl	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) (Ame, address, and EIN Primar) of entity				

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Schedule R	(Form 990) 2022
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MERCY MEDICAL CENTER

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Form 8879-TE	IR	S e-file Signature Autho for a Tax Exempt En	orization tity	OMB No. 1545-0047
	For calendar year 2022 or 0-	scel year beginning JUL 1. , 2022, and e		
		Do not send to the IRS. Keep for your	·	<u>∾</u>   2022
Department of the Treasury Internal Revenue Service	Got	to www.irs.gov/Form8879TE for the late		
Name of filer				N or SSN
MERCY	MEDICAL CENT	ER	3	52-0591658
Name and title of officer or pe	· · · · · · · · · · · · · · · · · · ·	JSTIN DEIBEL		
		ECUTIVE VICE PRESIDEN	IT & CFO	
<u></u>	Return and Return		<u> </u>	
Form 5330 filers may enter or <b>10a</b> below, and the amo	r dollars and cents. For a ount on that line for the i	ng this Form 8879-TE and enter the applic: all other forms, enter whole dollars only. If return being filed with this form was blank, ut, if you entered -0- on the return, then en	you check the box on line , then leave line <b>1b, 2b, 3b</b> ,	1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere <b>b</b>	Total revenue, if any (Form 990, Part VIII,	l, column (A), line 12)	1b
2a Form 990-EZ che	ck here 🔜 🚺 b	Total revenue, if any (Form 990-EZ, line 9	9)	2b
3a Form 1120-POL of	heck here 📃 b	Total tax (Form 1120-POL, line 22)		
4a Form 990-PF che	ck here b	Tax based on investment income (Form	n 990-PF, Part V, line 5) 🛛	4b
5a Form 8868 check	here b	Balance due (Form 8868, line 3c)		
6a Form 990-T check	khere Khere b	Balance due (Form 8868, line 3c)		6b 0.
7a Form 4720 check	here b	Total tax (Form 4720, Part III, line 1)	•••••••••••••••••••••••••••••••••••••••	
8a Form 5227 check		FMV of assets at end of tax year (Form	5227, Item D)	8b
9a Form 5330 check		Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch	eck here b	Amount of credit payment requested (F Authorization of Officer or Pers	Form 8038-CP, Part III, line :	<u>22) 10b</u>
		n an officer of the above entity or I an, (EIN)		
financial institution to debi later than 2 business days payment of taxes to receiv	t the entry to this accou prior to the payment (se e confidential informatio	in the tax preparation software for paymer nt. To revoke a payment, I must contact th ettlement) date. I also authorize the financi n necessary to answer inquiries and resolv re for the electronic return and, if applicab	he U.S. Treasury Financial A ial institutions involved in th lve issues related to the pay	Agent at 1-888-353-4537 no ne processing of the electronic yment I have selected a
X I authorize FO	RVIS, LLP		to en	ter my PIN 22102
		ERO firm name		Enter five numbers, but
				do not enter all zeros
with a state ager on the return's d As an officer or p return, If I have in	ncy(ies) regulating charit isclosure consent scree person subject to tax wit ndicated within this retu	ectronically filed return. If I have indicated v ies as part of the IRS Fed/State program, n. th respect to the entity, I will enter my PIN Im that a copy of the return is being filed w IN on the return's disclosure consent scre	I also authorize the aforem as my signature on the tax with a state agency(ies) regu	entioned ERO to enter my PIN < year 2022 electronically filed
•	•	The of the return 5 disclosure consent scre	7011.	Dete
Signature of officer or person subject Part III Certifica	tion and Authentic	ation		Date
ERO's EFIN/PIN. Enter yo number (EFIN) followed by			54274552977 Do not enter all zeros	ן
I certify that the above nun submitting this return in ac Business Returns.	neric entry is my PIN, w cordance with the requi	hich is my signature on the 2022 electronic irements of <b>Pub. 4163,</b> Modernized e-File	cally filed return indicated a (MeF) Information for Auth	above. I confirm that I am orized IRS <i>e-file</i> Providers for
	BIBBY		Date 04/09	9/24
		) Must Retain This Form - See Ir it This Form to the IRS Unless F		v. <u>a</u>
LHA For Privacy Act and		Act Notice, see instructions.	1040000 10 00 00	Form 8879-TE (2022)
-				
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AAAAA 707720 3	0012060000	2011 AE000 1	NUDOV MUDTONT	

(Rev. January 2022)

Department of the Treasury

Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

🕨 rai

OMB No. 1545-0047

	a separate	application for	each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.       Tage         MERCY MEDICAL CENTER       Tage				Taxpayer identification number (TIN)		
print					52-0591658		
filling your return, See	Ite by the two date for ling your     Number, street, and room or suite no. If a P.O. box, see instructions.       Iling your     301						
Enter th	e Return Code for the return that this application is for	(file a separa	te application for each return)			07	
Applica		Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) JUSTIN DEIBEL	07					
<ul> <li>If the</li> <li>If this</li> <li>box ▶</li> <li>1 Ir th</li> <li>▶</li> <li>2 If</li> <li>[</li> </ul>	hone No. ► 410-659-2905 organization does not have an office or place of busine is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the or calendar year or . X tax year beginning JUL 1, 2022 the tax year entered in line 1 is for less than 12 months, . Change in accounting period	it Group Exe and atta MAX rganization's , an , check reaso	mption Number (GEN) ach a list with the names and TINs of <u>Y 15, 2024</u> , to file return for: ad ending <u>JUN 30, 2023</u> on: initial return	If this is fo all memb	r the whole group, or ers the extension is approximately a	for.	
	this application is for Forms 990-PF, 990-T, 4720, or 600 y nonrefundable credits. See instructions.	69, enter the	tentative tax, less	0.		0	
	this application is for Forms 990-PF, 990-T, 4720, or 600	69. enter an	refundable credits and	<u>.</u> 3a	\$	0.	
	timated tax payments made. Include any prior year ove			Зb	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
us	ing EFTPS (Electronic Federal Tax Payment System). S	ee instructio	ns.	3с	\$	0.	
instructi				453-TE an	d Form 8879-TE for	payment	
LHA	For Privacy Act and Paperwork Reduction Act Notic	e, see instru	ictions.		Form <b>8868</b> (F	ev. 1-2022)	

223841 04-01-22

Form <b>990-T</b>	EXTENDED TO MAY 15, 2024 Exempt Organization Business Income Tax Retur	n	OME No. 1545-0047					
	(and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 20							
	Go to youry in gou/Form080T for instructions and the latest information							
Department of the Treasury Internal Revenue Service								
A Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)		501(o)(3) Organizations Only loyer Identification number					
B Exempt under section	Print MERCY MEDICAL CENTER	Ę	52-0591658					
X 501(C)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.	EGrou	p exemption number					
408(e) 220(e)	Type 301 ST. PAUL PLACE	(see	instructions)					
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	-						
529(a) 529A	BALTIMORE, MD 21202	F	Check box if					
	C Book value of all assets at end of year		an amended return.					
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust	] State	college/university					
H Check if filing only to	D Claim credit from Form 8941 Claim a refund shown on Form 2439							
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation							
N	attached Schedules A (Form 990-T)		3					
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	X	Yes 🗌 No					
	ame and identifying number of the parent corporation. MERCY HEALTH SERVIC		<u>52-2173382</u>					
L The books are in car		<u>410-</u>	-659-2905					
and the second	related Business Taxable Income	_						
	business taxable income computed from all unrelated trades or businesses (see							
instructions)		1	17,868.					
2 Reserved		2						
3 Add lines 1 and 2		3	17,868.					
	utions (see instructions for limitation rules)		0.					
	siness taxable income before net operating losses. Subtract line 4 from line 3	5	17,868.					
	operating loss. See instructions STATEMENT 1	6	17,868.					
	business taxable income before specific deduction and section 199A deduction.							
Subtract line 6 from	***************************************	7	1 000					
	n (generally \$1,000, but see instructions for exceptions)	-	1,000.					
	99A deduction. See instructions	9						
	Add lines 8 and 9	10	1,000.					
	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,							
Part II Tax Com	putation	11	0.					
			T					
	cable as corporations. Multiply Part I, line 11 by 21% (0.21)         trust rates. See instructions for tax computation. Income tax on the amount on	1	0.					
Part I, line 11 from								
•		<u>3</u> 4						
		_5						
-		<u>6</u> 7	0.					
	through 6 to line 1 or 2, whichever applies Reduction Act Notice, see instructions.		Form <b>990-T</b> (2022)					
			TOTEL <b>VOV</b> − L (2022)					

223701 01-16-23
	990-T (2022)		Page 2
Part			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)		
C	General business credit, Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other amounts due. Check if from: E Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022		······································
b	2022 estimated tax payments. Check if section 643(g) election applies		
c	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
e	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total		
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refun	led 11	
Part			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other author	ority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign court	ntry	
	here CAYMAN ISLANDS	<u>-</u>	X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$		
4	Enter available pre-2018 NOL carryovers here \$ 3,371,008. Do not include any post-2017 NO		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported or		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't re	ducə	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruct	tions.	
	Business Activity Code Available post-2017 N		
-	561000 \$	69,740.	
	541800 \$	157,640.	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
<u> </u>	explain in Part V		
Part	V Supplemental Information		

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information, See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and acomplete. Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of which preparer has any knowledge.           Image: Declaration of perjury (other than taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based on all information of perjury (other taxpayer) is based o						May the p	e and belief, it is true, the IRS discuss this return with reparer shown below (see uctions)? X Yes No
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	] if	PTIN	
Paid	AMY BIBE	SY	AMY BIBBY		04/09/24	self- employ	ed	P00445891
Preparer Use Only	F. 1	FORVIS, LLP			04/05/24	Firm's EIN		44-0160260
<b>,</b>		1410 SPRIN		SUITE	500		,	
	Firm's address	TYSONS, VA	22102-3056			Phone no.	(7	03) 970-0400
223711 01-16-	23			_				Form <b>990-T</b> (2022)
			11:	1				

52-0591658

'ORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT
PRE-2018 NOL CARRY F PRE-2018 NOL DEDUCTI	ORWARD FROM PRIOR YEAR ON INCLUDED IN PART I, LINE 6	3,371,008. 17,868.
SCHEDULE A PORTION O SCHEDULE A ENTITY	F PRE-2018 NOL SCHEDULE A SHARE	
2	0.	
3 4	0. 0.	
FOTAL SCHEDULE A SHA NET OPERATING DEDUCT BALANCE AFTER PRE-20 EXPIRING NET OPERATI	ION 18 NOL DEDUCTION	0. 17,868. 0. 0.
CARRY FORWARD OF NET		3,353,140.
	CORPORATION'S NAME AND IDENTIFY:	

CORPORATION'S NAME

MERCY HEALTH SERVICES, INC.

### IDENTIFYING NO

PRE-201	18 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
147,282.	42,065.	105,217.	105,217.
615,955.	0.	615,955.	615,955.
290,565.	0.	-	290,565.
435,788.	0.	435,788.	435,788.
458,577.	0.	458,577.	458,577.
493,446.	0.	493,446.	493,446.
258,208.	0.	258,208,	258,208.
535,678.	0.	-	535,678.
84,183.	0.	-	84,183.
63,884.	0.	-	63,884.
29,507.	0.	29,507.	29,507.
VER AVAILABLE THIS	YEAR	3,371,008.	3,371,008.
	LOSS SUSTAINED 147,282. 615,955. 290,565. 435,788. 458,577. 493,446. 258,208. 535,678. 84,183. 63,884. 29,507.	LOSS SUSTAINED LOSS PREVIOUSLY APPLIED 42,065. 615,955. 0. 290,565. 0. 435,788. 0. 458,577. 0. 493,446. 0. 258,208. 0. 535,678. 0. 84,183. 0. 63,884. 0.	LOSS SUSTAINEDPREVIOUSLY APPLIEDLOSS REMAINING147,282.42,065.105,217.615,955.0.615,955.290,565.0.290,565.435,788.0.435,788.458,577.0.458,577.493,446.0.493,446.258,208.0.258,208.535,678.0.84,183.63,884.0.63,884.29,507.0.29,507.

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

20

1

22

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	partment of the Treasury rnal Revenue Service							ic Inspection for janizations Only
A 	Name of the organization MERCY ME	DICAL CENTER		В	Employer iden 52-0591		on numb	ier
<u>c</u>	Unrelated business	activity code (see instructions)	812930	D	Sequence:	1	_of	3

### PARKING GARAGE E Describe the unrelated trade or business

Pa	t Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales <u>129,970.</u> Less returns and allowances <b>c</b> Balance	10	129,970.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	129,970.		129,970.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	<u>1</u> 29,970.		129,970.

# Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions		
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions       7         Less depreciation claimed in Part III and elsewhere on return       8a	023	
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 4	14	322,983.
15	Total deductions. Add lines 1 through 14	15	322,983.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-193,013.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income, Subtract line 17 from line 16	18	-193,013.
LHA	For Paperwork Reduction Act Notice, see instructions.		le A (Form 990-T) 2022

223741 01-16-23

12200409 797738 30012960998

i i H	Ile A (Form 990-T) 2022					Pa	'ag
τ		nod of inventory valuation					
	Inventory at beginning of year		•••••••••••••••••••••••••••••••••••••••	······	1		
	Purchases	•••••••••••••••••••••••••••••••••••••••			2		
	Cost of labor Additional section 263A costs (attach statement)				3		
	. ,				4		
	Other costs (attach statement)			·····	5		
	Total. Add lines 1 through 5 Inventory at end of year				6		
	Cost of goods sold. Subtract line 7 from line 6. Enter i				7		
	-	,	·······		8		7
ťi	Do the rules of section 263A (with respect to property property and Rent Income (From Real Property and				<u></u>	Yes	
	Description of property (property street address, city, si				L		
	A 🛄						
	B						
	c						
	D						
		A	В	c		D	
	Rent received or accrued						
I	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
•	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
	Total repts received or accrued. Add line 2e columne A						
	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, o	column (A)			
	Deductions directly connected with the income	through D. Enter here a	and on Part I, line 6, o	column (A)			
		through D. Enter here a	and on Part I, line 6, e	column (A)			
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. En	ter here and on Part I, I					
t \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. En Unrelated Debt-Financed Income (se	ter here and on Part I, I e instructions)	nə 6, column (B)				
tl	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. En	ter here and on Part I, I e instructions)	nə 6, column (B)				
ť	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. En Unrelated Debt-Financed Income (se	ter here and on Part I, I e instructions)	nə 6, column (B)				
t	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (se Description of debt-financed property (street address, context)	ter here and on Part I, I e instructions)	nə 6, column (B)				
tl	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)         Total deductions. Add line 4 columns A through D. Em         Image: Constraint of the statement of	ter here and on Part I, I e instructions)	nə 6, column (B)				
t')	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B	ter here and on Part I, I e instructions)	nə 6, column (B)				
ĽŊ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C	ter here and on Part I, I e instructions)	nə 6, column (B)			D	
ĽŊ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
ĒŊ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em  Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A  B  C  D  D  D  D  D  D  D  D  D  D  D  D	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
ĽŊ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A Description of address address, of A Description of debt-financed property (street address, of A Description of address	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
ĔŊ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A Debter C	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
ĔŊ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
ĽŊ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
Ľ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
E	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
E	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, Ii re instructions) ity, state, ZIP code), Cr	ne 6, column (B) leck if a dual-use. Se B B	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part I, I e instructions) ity, state, ZIP code). Ch	ne 6, column (B) leck if a dual-use. Se	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code), Cr A A %	ne 6, column (B) leck if a dual-use. Se B B	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part I, I ee instructions) ity, state, ZIP code), Cr A A %	ne 6, column (B) leck if a dual-use. Se B B	e instructions.		D	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Em Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part I, Ii ee instructions) ity, state, ZIP code). Cr A A S Enter here and on Part	ne 6, column (B) eck if a dual-use. Se B B I, line 7, column (A)	e instructions.	<u> </u>		
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)       Image: Constraint of the statement of the	ter here and on Part I, Ii re instructions) ity, state, ZIP code), Cr A A Support of the state o	ne 6, column (B) eck if a dual-use. Se B B I, line 7, column (A)	e instructions.	<u> </u>		

Sched Part	ule A (Form 990-T) 2022 VI (Interest, Annu	ities. Bo	valties, and Be	ents from	m Control	led Or		<u>e /aa</u>	- in sty	lows)	Page 3
			syandoo, and na		in conta of		Exempt Contro		e instruct		
1. Name of controlled organization		d	identification inc		3. Net unrelated 4. Total		al of specified nents made that is inclu controlling tion's gros		rt of colur included olling orga	nn 4 6 in the aniza	Deductions directly connected with income in column 5
(1)				<u> </u>					gross inc	Joinie	
(2)											
(3)											· · · · · · · · · · · · · · · · · · ·
(4)											
				·	Controlled O	-	ions				
7	7. Taxable Income	ín	Net unrelated come (loss) e instructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		n the ation's	11. Deductions directly connected with income in column 10		
(1)							grood	aloonin			
(2)											
(3)											· · · · · · · · · · · · · · · · · · ·
(4)				<u> </u>							
							Add colum Enter here line 8, c		Part I, (A)	Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals Part	VII I Investment I	ncome	of a Section 50	1(0)(7) (	(0)  or  (17)	<u></u>			0.		0.
<u> </u>		ription of i		<u>1(0)(1); (</u>	2. Amou incon	nt of	3. Deduction directly connection (attach state)	ons ected	uctions) 4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals	VIII Exploited Ex				Add amou column 2 here and oi line 9, colu	. Enter n Part I, ımn (A) 0 •					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
			ctivity Income,	Other 1	han Adve	ertising	g Income	(see inst	tructions)		
1	Description of exploited										
2 3	Gross unrelated busine Expenses directly conn									2	
3											
4	line 10, column (B) Net income (loss) from	unrelated	trade or husiness S	 Subtract lin			min complete			3	
-			add of business, c							4	
5	Gross income from act	ivity that is	s not unrelated busi	ness incor	 ne	• • • • • • • • • • • • • • • • • • •	••••			5	
6	Expenses attributable t	o income	entered on line 5					••••••	····	6	
7	Excess exempt expens	es. Subtra	 oct line 5 from line 6	, but do no	ot enter more	e than th	ne amount on I	ine			
	4. Enter here and on Pa							<u></u>		7	

Schedule A (Form 990-T) 2022

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Name(s) of periodical(s). Check be	ox if reporting two or more periodicals on a consolidated basis.
	will reporting two or more periodicals of a consolidated basis.
A 🛄	
В 🛄	
с 🗌	
·	
	A 🛄

		A	В	с	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in			
	line 4 showing a loss or zero, do not complet	te			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				· · · · · · · · · · · · · · · · · · ·
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction, For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns to	tal or zero here an	d on	
<b>.</b>	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to

1. Name	2. Title	of time devoted	attributable to
		to business	unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			
Det Mill Complemental Information			<u> </u>

Part XI Supplemental Information (see instructions)

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Schedule A (Form 990-T) 2022

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1 Page <u>4</u>

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
PARKING GARAGE EXPENSES		322,983.
TOTAL TO SCHEDULE A, PART II, L	INE 14	322,983.

# SCHEDULE A (Form 990-T)

Α

Е

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

# Open to Public Inspection for 501(c)(3) Organizations Only B Employer Identification number 52-0591658

D Sequence:

2

of

<u>c</u>	Unrelated business activity code (see instructions)	561	1

MERCY MEDICAL CENTER

Describe the unrelated trade or business

000

ANSWERING SERVICE

Pa	t] Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales6,934.					
b	Less returns and allowances c Balance	1c	6,934.			
2	Cost of goods sold (Part III, line 8)	2			\$25.5 · 1.5	
3	Gross profit, Subtract line 2 from line 1c	3	6,934.		6,934.	
<b>4</b> a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)), See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			······	
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7			·····	
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	· · · · · · · · · · · · · · · · · · ·			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10			· · · · · · · · · · · · · · · · · · ·	
11	Advertising income (Part IX)	11			· · · · · · · · · · · · · · · · · · ·	
12	Other income (see instructions; attach statement)	12	· · · ·			
13	Total. Combine lines 3 through 12	13	6,934.		6,934.	
Par	<b>Understand State And Stat</b>	ons for		luctions. Deduction		

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	6,587.
З	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562), See instructions		······
8	Less depreciation claimed in Part III and elsewhere on return	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	······
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 5	14	347.
15	Total deductions. Add lines 1 through 14	15	6,934.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	0.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	
ιцл	For Depertury's Deduction Act Notice and instructions	·	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

223741 01-16-23

12200409 797738 30012960998

OMB No. 1545-0047

2022

3

2

Department of the Treasury
Internal Revenue Service

Name of the organization

<u>iche</u> d	ule A (Form 990-T) 2022				Page
Part		thod of inventory valuat	ion		1 dge .
1	Inventory at beginning of year			_1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				· · ·
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9 Part	Do the rules of section 263A (with respect to property Rent Income (From Real Property an	produced or acquired f	or resale) apply to the ty I passed with <b>D</b>	organization?	Yes No
1	Description of property (property street address, city,				
	A 🛄				
	B				
	c				
	D				
		Α	В	c	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns /	A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income	A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
3 4		A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E	nter here and on Part I,			
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s	nter here and on Part I, see instructions)	line 6, column (B)		
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (a Description of debt-financed property (street address,	nter here and on Part I, see instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)           Total deductions. Add line 4 columns A through D. E           Unrelated Debt-Financed Income         (a)           Description of debt-financed property (street address, A         (a)	nter here and on Part I, see instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)           Total deductions.         Add line 4 columns A through D. E           Model         Unrelated Debt-Financed Income         (attach statement)           Description of debt-financed property (street address, B	nter here and on Part I, see instructions)	line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions)	line 6, column (B)		
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)           Total deductions.         Add line 4 columns A through D. E           Model         Unrelated Debt-Financed Income         (attach statement)           Description of debt-financed property (street address, B	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See		
4 <u>5</u> art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions)	line 6, column (B)		
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> 2art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> 2art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 2 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 2 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income B Description of debt-financed property (street address, A B C C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part 1</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 2 1 2 3 3 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income B Description of debt-financed property (street address, A B C C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 2 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income  Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 2 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  Total deductions. Add line 4 columns A through D. E  Total deductions of debt-Financed Income B  G  G  G  G  G  G  G  G  G  G  G  G	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, see instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>art</u> 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>art</u> 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income  Description of debt-financed property (street address,  A  B  C  Gross income from or allocable to debt-financed property  Gross lincome from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	A	line 6, column (B) heck if a dual-use. See B	C	0.
4 5 art 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income  Description of debt-financed property (street address,  A  B  C  Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (attach statement) Total deductions (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	A	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 art 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (a Description of debt-financed property (street address, A	A A A A A A A A A A A A A A A A A A A	line 6, column (B) heck if a dual-use. See B B	C	0. 
4 5 art 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  Description of debt-financed property (street address,  A  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (attach statement)  C debt-financed property (attach statement)  C debt-financed property (attach statement)  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through D	A A A A A A A A A A A A A A A A A A A	line 6, column (B) heck if a dual-use. See B B	C	D
4 5 art 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  Total deductions. Add line 4 columns A through D. E  Total deductions. Add line 4 columns A through D. E  Total deductions of debt-Financed Income  Total deductions of debt-financed property (street address,  D  C  Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (attach statement) Total deductions (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D  Allocable deductions. Multiply line 3c by line 6	A A A A A A A A A A A A A A A A A A A	line 6, column (B) heck if a dual-use. See B B ////////////////////////////////	C	0. D 9 0.
4 5 2 3 2 3 b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  Description of debt-financed property (street address,  A  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (attach statement)  C debt-financed property (attach statement)  C debt-financed property (attach statement)  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through D	A A A A A A A A A A A A A A A A A A A	line 6, column (B) heck if a dual-use. See B B t I, line 7, column (A)	C C %	0. D 9 0.

Sched Part	ule A (Form 990-T) 2022 VI Interest, Annu	2 uities. R	ovalties, and Re	ents fro	m Control	led Or	ganization	5. (soo ii	nstructi	000)	Page 3
<u> </u>				1			Exempt Contro			<u> </u>	
	<ol> <li>Name of controlle organization</li> </ol>	d	<b>2.</b> Employer identification number	incor	unrelated me (loss) structions)	<b>4.</b> Tota	al of specified nents made	5. Part of that is inc controllin tion's group	f colun luded i ng orga	nn 4 <b>6.</b> n the niza	Deductions directly connected with ncome in column 5
(1)					<u> </u>			lionsyn	088 100		
(2)											
(3)				ļ	· · ·			·		· · · · -	
(4)											
<u> </u>			No	nexempt (	Controlled O	raanizati	ions	<u>ا</u>			
7	7. Taxable Income	ir	Net unrelated Icome (loss) 9 instructions)	<b>9.</b> T	otal of specif lyments mad	ied	10. Part that is inc controlling	of column cluded in th organization income	ne	cc	eductions directly onnected with me in column 10
(1)				1		••••	<u>gross</u>	incomo			· · · · · · · · · · · · · · · · · · ·
(2)			<u></u>			••					
(3)											
(4)											
···							Add colum Enter here line 8, c		rtİ,	Enter I	olumns 6 and 11. here and on Part I, ∋ 8, column (B)
Totals Part		ncome	of a Section 50	1(a)(7) (	$ 0\rangle = or(17)$	Orgo	l.		0.		0.
<u></u>		cription of			2. Amou	nt of	3, Deductio		4. Set-a		5. Total deductions
					incon	ne	directly conn (attach state)		tach sta	atement)	and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals					Add amou column 2 here and oi line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt A	ctivity Income,	Other 7	Than Adve	ertising	g Income	see instru	ctions)	<u> </u>	
1	Description of exploite								T		
2	Gross unrelated busin	ess incom	e from trade or busir	iess. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con										· · · · · · · · · · · · · · · · · · ·
	line 10, column (B)									3	
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from line	ə 2. If a g	gain, complete				
	lines 5 through 7		*******				•			4	
5	Gross income from act	tivity that i	s not unrelated busi	ness incor	m <del>o</del>					5	
6	Expenses attributable	to income	entered on line 5 🚊		•••••				I	6	
7	Excess exempt expense	ses. Subtra	act line 5 from line 6	, but do no	ot enter more	e than th	ne amount on I	ine			
	4. Enter here and on P	art II, line 1	12							7	

Schedule A (Form 990-T) 2022

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Schedule A	(Form 990-T) 2022
Part IX	Advertising Income

1	Name(a) of poriodical(a). Check how it was arti				· · · · · · · · · · · · · · · · · · ·	
•	Name(s) of periodical(s). Check box if reporti	ing two or me	ore periodicals on	a consolidated bas	is.	
					· · · · · · · · · · · · · · · · · · ·	
	B					
	¢					
<b>E</b>	D		<u> </u>			
Enter	amounts for each periodical listed above in the	correspond	ing column.			
		ļ	<u>A</u>	<u> </u>	C	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, line '	11, column (A) 🛛			0.
а		_				
3	Direct advertising costs by periodical	L				
a	Add columns A through D. Enter here and or	n Part I, line '	11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne	· · · · · · · · · · · · · · · · · · ·			
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs				·	·····
6	Circulation income					
7	Excess readership costs. If line 6 is less than			<b></b>		
•	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero					
8	Excess readership costs allowed as a	······				
Ū						
	deduction. For each column showing a gain o	on (				
_	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g					
Dort	Part II, line 13 Compensation of Officers, Dir					0.
rait		rectors, a	na rrustees	(see instructions)		
					3. Percentage	<ol> <li>Compensation</li> </ol>
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
<u>{4}</u>					%	
	Enter here and on Part II, line 1	<u></u>	<u></u>			0.
Part	XI Supplemental Information (se	e instruction	is)			- <u></u>
<u> </u>						
			·			
					······	
-						
	· · · · · · · · · · · · · · · · · · ·		······································			······
·	15 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100					
·			<u> </u>			

223732 01-16-23

Schedule A (Form 990-T) 2022

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
OTHER EXPENSES		347.
TOTAL TO SCHEDULE A	PART II, LINE 14	347
990-т SCH А	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	69,740.	0.	69,740.	69,740.
NOL CARRYON	VER AVAILABLE THIS	YEAR	69,740.	69,740.

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

w.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service	Open to Public Inspection for 501(c)(3) Organizations Only			
A Name of the organization MERCY ME	B Employer Ident	fication number 658		
C Unrelated business	activity code (see instructions) 541800		D Sequence:	3 of 3
E Describe the unrelat	ed trade or business ADVERTISING			
Part I Unrelated	Trade or Business Income	(A) Income	(B) Expenses	(C) Net
· · · · · · · · · · · · · · · · · · ·	*			

1a	Gross receipts or sales <u>30,000.</u>			
b	Less returns and allowances c Balance	1c	30,000.	는 것은 이번에서 가격 가격에 있는 것을 가 있다. 1월 27일 - 1일 -
2	Cost of goods sold (Part III, line 8)	2		신간이 말한 26일이다.
3	Gross profit. Subtract line 2 from line 1c	3	30,000.	30,000.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form			
	1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach			
	statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled			· · · · · · · · · · · · · · · · · · ·
	organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17)			
	organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		· · · · · · · · · · · · · · · · · · ·
13	Total. Combine lines 3 through 12	13	30,000.	30,000,

# Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7		
8	Depreciation (attach Form 4562). See instructions       7         Less depreciation claimed in Part III and elsewhere on return       8a	8b	
9	Depletion	. 9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 7	14	12,132.
15	Total deductions. Add lines 1 through 14		12,132.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	17,868.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	17,868.
	For Paperwork Reduction Act Notice, see instructions.		le A (Form 990-T) 2022

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12200409 797738 30012960995

3 OMB No. 1545-0047

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ry	_			

	ule A (Form 990-T) 2022				Pa
rt		hod of inventory valuat	ion	······································	
	Inventory at beginning of year				
	Purchases			2	
	Cost of labor				
	Additional section 263A costs (attach statement)			4	
	Other costs (attach statement)				
	Total. Add lines 1 through 5			6	
	Inventory at end of year			7	
	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I. line :	2		
	Do the rules of section 263A (with respect to property	produced or acquired f	or resale) apply to the c	organization?	Yes
t	V Rent Income (From Real Property and	Personal Proper	ty Leased with Re	eal Property)	
	Description of property (property street address, city, a				
	Α 🗌	,,,,,			
	в				, <u></u> ,, <u></u> ,
	c 🗌				
	p 🗍				
	Rent received or accrued	<u>A</u>	<u>B</u>	<u> </u>	D
	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	Total rents received or accrued. Add line 2c columns A	through D. Enter here			
		unough D. Enter nere	<u>and on Part I, line 6, co</u>	olumn (A)	
	Deductions directly connected with the income	anough D. Enter here	and on Part I, line 6, co	olumn (A)	
		through D. Enter nere	and on Part I, line 6, co	olumn (A)	
	Deductions directly connected with the income	anough D. Enter here	and on Part I, line 6, co	olumn (A)	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er	ter here and on Part I.			
ŧ١	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	ter here and on Part I.			
ŧ١	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s	ter here and on Part I, ee instructions)	line 6, column (B)		
t \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er	ter here and on Part I, ee instructions)	line 6, column (B)		
ŧ	Deductions directly connected with the income         in lines 2(a) and 2(b) (attach statement)         Total deductions. Add line 4 columns A through D. Er         /       { Unrelated Debt-Financed Income (s         Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions)	line 6, column (B)		
ŧ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)           Total deductions. Add line 4 columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Column Columns A through D. Err           Image: Column Col	ter here and on Part I, ee instructions)	line 6, column (B)		
ŧ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)		
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)           Total deductions. Add line 4 columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Columns A through D. Err           Image: Column Column Column Columns A through D. Err           Image: Column Col	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	
Ę.N	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)		D
	Deductions directly connected with the income         in lines 2(a) and 2(b) (attach statement)         Total deductions. Add line 4 columns A through D. Er         /       Unrelated Debt-Financed Income (s         Description of debt-financed property (street address, or A         B	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
EN	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
* · · ·	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C A	line 6, column (B) heck if a dual-use. See	instructions.	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See B	c	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A	line 6, column (B) heck if a dual-use. See	c	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B %	c	%
<u>c</u>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B %	c	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) heck if a dual-use. See B B %	c	%
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Par	line 6, column (B) heck if a dual-use. See B B 4 5 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	c	%
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s) Description of debt-financed property (street address, of B	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Par	line 6, column (B) heck if a dual-use. See B B 4 5 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	c	%

Sched	ule A (Form 990-T) 2022 VI Interest, Annu	ities. Bo	valties, and Re	ents from	m Control	led Or	anization	P (n -			Page 3
<u></u>			syandoo, and ne				Exempt Contro		e instruct		
	1. Name of controlled organization	ł	2. Employer identification number	incor	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pa that is contro	rt of colu included olling orga gross inc	mn 4 <b>6.</b> in the aniza-	Deductions directly connected with ncome in column 5
(1)							•••••••••••••••••••••••••••••••••••••••		gross in		
(2)											
(3)											· · · · · · · · · · · · · · · · · · ·
(4)											
			No	nexempt (	Controlled O	ganizati	ions				
7	. Taxable Income	in	Vet unrelated come (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part of that is included controlling	luded i	n the ation's	cc	eductions directly onnected with me in column 10
(1)							groco		<u> </u>		
(2)							· · ·			·	
(3)											
(4)											
Totals							Add colum Enter here line 8, c	and on	Part I,	Enter h	olumns 6 and 11. here and on Part I, e 8, column (B)
Part	VII Investment I	ncome o	of a Section 50	1(c)(7), (	9), or (17)	Organ	lization (s	oo ineti	uctions)		0.
		ription of i		<u> </u>	2. Amou incon	nt of	3. Deduction directly connection (attach stater	ons ected	4. Set	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>						<u>,</u>					
<u>(2)</u>											······································
(3) (4)							·				
(4) Totals					Add amou column 2, here and or line 9, colu	Enter 1 Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited Ex	empt A	ctivity Income,	Other T	han Adve	rtising	a Income	see ins	tructions		
1	Description of exploited							000 110	1101101101		
2	Gross unrelated busine	ss income	from trade or busir	iess. Enter	r here and or	n Part I.	line 10. colum	n (A)		2	
3	Expenses directly conn										
	line 10, column (B)									3	
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from line	2. If a g	gain, complete				
	lines 5 through 7									4	
5	Gross income from acti	ivity that is	not unrelated busin	ness incon	ne					5	<b>-</b>
6	Expenses attributable t	o income (	entered on line 5 🛄							6	
7	Excess exempt expens	es. Subtra	ct line 5 from line 6,	, but do no	ot enter more	e than th	ne amount on li	ine			
	4. Enter here and on Pa	art II, line 1	2		<u></u>			<u></u>		7	

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reporting	two or more periodica	als on a conso	lidated basis.		
	A					
	в					
	c	· · · · · · · · · · · · · · · · · · ·				
	D		<u> </u>			
Enter	amounts for each periodical listed above in the co	rresponding column.				
	<b>-</b>	A		B	C	<u> </u>
2	Gross advertising income					
	Add columns A through D. Enter here and on Pa	art I, line 11, column (	A)			0.
a		<b></b>				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (	В)			0.
4	Advertising gain (loss). Subtract line 3 from line					
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is less					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain on					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the grea					
Part	Part II, line 13 X Compensation of Officers, Direc	tors, and Truste	AS (ass insi	tu (otiona)		0.
				(ructions)	3. Percentage	4. Compensation
	1. Name	2.	Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	<u> </u>
	. Enter here and on Part II, line 1	<u></u>				0.
Part	XI Supplemental Information (see in	nstructions)				
					i · · · · · · · · · · · · · · · · ·	

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Schedule A (Form 990-T) 2022

	3

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
SECURITY TAX PREPARATION FEES		10,932. 1,200.
TOTAL TO SCHEDULE A, PART II, L	INE 14	12,132.

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/21	14,750. 96,565. 46,325.	0. 0. 0.	14,750. 96,565. 46,325.	14,750. 96,565. 46,325.
NOL CARRYO	VER AVAILABLE THIS	YEAR	157,640.	157,640.

Form <b>5471</b>	Respect	t to Certai	n For	U.S. Perso eign Corpo	pration	s	OME	3 No. 1545-	0123	
(Rev. December 2022)				tions and the lates			Atto	chment		
Department of the Treasury Internal Revenue Service	Information furnished for section 898) (see instructi	one foreign corporatio	nts annuai 1 <b>1. 1</b>	accounting period (ta 2022 and endin	x year require	d by 0 202		uence No. 1	121	
Name of person filing this retu		onoy beginning oo	<u> </u>	A Identifying num		0, 202				
MERCY MEDICAL Number, street, and room or suite ne	CENTER	A . I. B		52-0591			-			
		N Genvered to street addre	986)	B Category of filer						
<u>301</u> ST. PAUL I City or town, state, and ZIP co							4 <b>X</b> 5a	5b	50	
BALTIMORE, MD	21202			C Enter the total p you owned at th			-	-		
	JUL 1	,2022 , and er	nding JU	JN 30	,20		ning period	<u> </u>	%	
D Check box if this is a final l	Form 5471 for the foreign co									
	ified forelgn financial assets		form (see l	nstructions)						
	5471 has been completed us				0					
G If the box on line F is check			Informatio	n" (see instructions)						
H Person(s) on whose behalf	this information return is file	ed:								
(1) Name		(2) Ad	dress		(3) Identifyii	na number		k applicable	<u>`</u>	
					(-//		Shareholder	Officer	Director	
			<b></b>							
								<u> </u>		
		•						·		
Important: Fill in all app	olicable lines and schedul rwise indicated.	es. All information	must be	in English. All amou	nts must be	stated in	U.S. dollar	S	<b></b> ,	
1a Name and address of fore						loyer identif - 0 2 0 6		iber, if any		
GREENLEAF IN P O BOX 1363	NSURANCE COMP. 3	ANY, LTD.			b(2) Refe	rence ID nu	mber (see i	nstructions	;)	
GRAND CAYMAN CAYMAN ISLAN						ntry under v YMAN		•	d	
d Date of e Principal incorporation	l place of business	f Principal business activity code number	g Princip OTH	al business activity IER			nal currency			
06/27/97 CAYMA1 2 Provide the following inform	N ISLANDS mation for the foreign corpor	525100		SURANCE			<u></u> US	D		
a Name, address, and identify					b lfaU.S. ji	ncome tax re	eturn was fi	turn was filed, enter:		
	,						- in i	U.S. income	tax paid	
					(i) Taxable ir	come or (lo	ss) (**/	(after all cr	edits)	
c Name and address of foreig in country of incorporation		resident agent		Name and address (in person (or persons) v corporation, and the h	vith custody o	f the books	and records	s of the fore	aign	
GLOBAL CAPTI P O BOX 1363	VE MANAGEMEN	T LTD		SAME AS 2						
GRAND CAYMAN										
CAYMAN ISLAN	+									
	of the Foreign Cor	poration			. st <u>e</u>				· · · · · · · · · · · · · · · · · · ·	
					(b) Nu	mber of sha	res issued a	and outstar	idina	
	(a) Description of eac	h class of stock			(i) Beginni	ng of annua ing period	ł	(ii) End of a ccounting p	nnual	
COMMON						120,0			0,000	
				· · · · · · · · · · · · · · · · · · ·					- / 5 6 6	
	- h									
LHA For Paperwork Reduction	on Act Notice, see instructio	ons.					Form 3	5471 (Re	v. 12-2022)	

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Form 5471 (Rev. 12-2022)
Schedule B Shareholders of Foreign Corporation
Part I U.S. Shareholders of Foreign Corporation (see instruction)

Part I U.S. Shareholders of Foreigr	Corporation (see instructions)			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder, Note, This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
MERCY MEDICAL CENTER INC 301 ST. PAUL PLACE BALTIMORE MD 21202 52-0591658	COMMON	120,000	120,000	100.009
				-
				-
				-
Part II Direct Shareholders of Fore	gn Corporation (see instructions)	• • • • • • • • • • • • • • • • • • • •		•
(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held <b>Note:</b> This description should match the description entered in Schedule A, c	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
MERCY MEDICAL CENTER INC 301 ST. PAUL PLACE BALTIMORE MD 21202 52-0591658			120,000	120,000
			· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·
				······
			· · · · · · · · · · · · · · · · · · ·	
1.1.0.000 ······························			Form 5471	(Rev. 12-2022

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Schedule C Income Statement

**Important:** Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	. 1a	· · · · · · · · · · · · · · · · · · ·	28,278,000
ľ	b Returns and allowances	1b		
	e Subtract line 1b from line 1a	10	······································	28,278,000
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		28,278,000
e	4 Dividends	4		
ncome	5 Interest	5		3,799,770
Ĕ	6a Gross rents			
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		1,067,942
	8a Foreign currency transaction gain or loss - unrealized	8a		· · · · · · · · · · · · · · · · · · ·
	b Foreign currency transaction gain or loss - realized	8b		
	9 Other income (attach statement) SEE STATEMENT 9	. 9		-1,070,694
	10 Total income (add lines 3 through 9)			32,075,018
	11 Compensation not deducted elsewhere	11		
	12a Rents			· · · · · · · · · · · · · · · · · · ·
	b Royalties and license fees			
é	13 Interest			
	14 Depreciation not deducted elsewhere	14		
Deductions	15 Depletion	15		· ,,
٩ ٩	16 Taxes (exclude income tax expense (benefit))	16		·····
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit)) SEE STATEMENT 10	17		14.508.46
	18 Total deductions (add lines 11 through 17)			<u>14,508,46</u> <u>14,508,46</u>
	19 Net income or (loss) before unusual or infrequently occurring items, and			
e	income tax expense (benefit) (subtract line 18 from line 10)	19		17,566,55
	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current	21a		·····
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	22		17,566,55
1	23a Foreign currency translation adjustments			
Income	b Other			
otte	c Income tax expense (benefit) related to other comprehensive income	230		········
Ē,	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			·
ľ	line 23c)	24		

Form 5471 (Rev. 12-2022)

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# Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions

for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	34,192,011.	29,753,437.
2a	Trade notes and accounts receivable	2a		
þ	Less allowance for bad debts	2b	( )	( )
3	Derivatives	3	· · · · · · · · · · · · · · · · · · ·	
4	Inventories	4		
5	Other current assets (attach statement) SEE STATEMENT 11	5	8,122,105.	7,724,049.
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement) <b>SEE STATEMENT 12</b>	8	117,003,452.	145,191,715.
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	(	( )
10a	Depletable assets	10a	· · · · · · · · · · · · · · · · · · ·	
b	Less accumulated depletion	106	(	(
11	Land (net of any amortization)	11	l'	<u>,                                     </u>
12	Intangible assets:			
a	Goodwill	12a	e - Marina Merekana ang kalang ang kanang kalang kalang pang kanang kalang pang kanang kalang pang kanang kanan	faan ee een kelen waaren 'n maargenwijn akaan 3
b	Organization costs	12b		
C	Patents, trademarks, and other intangible assets	120		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	(	· ( · · · · · · · · · · · · · · · · · ·
13	Other assets (attach statement)	13	· · · · · · · · · · · · · · · · · · ·	
14	Total assets	14	159,317,568.	182,669,201.
	Liabilities and Shareholders' Equity	1		
15	Accounts payable	15	266,331.	92,419.
16	Other current liabilities (attach statement) <b>SEE STATEMENT 13</b>	16	3,077,297.	2,053,054.
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement) SEE STATEMENT 14	19	127,006,944.	133,990,176.
20	Capital stock:	2000		
a	Preferred stock	20a	e e de la compañía de la compañía de la compañía de la compañía de la compañía de la compañía de la compañía d	n in 1965 - an andre ser sin an eine shakara a sheal
b	Common stock	20b	120,000.	120,000.
21	Paid-in or capital surplus (attach reconciliation)	21		4,772,502.
22	Retained earnings	22	24,074,494.	41,641,049.
23	Less cost of treasury stock	23	1	
24	Total liabilities and shareholders' equity	24	159,317,568,	182,669,200.
Scl	edule G Other Information	1 87	, <u>,</u> _,, _ <b>, _ , _ , _ , _ , _ , </b>	
				Yes No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in	n any fo	preign	
	partnership?			X
	If "Yes," see the instructions for required statement.			
				and the second second second second second second second second second second second second second second second

2	During the tax year, did the foreign corporation own an interest in any trust?		an an Tin	X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		1977 1977 - 1977 1977 - 1977	14.0
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)?			X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		10120	
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign			
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion			
	payment made or accrued to the foreign corporation (see instructions)?			X
	If "Yes," complete lines 4b and 4c.			1. 2019 12 1. 2019 12
b	Enter the total amount of the base erosion payments	\$	200 N	
C	Enter the total amount of the base erosion tax benefit	\$		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not			
	allowed under section 267A?		. 20 Maria	X
	If "Yes," complete line 5b.		- "A	
	Enter the total amount of the disallowed deductions (see instructions)	\$		
212331	01-04-23 1.31	Form <b>5471</b>	Rev. 12-	2022)
122004	09 797738 3001296099S 2022.05080 MERCY MEDIC			012961

FORM 5471 OTHE	ER INCOME		STATEMENT 9
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNREALIZED GAIN/LOSS ON INVESTMENTS			-1,070,694.
TOTAL TO 5471, SCHEDULE C, LINE 9		-	-1,070,694.
FORM 5471 OTHER	DEDUCTIONS	······································	STATEMENT 10
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNDERWRITING EXPENSES ADMINISTRATIVE EXPENSES			14,035,999. 472,464
TOTAL TO 5471, SCHEDULE C, LINE 17	······	-	14,508,463.

FORM 5471 OTHER CUR	RENT ASSETS	STATEMENT 11
DESCRIPTION	BEG. OF ANNUA ACCOUNTING PERIOD	L END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES INTEREST RECEIVABLE PROVISION FOR OUTSTANDING LOSS RECOVER REINSURANCE BALANCE RECEIVABLE	7,068 274,518 ABLE 6,815,188 1,025,331	3.         351,655.           3.         6,334,908.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LIN	E 5 8,122,105	5. 7,724,049.

FORM 5471 OT	HER	INVESTMENTS		STATEMENT 12
DESCRIPTION			BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
MORTGAGE BACKED SECURITIES US CORPORATE DEBT SECURITIES EXCHANGE TRADED FUNDS US TREASURY SECURITIES MUTUAL FUNDS			4,044,704. 14,441,100. 21,653,074. 36,706,031. 40,158,543.	1,337,611. 16,990,267. 30,914,578. 46,816,870. 49,132,389.
TOTAL TO 5471, PAGE 4, SCHEDULE	F, I	INE 8	117,003,452.	145,191,715.

FORM 5471 OTHER CURRENT LIABIL	ITIES	STATEMENT 13
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LOSSES PAYABLE	3,077,297.	2,053,054.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	3,077,297.	2,053,054.

FORM 5471 OTHER LIABILITIES	-	STATEMENT 14
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PROVISION FOR OUTSTANDING LOSSES	127,006,944.	133,990,176.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	127,006,944.	133,990,176.

00	ieulie d Otier information (continued)				
•			Yes	No	
68	Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any				1
	transactions with the foreign corporation?			X	_
r	If "Yes," complete lines 6b, 6c, and 6d. See instructions.				
D	Enter the amount of gross reciepts derived from all sales of general property to the foreign corporation that the			4	-
_	filer Included in its computation of foreign-derived deduction eligible income (FDDEI)	\$			1
C	Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer inclusion is the second state of SECE	uded			. 1
	in its computation of FDDEI	\$	4 . <del>.</del>		
d	Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in				
-	its computation of FDDEI	\$			
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?			X	-,
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in				-
•	which the foreign corporation was a participant during the tax year.		1944) N. 1955 - A	$\mathbb{N}_{\mathbb{R}}^{1}$	
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a				
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations				J
0.	section 1.358-6(b)(2))?	•••••••••••••••••••••••••••••••••••••••	- <u></u>	X	-
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.				1
	transferor is required to report a section 367(d) annual income inclusion for the tax year?		• <u></u>	X	-
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)				1
U	(2)(B) for the tax year				
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section				
10	1.7874-12(a)(9)?				1
	If "Yes," see instructions and attach statement.		1	X	-
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		200 - <sub>1</sub> . 400		
••	section 1.6011-4?		2 China a	X	3
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).				]
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under				
	section 901(m)?		1	X	£;
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		ing ang si	<u> </u>	
	foreign taxes that were previously suspended under section 909 as no longer suspended?		and Marines	X	و.
14			X		-
	If "Yes," enter the corresponding code(s) from the instructions and attach statement EP				
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		- doctor -	X	. 4
	If "Yes," enter the amount	\$			]
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward				
	to the current tax year (see instructions)?			Х	
	If "Yes," enter the amount	\$			
17a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year				-
	(see instructions)?			<u>X</u>	_
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated		an an an an an an an an an an an an an a		]
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?				_
18	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of			N.	
	Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of			arite Marie	1
	interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the				1
10.	relevant term)?		1	X	_
19a	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section				
	1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning				
	36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the		Constant of the second se		1
b	reporting corporation issue or refinance indebtedness owed to a related party?		9.0356	<u>X</u>	3
U	If the answer to question 19a is "Yes," provide the following.	¢			Choice -
	<ul> <li>(1) The amount of such distribution(s) and acquisition(s)</li> <li>(2) The amount of such related party indebtedness</li> </ul>	¢			
		Φ			

Form 5471 (Rev. 12-2022)

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FORM 547	SCHEDULE G LINE 14 STATEMENT	STATEMENT 15
CODE	DESCRIPTION	AMOUNT
EP	EXCESS SUBPART F INCOME OVER EARNINGS AND PROFITS	354,662.

# Schedule I Summary of Shareholder's Income From Foreign Corporation

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting Is furnished on this Form 5471. This Schedule I is being completed for:

<u>Name</u>	of U.S. shareholder MERCY MEDICAL CENTER, INC. Identifying number 52-0591658				
1a	Section 964(e)(4) Subpart F dividend Income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b	<u> </u>		
C	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception			a	
	under section 954(c)(6)	10			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)		4.24	45,4	29.
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	11	<u> </u>	<u></u> / <u>.</u> .	<u> </u>
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	callings invested in U.S. property (enter the result from Worksheet B)	2	-		
3	Reserved for future use	3		<u> (</u>	
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5 a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
C	Extraordinary reduction amounts (see instructions)	50			
d	Section 245A(e) dividends (see instructions)	5d			
6	Dividends not reported on line 5a, 5b, 5c, or 5d	- 5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
				Yes	No
7 a	Was any income of the foreign corporation blocked?				X
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
If the a	iswer to either question is "Yes," attach an explanation.			오늘것	
8 a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at				
	any time during the tax year (see instructions)?			an shuur na ch	X
b	if the answer to question balls "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year			<u> </u>	
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	es from	the		
	beginning to the ending balances.				
C	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year				
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	is from	the		
	beginning to the ending balances.				
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)	\$			
			C 4 7 4		

Form 5471 (Rev. 12-2022)

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SCHEI (Form	SCHEDULE E (Form 5471)	Income	e, War Profi	its, and Ex	cess P	rofits '	Income, War Profits, and Excess Profits Taxes Paid or Accrued	or Accrued	~~~~		
(Rev. Dec Departme Internal R	(Rev. December 2021) Department of the Treasury Internal Revenue Service		Go to www.	irs.gov/Form5471	Attach to Form 5471. n5471 for instructions a	ת 5471. tions and th	Attach to Form 5471. Go to www.irs.gov/Form5471 for instructions and the latest information.			OMB No. 1545-0123	
Name of pera MERCY	son filing Form 547 MEDICAL	1 CENTER							Identifyir 52-(	ldentifying number 52-0591658	1
Name of 1 GREE	Name of foreign corporation GREENLEAF INSURANCE	ANCE COMPANY,	LTD.				EIN (ff any) 98-0206045	045	Reference ID num FOREIGNUS	Reference ID number (see instructions)	1
a Se	sparate Category (Enter	Separate Category (Enter code - see instructions.)								PAS	1
b If (	code 901j is entered or	If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	code for the sanctio	ned country (see in	istructions)						I I
c If one	one of the RBT codes i	If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) rtf. Taxes for Which a Foreign Tax Credit Is Allowed	the country code for Credit is Allowe	r the treaty country	(see instruc	tions)		*			1 1
Section	n 1 - Taxes Paid or	Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation	-oreign Corporati	U							1
		<b>(a)</b> Name of Payor Entity		(b) EIN or Reference ID Number of Pavor Fotity	<ul> <li>(c)</li> <li>Unsuspended</li> <li>Taxes</li> </ul>		(d) Country or U.S. Possession to Which Tax Is Paid Enter code - see instructions. Hea a semerate into for each )	(e) Foreign Tax Year of Payor Entity to Which Tax Relates		(f) U.S. Tax Year of Payor Entity to Which Tax Relates	1
-			:								I.
2											1
ო											ſ
4				-							1
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	ax If taxes are paid on ction U.S. source income, check box	Local ( Which Ta (enter code -		(i) Tax Paid or Accrued (in local currency in which the tax is navable)	ccrued / in which wahle)	(k) Conversion Rate to U.S. Dollars		() In U.S. Dollars (divide column () by column (k))	(m) In Functional Currency of Foreign Corporation	1
- 0											1 1
4 9								_			ı.
0 4			-			-					1
	Total (combine lines 1 t	Total (combine lines 1 through 4 of column ()). Also report amount on Schedule E-1, line 4	Also report amount or	n Schedule E-1, line	94				,		1.1
Section Section	lotal (combine lines 1 )	6 lotal (combine lines 1 through 4 of column (m)) Section 2 - Tayes Deemed Daid by Enterior Comparation	noration								
	HALLAN CAY I - Z I		poration						-	•	
	Name of Lower	(a) Name of Lower-Tier Distributing Foreign Corporation	Corporation	(D) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation		Country c Paid Us	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	ich Tax Is ions. h.)	(d) PTEP Group (enter code)	(e) roup Annual PTEP Account Jde) (enter year)	1
٢											1
N											
ю											
4									-		
	PTEP D (enter amount in f	(f) PTEP Distributed (enter amount in functional currency)	Total A in the PTEP Grou	<b>(g)</b> Total Amount of PTEP in the PTEP Group (in functional currency)		otal Amount c	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)		gn Income Taxe and not Pre ((column f1)/colur	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (n)/column (a)) x column (n)/(USD)	
-											
8					•						
ო											
4											
5 Tot	tal (combine lines 1 thr	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6	o report amount on S	<u>Schedule E-1, line 6</u>				•			
2 12440 04-01-22	LHA For Paperwor	LHA For Paperwork Reduction Act Notice, see instructions.	, see instructions.						Schedul	Schedule E (Form 5471) (Rev. 12-2021)	

94) (F 

	LTD.			EIN (IT any) 98-0206045	а Т	Reference ID num FOREIGNUS	Reference ID number (see instructions) FORETGNUS
6	s.)					PAS	
b If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	ry code for the sanctioned cou	intry (see instructions)	(				
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)	er the country code for the tre	aty country (see instru	ictions)				
s beginning after Decembe	n election been made under se	sction 986(a)(1)(D) to t	ranslate taxes usir	ig the exchange rate on	the date of payme	ent?	
Part II Taxes for Which a Foreign Tax Credit Is Disall	te of election ► Credit Is Disallowed (E	nter in functional	currency of for	owed (Enter in functional currency of foreign corporation)			i.
(a) Name of Payor Entity No. of F	(b) EIN or Reference ID No. of Payor Entity	(d) Section 901(k) and ()	(e) Section 901(m)		(g) Suspended Taxes	(h) Other	(i) Total
1							
2							
3 In functional currency (combine lines 1 and 2)							
4 In U.S. dollars (translated at the average exchange rate, as defined Schedule E-1 Taxes Paid, Accrued, or Deemed Paid		in section 989(b)(3) and related regulations (see instructions)) on Earnings and Profits (E&P) of Foreign Corporation	egulations (see ins (E&P) of Forei	tructions)) an Corporation			
				Taxe	Taxes related to:		
IMPORTANT: Enter amounts in U.S. dollars.		<u></u>	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	Income	(d) Suspended Taxes
1a   Balance at beginning of vear (as reported in prior year Schedule E-1)	or vear Schedule E-1)						
b Beginning balance adjustments (attach statement)	ent)						
c Adjusted beginning balance (combine lines 1a and 1b)	1b)						
2 Adjustment for foreign tax redetermination							
3a Taxes unsuspended under anti-splitter rules							
b Taxes suspended under anti-splitter rules				ii I			
4 Taxes reported on Schedule E, Part I, Section 1, line 5, column ()	I, line 5, column (I)						
5 Taxes carried over in nonrecognition transactions	us						
	2, line 5, column ()						
/ Other adjustments (attach statement)	or scrumulsted EXD (combine lines	inee			_		
9 Taxes deemed paid with respect to inclusions (see instructions)	see instructions)						
10 Taxes deemed paid with respect to actual distributions	ibutions						
11 Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P	(1) E&P from section 959(c)(2)	E&P					
12 Other (attach statement)							
13 Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c)	s 8 through 12 in columns (a), I	(b), and (c))					
14 Reserved for future use							
15 Reduction for other taxes not deemed paid						-	
16 Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b),	ng of the next year. Line 16, co	olumns (a), (b),					
and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of	/, enter negative amounts on li	ne 15 of					
countrins (a), (b), and (c) in amounts sumdent to reduce line 13, countrins (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	reduce line 13, countins (a), (p 8 through 12	), and (c) to					
zero. For the remaining columns, combine lines 8 through 12	8 through 12	ו), מווט (ט) נוס					

<b>ଜ</b> ଓ			INSURANCE COMPANY, L'LU.			<u>5</u>	98-0206045		FOREIGNUS	ra
	Separate Category	Separate Category (Enter code - see instructions.)	ructions.)						► PAS	
⊥ ק	f code 901j is enter	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)	e country code for th	e sanctioned countr	y (see instructions)					
c F	fone of the RBT or	If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)	e a, enter the country	/ code for the treaty	country (see instruct	ions)				
ched	Schedule E-1 1a	I axes Paid, Accrued, or Deemed Paid	ed, or Deemed I		on Accumulated Earnings and Profits (E&P) of Foreign Corporation	and Profits (E	&P) of Foreign	Corporation	(continued)	
				(e) Taxes related	(e) Taxes related to previously taxed E&P (see instructions)	ed E&P (see in:	structions)			
	(j) Reclassified section 965(a) PTFP	(ii) Reclassified section 965(h) PTFP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTED	(v) Reclassified section 245A/d) DTED	<b>(vi)</b> Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
12										
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14			後のことである。							
15			환자를 가지고 한 관람이다.							
45										

### SCHEDULE H (Form 5471)

(Rev. December 2021) Department of the Treasury Internal Revenue Service

# **Current Earnings and Profits**

Attach to Form 5471.

OMB No. 1545-0123

Go to www.irs.gov/Form5471 for instructions and the latest information.

	of person filing Form 5471 CY MEDICAL CENTER					ldentifyi		nber 0591658
	of foreign corporation ENLEAF INSURANCE COMPANY, LTD.	Ell	N (if any) 98-0206	5045		Referen FORE	ce ID n	umber (see instr.)
IMPO	DRTANT: Enter the amounts on lines 1 through 5c in functional	curren	юу.					_
1	Current year net income or (loss) per foreign books of account						1	17,566,555.
2	Net adjustments made to line 1 to determine current							
	earnings and profits according to U.S. financial and tax							
	accounting standards (see instructions):		Net Addi		Net Subtra	actions		
а	Capital gains or losses	<u>2a</u>	1,070,	<u>,694.</u>				
b	Depreciation and amortization	2b						
С	Depletion	2c						
d	Investment or incentive allowance	2d						
0	Charges to statutory reserves	2e						
f	Inventory adjustments	2f						
g	Income taxes (see Schedule E, Part I, Section 1, line 6,							
	column (m), and Part III, line 3, column (i))	2g						
h	Foreign currency gains or losses	2h						
i	Other (attach statement) SEE STATEMENT 16		<u>13,886,</u>		28,278	000.		
3	Total net additions	3	<u>14,956,</u>					
4	Total net subtractions	4			28,278,	000.		
5a							<u>5</u> a	4,245,429.
b	DASTM gain or (loss) for foreign corporations that use DASTM (s						5b	
c	Combine lines 5a and 5b and enter the result on line 5c. Then en							
	through 5c(iii)(D) the portion of the line 5c amount with respect to	o the c	ategories of in	ncome sh	iown			
	on those lines						_5c	4,245,429.
	(i) General category (enter amount on applicable Schedule J, Pa	art I,						
	line 3, column (a))			<u>5c(i)</u>				
	(ii) Passive category (enter amount on applicable Schedule J, Pa							
	line 3, column (a))			5c(ii)	4,245	429.		
	(iii) Section 901(j) category:							
	(A) Enter the country code of the sanctioned country 🕨 🔄							X2 MARKEN
	and enter the line 5c amount with respect to the sanctior	ned						
	country on this line 5c(iii)(A) and on the applicable Sched							
	Part I, line 3, column (a)			5c(iii)(A)	l a		- 20	
	(B) Enter the country code of the sanctioned country 🕨 🔄							
	and enter the line 5c amount with respect to the sanctior	ned						
	country on this line 5c(iii)(B) and on the applicable Sched	lule J,						
	Part I, line 3, column (a)			5c(iii)(B)				
	(C) Enter the country code of the sanctioned country 🕨 🔔							
	and enter the line 5c amount with respect to the sanctior	ned						
	country on this line 5c(iii)(C) and on the applicable Sched	lule J,						
	Part I, line 3, column (a)			5c(iii)(C)				
	(D) Enter the country code of the sanctioned country $\blacktriangleright$ _							
	and enter the line 5c amount with respect to the sanction	ber						
	country on this line 5c(iii)(D) and on the applicable Sched	ule J,						3월 28일 28일
	Part I, line 3, column (a)			<u>5c(iii)(D)</u>				
d	Current earnings and profits in U.S. dollars (line 5c translated at t	he ave	erage exchance	ge rate, a	S			
	defined in section 989(b)(3) and the related regulations (see instru	otions	s))				5d	4,245,429.
е	Enter exchange rate used for line 5d	<u></u>		🕨	1.00	0000		

Schedule H (Form 5471) (Rev. 12-2021)

212405 04-01-22

FORM 5471 OTHER NET ADJ	USTMENTS	STATEMENT 16
DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
RELATED PARTY PREMIUM ADJUSTMENT MOVEMENT IN LOSS RESERVES	13,886,180.	28,278,000.
TOTAL TO 5471, SCHEDULE H, LINE 21	13,886,180.	28,278,000.

.

# Information for Global Intangible Low-Taxed Income

OMB No. 1545-0123

(Rev. D	ecember 2021)								OMB No. 1545-0123
	ent of the Treasury		_	Attach t	+				
	Revenue Service of person filing Form (	Go to www.irs.gov	//Form	n5471 for i	nstructio	ns and	the latest informat		· · · · · · · · · · · · · · · · · · ·
								Identifying numbe	
	CY MEDICAL				r <u></u>			<u>52-059165</u>	
	of foreign corporation				EIN (if any				ber (see instructions)
GRE.		SURANCE COMPANY,	LTD	•	98-02	060	45	FOREIGNUS	
	Separate Catego	ry (Enter code - see instructions)		·····				<u> </u>	PAS
							Functional	Conversion	U.S. Dollars
-	Gross incomo (o	e instructions if cost of goods so					Currency	Rate	
				-		1	32075018.		
2	1 /	nstructions if cost of goods sold e					52073010.		
a		cted income	2a	giuss leu	albra)				
h	Subpart F incom			32075	018.				
c	•	on income per section 954(b)(4)	20		0101				
d		idends	2d						
e		as extraction income	2e						
3						3	32075018.		
4		s total exclusions (line 1 minus lir	ie 3) (s	ee instruct	tions)	4	0.		
5		erly allocable to amount on line 4				5			
6		oss) (line 4 minus line 5)				6	0.	1.000000	
7		come taxes				7		1.000000	
8	Qualified busines	s asset investment (QBAI)				8		1.000000	
9a	Interest expense	included on line 5	9a						
b	Qualified interest	expense	9b					14.88.11월 원 전전적 14.98.11월 원 전전적	
C	Tested loss QBA	amount	9c						
d	Tested interest e	kpense (line 9a minus the sum of l	line 9b	and line					
	9c). If zero or less	s, enter -0-		,		9d		.000000	
10a		ncluded in line 4	10a						
b			10b						
C		come (line 10a minus line 10b). If							
	enter-0-			<u></u>		10c		.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

212385 04-01-22

**SCHEDULE I-1** 

(Form 5471)

SCHE (Form	SCHEDULE J (Form 5471)	Accumulated Earning	ings & Profit	s & Profits (E&P) of Controlled Foreign Corporation	ontrolled Fo	reign Corp	oration	
(Rev. Dect Departme Internal Re	(Rev. December 2020) Department of the Treasury Internal Revenue Service	► Go t	to www.irs.gov/Form	<ul> <li>Attach to Form 5471.</li> <li>Go to www.irs.gov/Form5471 for instructions and the latest information.</li> </ul>	nd the latest informa	tion.		OMB No. 1545-0123
Name of p	Name of person filing Form 5471				-		Iden	ldentifying number
MERC	MERCY MEDICAL	CENTER			-			52-0591658
GREE	Name of foreign corporation GREENLEAF INS	INSURANCE COMPANY, LTD.			EIN (fr any) 98-0206045	<u> </u>	Reference ID number FOREIGNUS	I
a Se	parate Category (	Separate Category (Enter code - see instructions.)			-	-	PAS	м М
Ъ Ц	code 901j is entere	If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	sanctioned country (se	e instructions)				
Гаг	I Accumulat	Part I Accumulated E&P of Controlled Foreign Corporation	rporation					
	heck the box if pe	Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions)	reholders' information	to complete an amount	: in column (e) (see ins	tructions).		
Import	<b>ant:</b> Enter amount:	Important: Enter amounts in functional currency.	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 056(A(Y) halance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed (i) Reclassified section 965(a) PTEP	(e) Previously Taxed E&P (see instructions) (i) Reclassified (ii) Reclassified section 965(a) PTEP
1a 1	Balance at beginnir vear Schedule .N	Balance at beginning of year (as reported on prior vear Schedule J)	-524.250.	-6 934 560.				
9	Jeanning balance	Beginning balance adjustments (attach statement) *		1				
	Adjusted beginning	Adjusted beginning balance (combine lines 1a and 1b)	-524,250.	-6,934,560.				
2a F	Reduction for taxes	Reduction for taxes unsuspended under anti-splitter rules						
<u>9</u>	Disallowed deducti anti-splitter rules	Disallowed deduction for taxes suspended under anti-solitter rules						
ອ ອ	Current year E&P (	Current year E&P (or deficit in E&P) (enter amount	1					
	from applicable line	from applicable line 5c of Schedule H)	4,245,429.					
	E&P from lower-tier	Lar aminutable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a E	E&P carried over in	E&P carried over in nonrecognition transaction						
<u>.</u> 9	Reclassify deficit in E&P as nonrecognition transaction	Reclassify deficit in E&P as hovering deficit after non-recognition transaction						
9	Other adjustments	Other adjustments (attach statement)						
1 2	Total current and a 1c through 6)	Total current and accumulated E&P (combine lines 1c through 6)	3.721.179.	-6.934.560.				
8	Amounts reclassified	Amounts reclassified to section 959(c)(2) E&P from						
° 4 6	Actual distributions		12221					
- 10 14	Amounts reclassified to se from section 959(c)(2) E&P	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11 A	Amounts included	Amounts included as earnings invested in U.S. property						
67	ind reclassified to :	and reclassified to section 959(c)(1) E&P (see instructions)						
5 5	Other adjustments (attach statement)	(attach statement)						
13 4 T	Hovering deficit offset of undistrib transaction E&P (see instructions)	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
4	alance at beginnir	Balance at beginning of next year (combine lines 7 through 13)	-524,250.	-6,934,560.				
212421 04-01-22	LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 5471.	he Instructions for Fo	rm 6471.	ſ		Schedule J (For	Schedule J (Form 5471) (Rev. 12-2020)

STMT 17

		(e) Previously Taxed E&P (see instructions)	(3)	
(jiii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
13				
q				
U				
2a				
٩				
3				
4				
5a				
q				
9				
2				
8				
0				
10				
11				
12				
13				
	(e) Previously Taxed E&P (see instructions)	(see instructions)		(1)
(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP		(x) Section 951 (a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(X)
1a				-7,458,810.
9				
0				-1,458,810.
q				
n				4,245,429.
4				
5a				
P				
9 1				1077 1077 1077
		_	716 120	-2,413,351.
0 0		- 4,	245,	-4 245 429.
10				
11				
12				
13 13				

Sche(	Schedule J (Form 5471) (Rev. 12:2020) Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))		Page 3
Inpo	Important: Enter amounts in functional currency.		
٣	Balance at beginning of year		
2	Additions (amounts subject to future recapture)	!	2
ю	Subtractions (amounts recaptured in current year)		
4	Balance at end of year (combine lines 1 through 3)		4
		Schet	Schedule J (Form 5471) (Rev. 12-2020)

SCH (For	(Form 5471) Accumulated Earning	ings & Profit	is & Profits (E&P) of Controlled Foreign Corporation	ontrolled Fo	sreign Corj	oration		
(Rev. D. Departm Internal		► © www.irs.gov/Form	Attach to Form 5471. Go to www.irs.gov/Form5471 for instructions and the latest information.	and the latest informs	ation.		OMB No. 1545-0123	
Name o	Name of person filing Form 5471						ldentifying number	
MER	MERCY MEDICAL CENTER			-	-		52-0591658	
GRE	NAME OF CARENTIE AND COMPANY, LTD.			EIN (# any) 98-0206045	<u> </u>	Reference ID numb <del>er</del> FORRTGNTIS		
B	Separate Category (Enter code - see instructions.)						GEN	
<u>۲</u> م	If code 901j is entered on line a, enter the country code for the sancti	sanctioned country (see instructions)	e instructions)					
		rporation					1	
	Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions)	reholders' information	to complete an amoun	t in column (e) (see ins	structions).			
lmpoi	Important: Enter amounts in functional currency.	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and (post-1986 and 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes		(e) Previously Taxed E&P (see instructions) (i) Reclassified section 965(a) PTEP section 965(b) PTEP	
1a	Balance at beginning of year (as reported on prior year Schedule J) .							
.a	Beginning balance adjustments (attach statement)							
v	Adjusted beginning balance (combine lines 1a and 1b)							
2a	Reduction for taxes unsuspended under anti-splitter rules						-	
ঀ	Disallowed deduction for taxes suspended under anti-scripter rules							
¢							-	
0	Current year Exampler for dericit in Exampler amount from applicable line 5c of Schedule H)					,		
4	E&P attributable to distributions of previously taxed							
	E&P from lower-tier foreign corporation							
Sa	E&P carried over in nonrecognition transaction							
q	Reclassify deficit in E&P as hovering deficit after							
G	Contraction transaction							
	Total a guarments (attach statement)							
-	i otal current and accumulated Extr (compile lines 1c through 6)							
ø	Amounts reclassified to section 959(c)(2) E&P from							
σ	securi sosicijoj Eor Actusi distrihi trions							
<u>ج</u>	Amorinte reclassified to contion GEO(A)(1) EPD							
2	Puriodinal reclassing to section 939(c)(1) EXP from section 959(c)(2) E&P							
F	Amounts included as earnings invested in U.S. property							
Ş				i				
+	Urner adjustments (attach statement)							
2	Hovering deficit offset of undistributed post- transaction E&P (see instructions)							
4	Balance at beginning of next year (combine lines 7 through 13)					-		
212421 C	212421 04-01-22 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.	ie Instructions for For	rm 5471.			Schedule J (F	Schedule J (Form 5471) (Rev. 12-2020)	
Intercention         Intercention         Intercention         Intercention           P </th <th>Initial Control freedband         Initial Control freedband         In</th> <th>Part</th> <th>Accumulated E&amp;P of Con</th> <th>Part I Accumulated E&amp;P of Controlled Foreign Corporation (continued)</th> <th>:ontinued)</th> <th></th> <th></th> <th>2 900 L</th>	Initial Control freedband         In	Part	Accumulated E&P of Con	Part I Accumulated E&P of Controlled Foreign Corporation (continued)	:ontinued)			2 900 L
---	--	--------	---	--	--	-------------------	-------	---
Bit Generating media       (w) Reclassified section 361Å PTEP       (w) Section 960(0) PTEP       (w) Section 960(0) PTEP         990(0) PTEP       9 </th <th>Rill General section         (M) Reditastified section 245A(s) PTEP         (M) Section 245A(s) PTEP           G809(1) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP           (M) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP           (M) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP</th> <th></th> <th></th> <th>9</th> <th>) Previously Taxed E&amp;P (see instructions</th> <th></th> <th></th> <th></th>	Rill General section         (M) Reditastified section 245A(s) PTEP         (M) Section 245A(s) PTEP           G809(1) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP           (M) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP           (M) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP         (M) Section 245A(s) PTEP			9	) Previously Taxed E&P (see instructions			
(i)       (	(Mill Section 361 A FTEP     (A) Section 245 A(6) FTEP         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 245 A(6) FTEP         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 245 A(6) FTEP)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 245 A(6) FTEP)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 245 A(6) FTEP)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 361 A)         (Mill Section 245 A(6) FTEP)         (Mill Section 361 A)		(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP		PTEP	(vii) Section 965(b) PTEP
(a)       (b)       (b)       (c)       (	Mill Section 551A PTEP     Mill Section 551A PTEP	1a						
Mill Section 651A PTEP       (b) Section 651(A) (10)       (b) Section 61(A)       (b) Section 61(A)	(i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)       (i)     (i)     (i)     (i)     (i)     (i)	q						
(i)       (	(i)       (	¢				-		
Mill Section 951A PTEP       Mill Section 951(0(10)) PTEP         Mill Section 951A PTEP       Mill Section 951(0(10)) PTEP	Will) Section 61 A PTEP       (a)       (b)       (b)       (c)	2a						
(i)       (	(i)       (	q						
(viii) Section 681A PTEP       (viii) Section 981A PTEP       (viii) Section 981A PTEP         (viii) Section 681A PTEP       (viii) Section 981A PTEP       (viii) Section 981A PTEP	(MI) Section 651 A PTEP     (A) Section 651 (A) (V(V) PTEP	3				-		
(viii) Section 951A PTEP       (v)       (v) <td< td=""><td>(mit) Section 951 A PTEP       (mit) Section 951 (a) (1)(v) PTEP         (mit) Section 951 (a) (1)(v) PTEP       (mit) Section 951 (a) (1)(v) PTEP</td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(mit) Section 951 A PTEP       (mit) Section 951 (a) (1)(v) PTEP         (mit) Section 951 (a) (1)(v) PTEP       (mit) Section 951 (a) (1)(v) PTEP	4						
(vil) Section 951A PTEP       (vil) Section 951A PTEP         (vil) Section 951A PTEP       (vil) Section 951A PTEP         (vil) Section 951A PTEP       (vil) Section 951A PTEP         (vil) Section 951A PTEP       (vil) Section 951A PTEP	(a)       (a)       (a)       (b)       (c)       (	5a						
(Mil) Section 951A PTEP       (N) Section 245A(d) PTEP         (Mil) Section 951A PTEP       (N) Section 245A(d) PTEP         (Nil) Section 951A PTEP       (N) Section 951A PTEP	(viii) Section 551A PTEP       (v) Section 551A PTEP       (v) Section 551A PTEP         (viii) Section 551A PTEP       (v) Section 551A PTEP       (v) Section 551A PTEP	q						
(viii) Section 051A PTEP     (a) Previously Taxed E&P       (viii) Section 051A PTEP     (b) Section S51A(1)(y) PTEP	(vii) Section 951A PTEP       (vi) Section 951A PTEP       (vi) Section 951A PTEP         (vii) Section 951A PTEP       (vi) Section 951A PTEP       (vi) Section 951A PTEP	9						
(vii) Section 361A PTEP       (v) Section 361A PTEP         (vii) Section 361A PTEP       (v) Section 361A PTEP         (vii) Section 361A PTEP       (v) Section 361A PTEP         (vii) Section 361A PTEP       (v) Section 361A PTEP         (vii) Section 361A PTEP       (v) Section 361A PTEP         (viii) Section 361A PTEP       (v) Section 361A PTEP         (vii) Section 361A PTEP       (v) Section 361A PTEP         (vii) Section 361A PTEP       (v) Section 361A PTEP	(vili) Section 951A PTEP       (v) (v) VTEP       (v) Section 951(v) VTEP         (vili) Section 951A PTEP       (vil) Section 951(v) VTEP       (v) Section 951(v) VTEP	~						
(Mil) Section 951A PTEP     (b) Section 951(a)(1)(b) PTEP       (Mil) Section 951A PTEP     (b) Section 951(a)(1)(b) PTEP	(viii) Section 951A PTEP       (a) Pretrons       (b) Pretrons       (a) Section 951A PTEP         (viii) Section 951A PTEP       (b) Section 951A PTEP       (b) Section 951A PTEP       (c) Pretrons	∞						
(Mil) Section 951A PTEP       (a) Section 951(a) ((b) PTEP         (Mil) Section 951A PTEP       (b) Section 951(a) ((b) PTEP         (Mil) Section 951(a) ((b) PTEP       (b) Section 951(a) ((b) PTEP         (Mil) Section 951(a) ((b) PTEP       (b) Section 951(a) ((b) PTEP         (Mil) Section 951(a) ((b) PTEP       (b) Section 951(a) ((b) PTEP	(viii) Section 951A PTEP       (a) Previously Taxed E&P (see instructions)         (viii) Section 951A PTEP       (b) Section 951(a)(1)(y), PTEP         (viii) Section 951A PTEP       (b) Section 951(a)(1)(y), PTEP	σ						
(vil) Section S51A PTEP     (a)     (b)     (c)     (c)       (vil) Section S51A PTEP     (b) Section S51A (c) PTEP     (b) Section S51A (c) PTEP     (c)	(viii) Section 351A PTEP       (x) Section 351(a) (1)(N) PTEP         (viii) Section 351A PTEP       (x) Section 351(a) (1)(N) PTEP         (viii) Section 351A PTEP       (x) Section 351(a) (1)(N) PTEP	ę						
(viii) Section 951A PTEP     (a) Previously Taxed E&P (see instructions)       (a) Previously Taxed E&P (see instructions)       (b) Section 951A PTEP       (b) Section 245A(c) PTEP       (b) Section 951A PTEP       (b) Section 245A(c) PTEP       (b) Section 951A PTEP       (c) TEP	(viii) Section 951A PTEP       (v) Section 951A PTEP       (v) Section 951A PTEP         (viii) Section 951A PTEP       (v) Section 951(a)(1)(N) PTEP       (v) Section 951(a)(1)(N) PTEP	2;						
(viii) Section 9514 PTEP     (a) Previously Taxed E&P (see instructions)       (viii) Section 9514 PTEP     (b) Section 951(a) (1) (y) PTEP       (viii) Section 951(a) (1) (y) PTEP     (b) Section 951(a) (1) (y) PTEP	(will) Section 951A PTEP       (b) Section 351A PTEP         (will) Section 951A PTEP       (b) Section 351(a)(1)(A) PTEP         (iii) Section 951A PTEP       (b) Section 951(a)(1)(A) PTEP	=						
(vili) Section 951A PTEP       (a) Section 951A PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951(a)(1)(v) PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951(a)(1)(v) PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951(a)(1)(v) PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951(a)(1)(v) PTEP       (b) Section 951(a)(1)(v) PTEP         (vili) Section 951(a)(1)(vili) PTEP       (b) Section 951(a)(1)(vili) PTEP         (vili) Section 951(a)(1)(vili) PTEP       (b) Section 951(a)(1)(vili) PTEP         (vili) Section 951(a)(1)(vili) PTEP       (vili) Section 951(a)(1)(vili) PTEP         (vili) Section 951(a)(1)(vili) PTEP       (vili) Section 951(a)(1)(vili) PTEP         (vili) Section 951(a)(1)(vili) PTEP       (vili)	(vili) Section 951A PTEP       (a) Section 245.4(d) PTEP       (b) Section 351.6(1)(y) PTEP         (vili) Section 951A PTEP       (b) Section 245.4(d) PTEP       (b) Section 351.6(1)(y) PTEP         (vili) Section 951A PTEP       (b) Section 245.4(d) PTEP       (b) Section 351.6(1)(y) PTEP	얻						
(e) Previously Taxed E&P (see instructions)         (e) Previously Taxed E&P (see instructions)         (vili) Section 951A PTEP       (b) Section 951(a)(1)(y) PTEP         (vili) Section 951(a)(1)(y) PTEP       (vili) Section 951(a)(1)(y) PTEP	(viii) Section 951A PTEP       (a) Previously Taxed E&P (see instructions)         (viii) Section 951A PTEP       (b) Section 245A(d) PTEP         (viii) Section 951A PTEP       (b) Section 951(a) (vi)(v) PTEP         (viii) Section 951A PTEP       (b) Section 245A(d) PTEP         (viii) Section 951A PTEP       (b) Section 951(a) (vi)(v) PTEP         (viii) Section 951A PTEP       (b) Section 951(a) (vi)(v) PTEP         (viii) Section 951A PTEP       (b) Section 951(a) (vi)(v) PTEP         (viii) Section 951A PTEP       (b) Section 951(a) (vi)(v) PTEP         (viii) Section 951A PTEP       (b) Section 951(a) (vi) (vi) PTEP         (viii) Section 951A PTEP       (vi) Section 951(a) (vi) (vi) (vi) PTEP         (vi) Section 951A PTEP       (vi) Section 951(a) (vi) (vi) (vi) (vi) (vi) (vi) (vi) (vi	е С	3					
(e) Previously Taxed E&P (see instructions)         (vill) Section 551A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 51A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 951(a)(1) PTEP       (x) Section 951(a)(1)(A) PTEP       (x) Section 951(a)(1)(A) PTEP         (vill) Section 951(A) PTEP       (x) Section 951(a)(A) PTEP       (x) Section 951(a)(A) PTEP         (vill) Section 951(A) PTEP       (x) Sectio	(e) Previously Taxed E&P (see instructions)         (vili) Section 951A PTEP       (b) Section 951(a)(1)(v) PTEP       (b) Section 951(a)(1)(v) PTEP         (ii) (ii) Section 951A PTEP       (ix) Section 951(a)(1)(v) PTEP       (ix) Section 951(a)(1)(v) PTEP         (iii) Section 951A PTEP       (ix) Section 951(a)(1)(v) PTEP       (ix) Section 951(a)(1)(v) PTEP         (iii) Section 951A PTEP       (ix) Section 951(a)(1)(v) PTEP       (ix) Section 951(a)(1)(v) PTEP	4						
Vill) Section 951A PTEP       (x) Section 245A(d) PTEP         (vill) Section 951A PTEP       (x) Section 851(a)(1)(v) PTEP         (x) Section 951A PTEP       (x) Section 951(a)(1)(v) PTEP	Vill Section 361A PTEP       (x) Section 245A(d) PTEP       (x) Section 951(a)(1)(x) PTEP       (x)         Image: Section 361 and Section 361 (a)(1)       Image: Section 361 (a)(1)       Image: Section 951 (a)(1)	]		(e) Previously Taxed E&P (s)	see instructions)		-	9
			(viit) Section 951A PTEP	(ix) Section 245A(		951(a)(1)(A) PTEP	Г oэ)	otal Section 964(a) E&P mbine columns (a), (b), (c), and (e)(i) through (e)(x))
		, a						
		s						
No.         No. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
4       0		23						
3       4         b       b         b       -         b       -         c       6         0       -         0       -         11       -         12       -         13       -         13       -         14       -         15       -         16       -         17       -         18       -         19       -         10       -         11       -         12       -         13       -         14       -         15       -         16       -         17       -         18       -         19       -         10       -         11       -         12       -         13       -         14       -		٩						
4       5a       5a         b       b       5         c       7       7         d       9       9         10       10       10         12       12       14		8						
5a         5a           6         6           7         7           8         8           10         9           11         1           12         1           13         1		4						
b         c         b           6         6         1         1           8         8         1         1           9         9         1         1         1           10         1         1         1         1         1           11         1         1         1         1         1         1           13         1         1         1         1         1         1         1		5a						
6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		q						
1       1         8       1         9       1         10       1         11       1         12       1         13       1         14       1		9						
8 9 1 1 1 1 1 1 1 1 1 1 1 1 1		~						
9 10 11 11 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14		œ						
11     11       13     13		6						
11     12     13       13     14		무						
12 13 13 14 14 17 17 17 17 17 17 17 17 17 17 17 17 17		11						
13		12						
14		13						
		14						

õ	Important: Enter amounts in functional currency.			
	Balance at beginning of year	٨	7-	
	Additions (amounts subject to future recapture)	۸	R	
	Subtractions (amounts recaptured in current year)	۸	ო	
I	Balance at end of year (combine lines 1 through 3)		4	

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SCF For	SCHEDULE J Accumulated Earning	inas & Profil	is & Profits (E&P) of Controlled Foreian Corporation	ontrolled F	oreian Col	boration	
(Rev. E Depart Interna		to www.irs.gov/Form	<ul> <li>Attach to Form 5471.</li> <li>Go to www.irs.gov/Form5471 for instructions and the latest information.</li> </ul>	Ind the latest inform	lation.		OMB No. 1545-0123
Name	Name of person filing Form 5471			2			Identifying number
MEF	MERCY MEDICAL CENTER	:			3		52-0591658
GR H	Name of foreign corporation GREENLEAF INSURANCE COMPANY, LTD.			ElN (If any) 98-0206045	06045	Reference ID number FOR F.T.CMITS	
đ	igory (Enter code - see instructions.)				0+000		TOTAT.
٩	If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	sanctioned country (se	e instructions)				
Pa	Part I Accumulated E&P of Controlled Foreign Corporation	rporation				-	
	Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions)	reholders' information	to complete an amount	t in column (e) (see ir	istructions).	i	
Impo	Important: Enter amounts in functional currency.	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 650(-Y8) helence)	(b) Post-1986 Undistributed Earnings (post-1986 and post-2018 section	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 656(c)(3) belancol	(d) Hovering Deficit and Deduction for Suspended		(e) Previously Taxed E&P (see instructions) (i) Reclassified (ii) Reclassified section 965(a) PTEP section 975(b) PTEP
7	Balance at beginning of year (as reported on prior	for more followner	303(0)(0) Data (06)				
	year Schedule J)	-524,250.	-6,934,560.				
٩	Beginning balance adjustments (attach statement)						
o	Adjusted beginning balance (combine lines 1a and 1b)	-524,250.	-6,934,560.				
2a	Reduction for taxes unsuspended under anti-splitter rules						
a	Disallowed deduction for faxes suspended under					1	
ო	Current vear E&P (or deficit in E&P) (enter amount						
	from applicable line 5c of Schedule H)	4,245,429.					
4	E&P attributable to distributions of previously taxed E&P from [owerfier foreign connection]						2
5a							
٩	Reclassify deficit in E&P as hovering deficit after					-	
	nonrecognition transaction						
9	Other adjustments (attach statement)						
~	Total current and accumulated E&P (combine lines	3 721 179	-6 934 560				
ω	Amounts reclassified to section 959(c)(2) E&P from						
	section 959(c)(3) E&P	-4,245,429.					
6	Actual distributions						
6	Amounts reclassified to section 959(c)(1) E&P						
÷							
=	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	-524,2506,	-6,934,560.				
212421	212421 04-01-22 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.	ne Instructions for Fo	rm 5471.			Schedule J (	Schedule J (Form 5471) (Rev. 12-2020)

Vart I	Part 1 Accumulated E&P of Controlled Foreign Corporation		(continued)		
		(e)	(e) Previously Taxed E&P (see instructions)	(s)	
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
12					
q					
v					
2a					
q					
5a					
1					
		(e) Previously Taxed E&P (see instructions)	see instructions)		(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP		(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(f) through (e)(x))
					-7 458 810
					• • • • • • • • • • • • • • • • • • • •
L					-7.458.810.
			- -		
			- - - - -		4,245,429.
		-			-3,213,381.
			7		
			-4	,245,429.	-4,245,429.
14					-7,458,810.
04-0	1-22				Schedule J (Form 5471) (Rev. 12-2020)

Sche Par	Schedule J (Form 5471) (Rev. 12:2020) Partall Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))			Page 3
lmpo	Important. Enter amounts in functional currency.		-	
Ţ	Balance at beginning of year			
2	Additions (amounts subject to future recapture)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ო	Subtractions (amounts recaptured in current year)			1
4	4 Balance at end of year (combine lines 1 through 3)		4	
		Schee	ule J (Form 54	Schedule J (Form 5471) (Rev. 12-2020)

## SCHEDULE M (Form 5471) (Rev. December 2021)

Department of the Treasury

Internal Revenue Service

## Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

N٤	me of person filing Form 5471			· · · · · · · · · · · · · · · · · · ·				Ident	ifying number
	ERCY MEDICAL CENTER	·		······				52-	0591658
Na	me of foreign corporation			EIN (if any)		Refere	nce ID number		
	REENLEAF INSURANCE						EIGNUS		
Im	portant: Complete a separate Schedule	M for each controlled	foreig	gn corporation. E	nter the totals fo	r each :	type of transactic	on tha	t occurred during
UR	e annual accounting period between ti	he foreign corporation a	and ti	ie persons listed	in columns (b) th	hrough i	(f). All amounts n	nust h	e stated in U.S.
	llars translated from functional current								
<u>, CII</u>	ter the relevant functional currency and the	exchange rate used throu							1.000000
	<ul> <li>(a) Transactions of foreign corporation</li> </ul>	(b) U.S. person filing this return	corp	(6) Any domestic oration or partnership controlled by U.S. person filing this return	(0) Any other fo corporation or part controlled b U.S. persor filing this retu	tnership Y 1	(8) 10% or more t shareholder of contr foreign corporati- (other than the U, person filing this re	olled on S.	(f) 10% or more U.S. shareholder of any corporation controlling the foreign
	Sales of stock in trade (inventory)	····			ning ano rote		person mang and re		corporation
	2 Sales of tangible property other than stock in trade				· · · · · · · · · · · · · · · · · · ·				
8	Sales of property rights (patents,			• • • • • • • • • • • • • • • • • • •			· · · · ·		· · · · · · · · · · · · · · · · · · ·
	trademarks, etc.) Platform contribution transaction payments		L						
	received	······							
	Cost sharing transaction payments received								
t	Compensation received for technical,								
	managerial, engineering, construction,								
7	or like services Commissions received								
, ,	Rente, royalties, and license fees received								
	Hybrid dividends received (see instr.)						<u> </u>	<u> </u>	
	Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)								
11	Interest received								
	Premiums received for insurance or			·					
	reinsurance	3,411,750.							
13	Loan guarantee fees received						· · · ·		
	Other amounts received (att. statement)								
	Add lines 1 through 14	3,411,750.		, <u></u>					<u></u>
	Purchases of stock in trade (inventory)						<b>.</b>		
	Purchases of tangible property other								
	than stock in trade					[			
18	Purchases of property rights								
	(patents, trademarks, etc.)								
19	Platform contribution transaction								· <u>····</u> ···
	payments paid								
	Cost sharing transaction payments paid Compensation paid for technical, managerial, engineering, construction,								
	or like services								
	Commissions paid								
	Rents, royalties, and license fees paid Hybrid dividends paid (see instructions)				· <u> </u>				
	Dividends paid (see instructions) Dividends paid (exclude hybrid dividends paid)	······································							
26	Interest paid								· · · · · · · · · · · · · · · · · · ·
	Premiums paid for Insurance or reinsurance				·				
	Loan guarantee fees paid			<u> </u>	· · · · · · · · · · · · · · · · · · ·			_	
	Other amounts paid (attach statement)								

212371 04-01-22

Schedule M (Form 5471) (Rev. 12-2021)

Name of person filing Form 5471				Ident	Page Ifying number
MERCY MEDICAL CENTER				52-	0591658
(8) Transactions of foreign corporation	(b) U.S. person filling this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	<ul> <li>(e) 10% or more U.S.</li> <li>shereholder of controlled foreign corporation (other than the U.S.</li> <li>person filling this return)</li> </ul>	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.				· · · · · · · · · · · · · · · · · · ·	
33 Accounts Receivable			· ····		
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Schedule M (Form 5471) (Rev. 12-2021)

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212372 04-01-22

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52-0591658

FORM 5471 SCH J	BEGINNING BALANCE ADJUSTMENTS	STATEMENT 17

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THE TAXPAYER IS CORRECTING THE BEGINNING OF YEAR BALANCE ON LINE 1A

SCHEDULE P   Pr (Form 5471) Pr	Previously Taxed Earnings and Profits of U.S. Shareholder	Shareholder		
(Rev. December 2020)	of Certain Foreign Corporations			OMB No. 1545-0123
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 5471.</li> <li>Go to www.irs.gov/Form5471 for instructions and the latest information.</li> </ul>	t information.		
15471 AL CENTER			Identifying number 52-0591658	nber 658
Name of U.S. shareholder MERCY MEDICAL CENTER, INC.			Identifying number 52-0591658	aber 558
Name of foreign corporation GREENLEAF INSURANCE COMPANY, LT	LTD.	⊟N (ff any) 98–0206045	FORFIGNUS FORFIGNUS	Reference ID number (see instructions)
a Separate Category (Enter code - see instructions.)			PAS	
b If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	a for the sanctioned country (see instructions)			
	urrency (see instructions)			
		(a) Reclassified section 965(a) PTEP	<b>(b)</b> Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a Balance at beginning of year (see instructions)				
b Beginning balance adjustments (attach statement)				
<ul> <li>Adjusted beginning balance (combine lines 1a and 1b)</li> </ul>				
2 Reduction for taxes unsuspended under anti-splitter rules	lles			
3 Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	eviously taxed E&P from lower-tier foreign corporation			
4 Previously taxed E&P carried over in nonrecognition transaction	ansaction			
5 Other adjustments (attach statement)				
Combine lines 1c through 5)	5)			
7 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3)	ztion 959(c)(3) E&P			
8 Actual distributions of previously taxed E&P				
<ul> <li>Amounts reclassified to section 959(c)(1) E&amp;P from section 959(c)(2)</li> </ul>	tion 959(c)(2) E&P			
10 Amounts included as earnings invested in U.S. property	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11 Other adjustments (attach statement)			<u> </u>	
12 Balance at beginning of next year (combine lines 6 through 11)	ugh 11)			f
LHA For Paperwork Reduction Act Notice, see instructions.	<b>DS.</b> 212365 04-01-22		Schedule P (Fo	Schedule P (Form 5471) (Rev. 12-2020)

 (f) Section 965(a) PTED	(g) Section Des(h) DTED	(h)	()	6	(K)
ייטוי פיטי(מ) ריובר		PTEP	Section 245A(d) PTEP	Section 951(a)(1)(A) PTEP	Total
2					
		-			
				4,245,429.	4,245,429.
				-4,245,429.	-4,245,429.
				0	0.

Schedule P (Form 5471) (Rev. 12-2020) Part II Previously Taxed E&P in U.S. Dollars				Page 3
	Reclar 96	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a         Balance at beginning of year (see instructions)				
<ul> <li>Beginning balance adjustments (attach statement)</li> </ul>				
c Adjusted beginning balance (combine lines 1a and 1b)				
2 Reduction for taxes unsuspended under anti-splitter rules				
3 Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	teign corporation			
4 Previously taxed E&P carried over in nonrecognition transaction				
5 Other adjustments (attach statement)				
6 Total previously taxed E&P (combine lines 1c through 5)				
7 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P				
8 Actual distributions of previously taxed E&P				
9 Amounts reclassified to section 958(c)(1) E&P from section 958(c)(2) E&P	-			
10 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)	E&P (see instructions)			
11 Other adjustments (attach statement)				
12 Balance at beginning of next year (combine lines 6 through 11)				
			Schedule P (Form	Schedule P (Form 5471) (Rev. 12-2020)

Page 4	(k) Total								4,245,429.	-4,245,429.				.0	71) (Rev. 12-2020)
	(a)(1)(A)									1				.0	Schedule P (Form 5471) (Rev. 12-2020)
	() Section 951(a)(1)(A) PTEP								4,245,429.	-4,245,429.					
	(i) Section 245A(d) PTEP						=				-				
	(h) Section 951A PTEP														
	(g) Section 965(b) PTEP														
lars (continued)	(1) Section 965(a) PTEP														
Schedule P (Form 5471) (Rev. 12-2020) Part III Previously Taxed E&P in U.S. Dollars (continued)	(e) Reclassified section 245A(d) PTEP				-					*					
Schedule P (Form 5471) (Rev. 12-2020) Part II. Previously Taxed	( <b>d)</b> Reclassified section 951A PTEP														
Schedul		1a 1	 v	2	ę	4	s S	9	7	8	6	ę	<del>.</del>	12	

SCHEDULE Q (Form 5471)	CFC Income b	CFC Income by CFC Income Groups	sdno		
(Rev. December 2022) Department of the Treasury Internal Revenue Service	Att Go to www.irs.gov/Form5471	Attach to Form 5471. Go to www.irs.gov/Form5471 for instructions and the latest information.	information.	ð	OMB No. 1545-0123
Name of person filing Form 5471 MERCY MEDICAL CENTER				Identifying number 도오~ 0도91	ber A.T.R
Name of foreign corporation			EIN (if any)	Reference ID nu	Reference ID number (see instructions)
GREENLEAF INSURANCE COMPANY,	PANY, LTD.		<u>98-0206045</u>	FOREIGNUS	S
Complete a separate Schedule Q with respect to each applicable category of income (see instructions)	to each applicable category of income (see inst	ructions).			
A Enter separate category code with respect to which this Schedul	sect to which this Schedule Q is being complete	le Q is being completed (see instructions for codes)		PAS	
	he A, enter the applicable grouping code (see instructions)	istructions)			
C If code "901]" is entered on line A, enter the country code for the	ir the country code for the sanctioned country (see instructions)	see instructions)			
Ð	se income and foreign source income (see instruct	uctions for an exception).			
D Indicate whether this Schedule Q is being completed for: Complete a separate Schedule Q for FOGEI or FORI income.	ing completed for: <u>K</u> U.S. source income or FORI income.		Foreign source income		
E If this Schedule Q is being completed for FOGEI or FORI income.	or FOGEI or FORI income, check this box				
Enter amounts in functional currency of the foreign corporation (unless otherwise noted)	(i) (ii) (iii) Country Gross Income Definitely Related Code Evenness	(iv) Related Related Person	(v) Other Interest	(vi) Research & Experimental	(vii) Other Expenses
1 Subpart F Income Groups	「大学」の「大学」で、新学校の			Expenses	(attach schedule)
a Dividends, Interest, Rents, Royalties,					
	32,075,018. 27,	- N			
(1) Unit name: GREENLEAF IN	CJ 32,075,018. 27,829	9,589.			
b Net Gain From Certain Property -					
I ransactions (I otal)					
(1) Unit name:					
c Net dain From Commodities Transactions Total					
(1) Unit name: (2) Unit name:			-		
d Net Foreign Currency Gain (Total)					
_					
(2) Unit name:					
e Income Equivalent to Interest (Total)					
(1) Unit name:			-		
(2) Unit name:					
f Other					
(1) Unit name:					
(2) Unit name:					
성 Foreign Base Company Sales 현 Income (Total)					
£					
a (2) Unit name:					
Important: See Computer-Generated Schedule Q	hedule Q in instructions.				
LFIA FOI Paperwork Reduction Act Notice, see INSTUCTIONS.	r ucrons.	159		Schedule Q (For	Schedule Q (Form 5471) (Rev. 12-2022)

Will     Will	4,245,429.	4,245,429. 170,993,385.										
The Archiver of the Archiver of												

Schedule Q (Form 5471) (Rev. 12-2022)

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Schedule Q (Form 5471) (Rev. 12-2022)							Page <b>3</b>
Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	() Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<ol> <li>Subpart F Income Groups</li> <li>Foreign Base Company Services Income (Total)</li> </ol>							
(1) Unit name:(2) Unit name:	5						
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
k International Boycott Income				-			
Bribes, Kickbacks, and Other Payments							
m Section 901() income							
2 Recaptured Subpart F Income	1						
3 Tested Income Group (Total)			i				
(1) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		32,075,018.	27,829,589.				
Important: See Computer-Generated Schedule Q in instructions.	hedule	Q in instructions.					
						Schedule Q (Fo	Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Di	current Year Tax on	(ix) Current Year Tax on All	(x) Other Gurrent	{xi} Net Income	(xii) Foreign Taxes for	(xiii) Averade Asset Value	(xiv) Hidh	(xv) Loss Allocation	(xvi) Net Income After
	Reattributed Income From Disregarded Payments	Other Disregarded Payments	Year Taxes	(column (ii) less columns (iii) through (X))	Which Credit Allowed (U.S. Dollars)		Tax Election		Loss Allocation (column (xi) minus column (xv))
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				4,245,429.					

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(December 2020) Department of the Treasury			► Attack							DMB No. 154	5-0123
Internal Revenue Service Name of person filing Form {	► Go t	o www.irs.gov/F	orm5471 fo	<u>r instruc</u>	tions an	nd the latest i	informat	tion.			
MERCY MEDICAI								Identifying n			
Name of foreign corporation	I CENTER			·· · · ·	- <u>.</u>			52-059			
						EIN (if any)		Reference ID		(see instructi	ons)
GREENLEAF IN	SURANCE CO	MPANY, L'	ĽD.			98-020	6045	FOREIG	NUS		
	(a) Descri	otion of distribution	n			(b) Date of dist		(c) Amou distributi foreig corporati functional c	on in n ion's	(d) Amoun distribu forei corpora functional	tion in gn tion's
1 NON TAXABI	E DEEMED	DIVIDEND	UNDER	IRC	959	06/30/	2023	4,245,	429.	4,245,	429
2 NON TAXABI	E DEEMED	DIVIDEND	UNDER	IRC	301	06/30/	2023	<u>2,027,</u>	239.		0
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Form <b>926</b>	
(Rev. November 2018)	
Department of the Treasury	
Internal Revenue Service	

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

52-0591658         b the transferee a spacified 10% owned foreign corporation that is not a controlled foreign corporation?       Yes         a if the transfer was a section 36%(a) or (b) transfer, was the transferer controlled (under section 36%(a) by       Yes         b Did the transfer was a section 36%(a) and their identifying number(b).       Yes         controlling shareholder(b) and their identifying number(b).       Controlling shareholder(b) and their identifying number(b).         controlling shareholder(b) and their identifying number(b).       Ves         controlling shareholder(b) and their identifying number(b).       Ves         controlling shareholder(b) and their identifying number(b).       Ves         f the transferor was a member of an effiliated group filing a consolidated return, was it the parent corporation?       Yes         f not, list the name and employer identification number (EN) of the parent corporation.       EIN of parent corporation         d Have basis adjustments under soction 327(a)(4) been made?       Yes         If the transferor was a pather in a pathorship that was the actual transferor (but is not treated as such under section 367), complete questions as through 3d.         a List the name and EIN of the transferor joantership asset?       Yes         If the transferor was a pather in a pathorship that is regularly traded on an established coorporation 3d.       Yes         a List the name and EIN of the transferor joantership.       EIN of partnership	Name of transferor MERCY MEDICAL CENTER		ldentifying number (s	ee inst
Is the transfere a specified 10%-owned foreign corporation that is not a controlled foreign corporation?			52-059165	8
a If the transfer was a section 361(a) or (b) transfer, was to transferor controlled (under section 368(c)) by the or fower downed monoportation is existence after the transfer? b) Did the transferor remain in existence after the transfer? b) Did the transferor remain in existence after the transfer? b) Did the transferor remain in existence after the transfer? b) Did the transferor remain in existence after the transfer? b) Did the transferor was a member of an affiliated group filing a consolidated return, was it the partent corporation? c) res b) the transferor was a member of an affiliated group filing a consolidated return, was it the partent corporation? c) res b) the transferor was a member of an affiliated group filing a consolidated return, was it the partent corporation? c) res b) the transferor was a member of an affiliated group filing a consolidated return, was it the partent corporation? c) res b) the transferor was a pather in a partnership bhat was the actual transferor (but is not trasted as such under section 367(a)(4) been made? c) Did the partner pick up its pro-rata share of gain on the transferor (but is not trasted as such under section 367), complete questions 3a through 3d. c) Did the partner pick up its pro-rata share of gain on the transferor (but is not trasted as such under section 367), complete questions 3a through 3d. c) Did the partner pick up its pro-rata share of gain on the transferor (but is not trasted as such under section 367), complete questions 3a through 3d. c) Did the partner pick up its pro-rata share of gain on the transferor (but is not trasted as such under section 367), complete questions 3a through 3d. c) Did the partner pick up its pro-rata share of gain on the transferor (but is not trasted as such under section 367), complete questions 3a through 3d. c) Did the partner pick up its pro-rata share of gain on the transferor (but is not trasted as such under section 367), complete questions as threture in the partnership that is regularity traded on an establate		preign corporation?		X
If the transferor remain hexisterse after the transfer?       Yes       X         If not, list the controlling shareholder       Identifying number         Controlling shareholder       Identifying number         If not, list the controlling shareholder       Identifying number         If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?       Yes         If in the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?       Yes         If not, list the name and employer identification number (EIN) of the parent corporation.       EIN of parent corporation         If have basis adjustments under soction 367(a)(4) been made?       Yes         If the transferor was a pather in a pathership that was the actual transferor (but is not treated as such under section 367), complete questions 38 through 3d.         A Have basis adjustments under soction 367(a)(4) been made?       Yes         If the transferor was a pather in a pathership.       Name of partnership         Name of partnership       EIN of partnership         Ves       X         If the transferor pick up its pro rata share of gain on the transfer of pathership hassets?       Yes         It is the partner pick up its pro rata share of gain on the transfer of pathership hassets?       Yes         It is the partner pick up its pro rata share of gain on the transfer of pathership hassets?       <				
b Did the transferor remain in existence after the transfer?  If not, list the controlling shareholder(s) and their identifying number(s).  Controlling shareholder  Contr	,	r section 368(c)) by		
b Clid the transferor remain in existence after the transfer?				Х
If not, list the controlling shareholder   Controlling shareholder  Controlling shareholder  Identifying number  Controlling shareholder  Identifying number  Controlling shareholder  Identifying number  Ide	b Did the transferor remain in existence after the transfer?		X Yes	$\overline{}$
	If not, list the controlling shareholder(s) and their identifying number(s).			
If not, list the name and employer identification number (EIN) of the parent corporation.       EIN of parent corporation         Name of parent corporation       EIN of parent corporation         If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.       Yes         Is the name and EIN of the transferor's partnership.       EIN of partnership         Is the partner pick up its pro rata share of gain on the transfer of partnership assets?       Yes         Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?       Yes         Name of transferee Foreign Corporation Information (see instructions)       Sa Identifying number, if.         Name of transferee foreign corporation       Sa Identifying number, if.         REEINLEAF INSURANCE COMPANY, LITD.       98-0206045         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       GLI-01         Country code of country of incorporation or organization       GLI-01         J       Foreign law characterization (see instructions.         Is the transferee foreign corporation or organization       J         J       Foreign law characterization (see instructions.         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       Foreign law c	Controlling shareholder		Identifying number	
If not, list the name and employer identification number (EIN) of the parent corporation.       EIN of parent corporation         Name of parent corporation       EIN of parent corporation         If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.       Yes         Is the name and EIN of the transferor's partnership.       EIN of partnership         Is the partner pick up its pro rata share of gain on the transfer of partnership assets?       Yes         Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?       Yes         Name of transferee Foreign Corporation Information (see instructions)       Sa Identifying number, if.         Name of transferee foreign corporation       Sa Identifying number, if.         REEINLEAF INSURANCE COMPANY, LITD.       98-0206045         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       GLI-01         Country code of country of incorporation or organization       GLI-01         J       Foreign law characterization (see instructions.         Is the transferee foreign corporation or organization       J         J       Foreign law characterization (see instructions.         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       Foreign law c				
If not, list the name and employer identification number (EIN) of the parent corporation.       EIN of parent corporation         Name of parent corporation       EIN of parent corporation         If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.       Yes         Is the name and EIN of the transferor's partnership.       EIN of partnership         Is the partner pick up its pro rata share of gain on the transfer of partnership assets?       Yes         Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?       Yes         Name of transferee Foreign Corporation Information (see instructions)       Sa Identifying number, if.         Name of transferee foreign corporation       Sa Identifying number, if.         REEINLEAF INSURANCE COMPANY, LITD.       98-0206045         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       GLI-01         Country code of country of incorporation or organization       GLI-01         J       Foreign law characterization (see instructions.         Is the transferee foreign corporation or organization       J         J       Foreign law characterization (see instructions.         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       Foreign law c				
If not, list the name and employer identification number (EIN) of the parent corporation.       EIN of parent corporation         Name of parent corporation       EIN of parent corporation         If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.       Yes         Is the name and EIN of the transferor's partnership.       EIN of partnership         Is the partner pick up its pro rata share of gain on the transfer of partnership assets?       Yes         Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?       Yes         Name of transferee Foreign Corporation Information (see instructions)       Sa Identifying number, if.         Name of transferee foreign corporation       Sa Identifying number, if.         REEINLEAF INSURANCE COMPANY, LITD.       98-0206045         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       GLI-01         Country code of country of incorporation or organization       GLI-01         J       Foreign law characterization (see instructions.         Is the transferee foreign corporation or organization       J         J       Foreign law characterization (see instructions.         Address (including country)       Sa Identifying number, if.         O. BOX 13.63       Foreign law c				<u> </u>
Image: Second			? Yes [	
If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.         a List the name and EIN of the transferor's partnership.         EIN of partnership         Name of partnership         Did the partner pick up its pro rata share of gain on the transfer of partnership assets?         b Is the partner pick up its pro rata share of gain on the transfer of partnership assets?       Yes         c Is the partner disposing of its entire interest in the partnership?       Yes         d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?       Yes         art II.*       Transferee Foreign Corporation Information (see instructions)       Sa Identifying number, if         Name of transferee (foreign corporation)       Sa Identifying number, if         REENLEAF INSURANCE COMPANY, LTD.       98-0206045         Address (including country)       Sb Reference ID number         O. BOX 1363       GLI-01         Country code of country of incorporation or organization       J         J       Foreign law characterization (see Instructions)         ORPORATION       Is the transfere foreign corporation a controlled foreign corporation?       X         Is the transfere foreign corporation Act Notice, see separate instructions.       Form 926 (Rev. 1 </td <td>Name of parent corporation</td> <td>~ E</td> <td>IN of parent corporation</td> <td></td>	Name of parent corporation	~ E	IN of parent corporation	
Name of partnership       EIN of partnership         Did the partner pick up its pro rata share of gain on the transfer of partnership assets?       Yes       X         > Is the partner disposing of its entire interest in the partnership?       Yes       X         Is the partner disposing of an interest in a limited partnership?       Yes       X         Is the partner disposing of an interest in a limited partnership?       Yes       X         Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?       Yes       X         actrill       Transferee Foreign Corporation Information (see instructions)       Yes       X         Name of transferee (foreign corporation)       Sa Identifying number, if a securities (foreign controprotion)       Sa Identifying number, if a securities (foreign controporation)         REENLEAF INSURANCE COMPANY, LTD.       98-0206045       Sb Reference ID number         Address (including country)       Sb Reference ID number       GLI-01         Country code of country of incorporation or organization       J       GLI-01       Scourties (free, 1         J       Foreign law characterization (see Instructions)       ORPORATION       X Yes       St Yes       St Yes       St Yes       St Yes       St Yes       St Yes       St Yes       St Yes       St Yes       St Yes       St Yes<	3 If the transferor was a partner in a partnership that was the actual transferor (but is no			X
Did the partner pick up its pro rata share of gain on the transfer of partnership assets?   Is the partner disposing of its entire interest in the partnership?   Is the partner disposing of an interest in a limited partnership?   Is the partner disposing of an interest in a limited partnership?   Yes   Is the partner disposing of an interest in a limited partnership?   Yes   Is the partner disposing of an interest in a limited partnership?   Yes   Is the partner disposing of an interest in a limited partnership that is regularly traded on an established   securities market?   It It?   Transferee Foreign Corporation Information (see instructions)   Name of transferee (foreign corporation)   REENLEAF INSURANCE COMPANY, LITD.   98-0206045   Address (including country)   O. BOX 1363   AND CAYMAN KY1-1108 CAYMAN ISLANDS   Country code of country of incorporation or organization   J   Foreign law characterization (see instructions)   ORPORATION   Is the transferee foreign corporation a controlled foreign corporation?   Is the transferee foreign control of country of incorporation Act Notice, see separate instructions.   Form 926 (Rev. 1   164	a List the name and EIN of the transferor's partnership.			
Is the partner disposing of its entire interest in the partnership?	Name of partnership		EIN of partnership	
Is the partner disposing of its entire interest in the partnership?				
Is the partner disposing of its entire interest in the partnership?	b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	I ?	Yes	X
Is the partner disposing of an interest in a limited partnership that is regularly traded on an established       Yes         art II       Transferee Foreign Corporation Information (see instructions)       Yes         Name of transferee (foreign corporation)       5a Identifying number, if         REENLEAF INSURANCE COMPANY, LTD.       98-0206045         Address (including country)       5b Reference ID number         O. BOX 1363       GLI-01         Country code of country of incorporation or organization       GLI-01         J       Foreign law characterization (see instructions)         ORPORATION       Is the transferee foreign corporation a controlled foreign corporation?         Is the transferee foreign corporation Act Notice, see separate instructions.       Form 926 (Rev. 1				X
yes X         Yes X         Transferee Foreign Corporation Information (see instructions)         Name of transferee (foreign corporation)       5a Identifying number, if         REENLEAF INSURANCE COMPANY, LTD.       98–0206045         Address (including country)       5b Reference ID number         O. BOX 1363       5b Reference ID number         AND CAYMAN KY1–1108 CAYMAN ISLANDS       GLI–01         Country code of country of incorporation or organization       J         Foreign law characterization (see instructions)       ORPORATION         Is the transferee foreign corporation a controlled foreign corporation?       X yes         164       164		n an established		
art II       Transferee Foreign Corporation Information (see instructions)         Name of transferee (foreign corporation)       5a Identifying number, if and the second s				v٦
Name of transferee (foreign corporation)       Sa Identifying number, if         REENLEAF INSURANCE COMPANY, LTD.       98-0206045         Address (including country)       Sb Reference ID number         O. BOX 1363       Sb Reference ID number         AND CAYMAN KY1-1108 CAYMAN ISLANDS       GLI-01         Country code of country of incorporation or organization       J         Foreign law characterization (see instructions)       ORPORATION         Is the transferee foreign corporation a controlled foreign corporation?       X Yes         104-01-22       LHA For Paperwork Reduction Act Notice, see separate instructions.       Form 926 (Rev. 1	Part II. Transferee Foreign Corporation Information (see instructione)	·····	TOS _	<u>a</u>
REENLEAF INSURANCE COMPANY, LTD.       98-0206045         Address (including country)       5b Reference ID number         O. BOX 1363       GLI-01         Country code of country of incorporation or organization       GLI-01         J       Foreign law characterization (see instructions)         ORPORATION       Is the transferee foreign corporation a controlled foreign corporation?         Is the transferee foreign corporation Act Notice, see separate instructions.       Form 926 (Rev. 1         164       164				
Address (including country)       5b Reference ID number         O. BOX 1363       GLI-01         AND CAYMAN KY1-1108 CAYMAN ISLANDS       GLI-01         Country code of country of incorporation or organization       J         Foreign law characterization (see instructions)       ORPORATION         Is the transferee foreign corporation a controlled foreign corporation?       X Yes         104-01-22       LHA For Paperwork Reduction Act Notice, see separate instructions.       Form 926 (Rev. 1			ວa locatifying number, i	it an
Address (including country)       5b Reference ID number         O. BOX 1363       GLI-01         AND CAYMAN KY1-1108 CAYMAN ISLANDS       GLI-01         Country code of country of incorporation or organization       J         Foreign law characterization (see instructions)       ORPORATION         Is the transferee foreign corporation a controlled foreign corporation?       X Yes         All 04-01-22       LHA For Paperwork Reduction Act Notice, see separate instructions.         164       Form 926 (Rev. 1	GREENLEAF INSURANCE COMPANY, LTD.		98-0206045	
O. BOX 1363       GLI-01         AND CAYMAN KY1-1108 CAYMAN ISLANDS       GLI-01         Country code of country of incorporation or organization       J         Foreign law characterization (see instructions)       ORPORATION         Is the transferee foreign corporation a controlled foreign corporation?       X Yes         All 04-01-22       LHA         For Paperwork Reduction Act Notice, see separate instructions.       Form 926 (Rev. 1         164       164				
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Foreign law characterization (see instructions)         ORPORATION         Is the transferee foreign corporation a controlled foreign corporation?         31 04-01-22       LHA         For Paperwork Reduction Act Notice, see separate instructions.       Form 926 (Rev. 1         164		· · · · · · · · · · · · · · · · · · ·		
Is the transferee foreign corporation a controlled foreign corporation?	B Foreign law characterization (see instructions)			<u> </u>
a1 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 926 (Rev. 1 164	CORPORATION			
31 04-01-22       LHA       For Paperwork Reduction Act Notice, see separate instructions.       Form 926 (Rev. 1         164       164			X Yes	
	24531 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.			
		REPOV MEDICAL	CENTER	30

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Part III Informatio	on Regard	ling Transfer	of Property	(see instructions)

X Yes

No No

Section A - Cash			······		
Type of property	(a) Date of transfer	<b>(b)</b> Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			28,278,000.		

10 Was cash the only property transferred?

if "Yes," skip the remainder of Part III and go to Part IV.

## Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	<b>(b)</b> Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory				· · · · · · · · ·	
Other property (not listed under another category)					
Property with built-in loss					
Totals				<u></u>	

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?	Yes	[] N
12 a		L Tes	No
	foreign corporation?	Yes	No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		,
C	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 > \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

#### Section C - Intangible Property Subject to Section 367(d) (a) Date of Type of (b) Description of (d) Arm's length price on date of transfer (c) Useful (e) Cost or other (f) Income inclusion for property transfer life property basis year of transfer Property described in sec. 367(d)(4) Totals

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14 a	a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	L No
	> At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No No
C	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
c	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Su	pplemental Part III Information Required To Be Reported (see instructions)		
5	SEE STATEMENT 18		
		- · · · · ·	
			······································
		_	
	W N/ Additional Information Depending Transferrat Dependent (	<u> </u>	
Fd	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferrule internet in the transferrer formation and the transferrer to the termination of termination of termina		
10	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
4-	(a) Before 100.000 % (b) After 100.000 %		
17	Type of nonrecognition transaction (see instructions)  TRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
a		Yes	X No
b		Yes	X No
C		Yes	X No
d		Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	🗌 Yes	X No
	If "Yes," complete lines 20b and 20c.		
b		►\$	
c	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

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### FORM 926

STATEMENT 18

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS 1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION 1.6038B-1T(C)(1): TRANSFEROR:

MERCY MEDICAL CENTER, INC. EIN: 52-0591658 301 ST. PAUL PLACE BALTIMORE, MD 21202 UNITED STATES OF AMERICA

REGULATION 1.6038B-1T(C)(2): TRANSFEREE:

(I): GREENLEAF INSURANCE COMPANY, LTD. EIN: 98-0206045 P.O. BOX 1363 GRAND CAYMAN KY1-1108 CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II): INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO BE DEEMED CONTRIBUTIONS TO CAPITAL OF THE ABOVE CORPORATION OCCURRED ON VARIOUS DATES THROUGHOUT THE YEAR.THE TOTAL AMOUNT OF THE DEEMED CONTRIBUTION WAS \$27,216,400.

REGULATION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED:

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH CONTRIBUTIONS TO CAPITAL OF \$28,278,000. THE TAXPAYER OWNED 100% OF THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE TRANSFER