

**PUBLIC INSPECTION COPY**

EXTENDED TO MAY 17, 2021

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|                               |  |   |
|-------------------------------|--|---|
| <b>B</b> Check if applicable: | <b>C</b> Name of organization<br><b>MERCY MEDICAL CENTER</b>   | <b>D</b> Employer identification number<br><b>52-0591658</b>  |
| Address change                | Doing business as  | <b>E</b> Telephone number<br><b>410-332-9000</b>  |
| Name change                   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>301 ST. PAUL PLACE</b>     |   |
| Initial return                | City or town, state or province, country, and ZIP or foreign postal code<br><b>BALTIMORE, MD 21202</b>                 | <b>G</b> Gross receipts \$ <b>517,510,879.</b>  |
| Final return/terminated       | <b>F</b> Name and address of principal officer: <b>THOMAS MULLEN</b><br><b>301 ST. PAUL PLACE, BALTIMORE, MD 21202</b> | <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No |
| Amended return                |  | <b>H(b)</b> Are all subordinates included? Yes No   |
| Application pending           | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527  | If "No," attach a list. (see instructions)  |
|                               | <b>J</b> Website: ▶ <b>WWW.MDMERCY.COM</b>   | <b>H(c)</b> Group exemption number ▶  |
|                               | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶               | <b>L</b> Year of formation: <b>1949</b> <b>M</b> State of legal domicile: <b>MD</b>                   |

**Part I Summary**

|            |   |                                  |                     |
|------------|---|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>LIKE THE SISTERS OF MERCY BEFORE US, WE WITNESS GOD'S HEALING LOVE FOR ALL PEOPLE BY PROVIDING</b> |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>8</b>            |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>0</b>            |
| <b>5</b>   | Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>                         | <b>3984</b>         |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>171</b>          |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | <b>82,363.</b>      |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 39  | <b>7b</b>                        | <b>0.</b>           |
|            |   | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>3,425,619.</b>                | <b>3,345,291.</b>   |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>479,478,048.</b>              | <b>479,345,220.</b> |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>7,811,472.</b>                | <b>8,214,936.</b>   |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>24,546,830.</b>               | <b>25,612,254.</b>  |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>515,261,969.</b>              | <b>516,517,701.</b> |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>243,500.</b>                  | <b>351,500.</b>     |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                        | <b>0.</b>           |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>233,432,618.</b>              | <b>239,723,325.</b> |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>                        | <b>0.</b>           |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>   |                                  |                     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>255,583,957.</b>              | <b>253,625,209.</b> |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>489,260,075.</b>              | <b>493,700,034.</b> |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>26,001,894.</b>               | <b>22,817,667.</b>  |
|            |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>20</b>  | Total assets (Part X, line 16)  | <b>855,655,603.</b>              | <b>965,008,405.</b> |
| <b>21</b>  | Total liabilities (Part X, line 26)   | <b>501,577,088.</b>              | <b>604,652,273.</b> |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>354,078,515.</b>              | <b>360,356,132.</b> |

**Part II Signature Block**

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

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | Signature of officer<br><b>JUSTIN DEIBEL, CFO</b>                             | Date   |
|                               | Type or print name and title  |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>AMY BIBBY</b>                                | Preparer's signature<br><b>AMY BIBBY</b>                                 |
|                               | Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b>                                 | Date<br><b>04/20/21</b>  |
|                               | Firm's address ▶ <b>1410 SPRING HILL ROAD, 5TH FLOOR<br/>TYSONS, VA 22102</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00445891</b> |
|                               |   | Firm's EIN ▶ <b>56-0747981</b>   |
|                               |   | Phone no. <b>703-970-0400</b>  |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LIKE THE SISTERS OF MERCY BEFORE US, WE WITNESS GOD'S HEALING LOVE FOR ALL PEOPLE BY PROVIDING 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 397,013,564. including grants of \$ 351,500. ) (Revenue \$ 503,911,646. ) MERCY MEDICAL CENTER (MMC) OWNS AND OPERATES A 183-LICENSED BED GENERAL ACUTE-CARE TEACHING HOSPITAL. MMC PROVIDES HOSPITAL SERVICES WITHOUT REGARD TO ABILITY TO PAY, INCLUDING MEDICAL AND SURGICAL INPATIENT AND OUTPATIENT SERVICES, EMERGENCY ROOM CARE, LABOR AND DELIVERY, AND NEONATAL INTENSIVE CARE AMONG OTHER SERVICES. IN FISCAL YEAR 2020, MERCY ADMITTED 16,520 INPATIENT AND OBSERVATION CASES, 21% OF WHICH WAS MEDICAL ASSISTANCE REVENUE. MMC'S LARGEST MAJOR SERVICE CATEGORY IS SURGERY AND CENTERS OF EXCELLENCE REPRESENTING 63% OF TOTAL HOSPITAL REVENUE. MERCY PROVIDED 23,896 SURGICAL CASES AND 6,144 INTERVENTIONAL CASES DURING THE PERIOD.

MCC'S SECOND LARGEST MAJOR SERVICE CATEGORY IS MEDICINE, REPRESENTING

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 397,013,564.

Part IV Checklist of Required Schedules

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IX</i>   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 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)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | X   |    |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | X   |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes       | No  |
|---|-----------|-----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  | <b>1a</b> | 421 |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  | <b>1b</b> | 0   |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> |     |

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**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|  |  | Yes | No |
|--|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 3984   |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X   | X   |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b> X  | X   |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b> X  | X   |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b> X | X   |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country ► <b>CAYMAN ISLANDS</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>                                      |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... <b>7h</b>   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>  |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>  |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders ..... <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>  |     |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>   |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>  |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>   |     |    |
| <b>c</b>   | Enter the amount of reserves on hand ..... <b>13c</b>  |     |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>   |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>   |     | X  |
| If "Yes," see instructions and file Form 4720, Schedule N.   |  |     |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>  |     | X  |
| If "Yes," complete Form 4720, Schedule O.  |  |     |    |

**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**

|  |           |   | Yes      | No       |
|--|-----------|---|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>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 O. | <b>1a</b> | 8 |          |          |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  | <b>1b</b> | 0 |          |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | <b>2</b>  |   |          | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?   | <b>3</b>  |   |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  |   |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>  |   |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>  |   | <b>X</b> |          |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | <b>7a</b> |   | <b>X</b> |          |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b> |   | <b>X</b> |          |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |           |   |          |          |
| <b>a</b> The governing body?   | <b>8a</b> |   | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b> |   | <b>X</b> |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | <b>9</b>  |   |          | <b>X</b> |

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

|   |            |  | Yes      | No       |
|---|------------|--|----------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   | <b>10a</b> |  |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | <b>10b</b> |  |          |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11a</b> |  | <b>X</b> |          |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |  |          |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12a</b> |  | <b>X</b> |          |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12b</b> |  | <b>X</b> |          |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>12c</b> |  | <b>X</b> |          |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>13</b>  |  | <b>X</b> |          |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>14</b>  |  | <b>X</b> |          |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |  |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | <b>15a</b> |  |          | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization  | <b>15b</b> |  |          | <b>X</b> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |  |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16a</b> |  |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | <b>16b</b> |  |          |          |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶MD**
- 18** 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 for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**JUSTIN DEIBEL - 410-659-2905**  
**301 ST. PAUL PLACE, BALTIMORE, MD 21202**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                             | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) THOMAS MULLEN<br>CHAIR, EX OFFICIO            | 15.00<br>25.00  | X   |                       | X       |              |                              |          | 0.   | 1,654,850.  | 45,363.   |
| (2) JOHN TOPPER<br>VICE CHAIR                     | 15.00<br>25.00  | X   |                       | X       |              |                              |          | 0.   | 796,745.  | 48,477.   |
| (3) JUSTIN DEIBEL<br>TREASURER                    | 15.00<br>25.00  | X   |                       | X       |              |                              | 623,052. | 0.   | 35,277.   |   |
| (4) WILMA ROWE MD<br>SECRETARY                    | 39.50<br>0.50   | X   |                       | X       |              |                              | 766,495. | 0.   | 40,054.   |   |
| (5) DAVID MAINE MD<br>DIRECTOR                    | 18.00<br>22.00  | X   |                       |         |              |                              | 0.       | 957,933.   | 34,826.   |   |
| (6) MICHAEL MULLANE<br>DIRECTOR                   | 25.00<br>15.00  | X   |                       |         |              |                              | 276,685. | 0.   | 23,938.   |   |
| (7) REV. THOMAS MALIA<br>DIRECTOR                 | 40.00   | X   |                       |         |              |                              | 82,397.  | 0.   | 9,622.  |   |
| (8) STACEY BRULL<br>DIRECTOR                      | 40.00   | X   |                       |         |              |                              | 220,894. | 0.   | 30,720.   |   |
| (9) SUSAN FINLAYSON<br>DIRECTOR                   | 38.00<br>2.00   | X   |                       |         |              |                              | 615,669. | 0.   | 28,137.   |   |
| (10) ROBERT EDWARDS<br>SENIOR VP PHYSICIAN DELIVE | 40.00   |   |                       |         |              | X                            | 488,623. | 0.   | 48,382.   |   |
| (11) TAMMY JANUS<br>SENIOR VP HR                  | 40.00   |   |                       |         |              | X                            | 373,744. | 0.   | 40,230.   |   |
| (12) RALPH LEBRON MD<br>PHYSICIAN                 | 40.00   |   |                       |         |              | X                            | 325,987. | 0.   | 31,376.   |   |
| (13) ALBERT HAN MD<br>PHYSICIAN                   | 40.00   |   |                       |         |              | X                            | 323,671. | 0.   | 16,361.   |   |
| (14) DAVID BRIGHT<br>PHYSICIAN                    | 40.00   |   |                       |         |              | X                            | 295,819. | 0.   | 10,850.   |   |
| (15) SCOTT SPIER MD<br>FORMER SECRETARY           | 0.00  |   |                       |         |              |                              | 94,273.  | 0.   | 24,714.   |   |
|   |   |   |                       |         |              |                              |          |  |   |   |
|   |   |   |                       |         |              |                              |          |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
|  |   |  |                       |         |              |                              |            |  |   |   |
| <b>1b Subtotal</b> .....   |   |  |                       |         |              |                              | 4,487,309. | 3,409,528.   | 468,327.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |  |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |  |                       |         |              |                              | 4,487,309. | 3,409,528.   | 468,327.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 295

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services         | (C)<br>Compensation |
|--|--|---------------------|
| EPIC SYSTEMS CORPORATION<br>1979 MILKY WAY, VERONA, WI 53593                     | EPIC INSTALLATION AND TECHNICAL SUPPOR | 4,737,651.          |
| UNIVERSITY OF MARYLAND MEDICAL CENTER<br>22 SOUTH GREENE ST, BALTIMORE, MD 21201 | MEDICAL SERVICES                       | 2,934,963.          |
| METZ CULINARY MANAGEMENT<br>2 WOODLAND DR., DALLAS, PA 18612                     | FOOD SERVICES                          | 2,834,294.          |
| WHITING-TURNER CONTRACTING COMPANY<br>300 EAST JOPPA ROAD, BALTIMORE, MD 21286   | CONSTRUCTION                           | 2,786,488.          |
| RADAMERICA II, LLC, 9105 FRANKLIN SQUARE DR., BALTIMORE, MD 21237                | MEDICAL SERVICES                       | 2,637,559.          |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 94



**Part VIII Statement of Revenue**

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

|  |  |  | (A)            | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  |                |                                    |                            |  |  |
|  | <b>1 b</b>   | Membership dues  |                |                                    |                            |  |  |
|  | <b>1 c</b>   | Fundraising events   |                |                                    |                            |  |  |
|  | <b>1 d</b>   | Related organizations  | 2,794,264.     |                                    |                            |  |  |
|  | <b>1 e</b>   | Government grants (contributions)  | 551,027.       |                                    |                            |  |  |
|  | <b>1 f</b>   | All other contributions, gifts, grants, and similar amounts not included above |                |                                    |                            |  |  |
|  | <b>1 g</b>   | Noncash contributions included in lines 1a-1f                                  | \$             |                                    |                            |  |  |
|  | <b>1 h</b>   | <b>Total.</b> Add lines 1a-1f  |                | 3,345,291.                         |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   | PATIENT REVENUE  | 622110         | 468,302,360.                       | 468,302,360.               |  |  |
|  | <b>2 b</b>   | CARES ACT PROVIDER RELIEF FUNDS  | 622110         | 10,102,860.                        | 10,102,860.                |  |  |
|  | <b>2 c</b>   | PEDIATRIC REVENUE  | 622110         | 940,000.                           | 940,000.                   |  |  |
|  | <b>2 d</b>   |  |                |                                    |                            |  |  |
|  | <b>2 e</b>   |  |                |                                    |                            |  |  |
|  | <b>2 f</b>   | All other program service revenue  |                |                                    |                            |  |  |
|  | <b>2 g</b>   | <b>Total.</b> Add lines 2a-2f  |                | 479,345,220.                       |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                | 8,214,936.                         |                            | 8,214,936.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                |                                    |                            |  |  |
|  | <b>5</b>   | Royalties  |                |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents  | (i) Real       | 1,956,643.                         |                            |  |  |
|  |  |  | (ii) Personal  |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  | <b>6 b</b>   | Less: rental expenses  |                | 993,178.                           |                            |  |  |
|  | <b>6 c</b>   | Rental income or (loss)  |                | 963,465.                           |                            |  |  |
|  | <b>6 d</b>   | Net rental income or (loss)  |                | 963,465.                           |                            | 963,465.   |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities |                                    |                            |  |  |
|  |  |  | (ii) Other     |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses                                   |                |                                    |                            |  |  |
| <b>7 c</b>   | Gain or (loss)   |  |                |                                    |                            |  |  |
| <b>7 d</b>   | Net gain or (loss)   |  |                |                                    |                            |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 |  |                |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
| <b>8 b</b>   | Less: direct expenses  |  |                |                                    |                            |  |  |
| <b>8 c</b>   | Net income or (loss) from fundraising events   |  |                |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
| <b>9 b</b>   | Less: direct expenses  |  |                |                                    |                            |  |  |
| <b>9 c</b>   | Net income or (loss) from gaming activities  |  |                |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
| <b>10 b</b>  | Less: cost of goods sold   |  |                |                                    |                            |  |  |
| <b>10 c</b>  | Net income or (loss) from sales of inventory   |  |                |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | MANAGEMENT FEE   | 561000         | 9,701,679.                         | 9,701,679.                 |  |  |
|  | <b>11 b</b>  | PHARMACY REVENUE   | 446110         | 4,318,444.                         | 4,318,444.                 |  |  |
|  | <b>11 c</b>  | OTHER INCOME   | 622110         | 3,563,970.                         | 3,563,970.                 |  |  |
|  | <b>11 d</b>  | All other revenue  | 812930         | 7,064,696.                         | 6,982,333.                 | 82,363.  |  |
|  | <b>11 e</b>  | <b>Total.</b> Add lines 11a-11d  |                | 24,648,789.                        |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  | 516,517,701.   | 503,911,646.                       | 82,363.                    | 9,178,401.   |  |

**PUBLIC INSPECTION COPY**

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 351,500.              | 351,500.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 197,511,606.          | 158,913,885.                    | 38,597,721.                            |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 5,811,112.            | 4,675,621.                      | 1,135,491.                             |                             |
| <b>9</b> Other employee benefits .....  | 22,817,547.           | 18,358,998.                     | 4,458,549.                             |                             |
| <b>10</b> Payroll taxes .....   | 13,583,060.           | 10,928,930.                     | 2,654,130.                             |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   | 3,495,836.            |                                 | 3,495,836.                             |                             |
| <b>b</b> Legal .....  | 1,301,816.            | 650,908.                        | 650,908.                               |                             |
| <b>c</b> Accounting .....   | 581,120.              | 377,120.                        | 204,000.                               |                             |
| <b>d</b> Lobbying .....   | 124,000.              | 124,000.                        |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 573,992.              |                                 | 573,992.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 24,170,184.           | 15,548,390.                     | 8,621,794.                             |                             |
| <b>12</b> Advertising and promotion .....   | 2,413,071.            | 164,711.                        | 2,248,360.                             |                             |
| <b>13</b> Office expenses .....   | 20,969,417.           | 15,391,722.                     | 5,577,695.                             |                             |
| <b>14</b> Information technology .....  | 1,677,537.            | 1,006,522.                      | 671,015.                               |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 9,182,369.            | 5,171,700.                      | 4,010,669.                             |                             |
| <b>17</b> Travel .....  | 551,930.              | 362,077.                        | 189,853.                               |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 582,656.              | 476,131.                        | 106,525.                               |                             |
| <b>20</b> Interest .....  | 14,994,849.           | 14,994,849.                     |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 35,143,619.           | 24,232,524.                     | 10,911,095.                            |                             |
| <b>23</b> Insurance .....   | 22,932,108.           | 21,773,370.                     | 1,158,738.                             |                             |
| <b>24</b> Other expenses. Itemize expenses not covered 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 O.) |                       |                                 |  |                             |
| <b>a</b> <b>MED AND PHARMACY SUPPLI</b>   | 85,329,176.           | 85,329,176.                     |  |                             |
| <b>b</b> <b>REPAIRS AND MAINTENANCE</b>   | 17,108,395.           | 11,573,058.                     | 5,535,337.                             |                             |
| <b>c</b> <b>OTHER</b>   | 11,218,004.           | 6,608,372.                      | 4,609,632.                             |                             |
| <b>d</b> <b>GARAGE TOWNE PARK EXPEN</b>   | 1,275,130.            |                                 | 1,275,130.                             |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 493,700,034.          | 397,013,564.                    | 96,686,470.                            | 0.                          |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                             |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**PUBLIC INSPECTION COPY**

**Part X Balance Sheet**

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

|  |  | (A)               |              | (B)          |  |
|--|--|-------------------|--------------|--------------|--|
|  |  | Beginning of year |              | End of year  |  |
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 91,212,362.       | <b>1</b>     | 164,384,328. |  |
|  | <b>2</b> Savings and temporary cash investments .....  | 34,555,333.       | <b>2</b>     | 77,323,415.  |  |
|  | <b>3</b> Pledges and grants receivable, net .....  |                   | <b>3</b>     |              |  |
|  | <b>4</b> Accounts receivable, net .....  | 23,277,950.       | <b>4</b>     | 16,744,966.  |  |
|  | <b>5</b> Loans and other receivables from 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 ..... |                   | <b>5</b>     |              |  |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                   | <b>6</b>     |              |  |
|  | <b>7</b> Notes and loans receivable, net .....   |                   | <b>7</b>     |              |  |
|  | <b>8</b> Inventories for sale or use .....   | 8,655,950.        | <b>8</b>     | 13,094,434.  |  |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 2,793,167.        | <b>9</b>     | 3,756,090.   |  |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 873,317,923.      |              |              |  |
|  | <b>b</b> Less: accumulated depreciation .....  | 380,630,629.      |              |              |  |
|  | <b>11</b> Investments - publicly traded securities .....   | 492,675,640.      | <b>10c</b>   | 492,687,294. |  |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 161,974,467.      | <b>11</b>    | 171,113,679. |  |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 18,361,255.       | <b>12</b>    |              |  |
|  | <b>14</b> Intangible assets .....  |                   | <b>13</b>    | 19,180,586.  |  |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 22,149,479.       | <b>14</b>    |              |  |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 855,655,603.   | <b>15</b>         | 6,723,613.   |              |  |
|  |  | <b>16</b>         | 965,008,405. |              |  |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 79,189,541.       | <b>17</b>    | 105,205,103. |  |
|  | <b>18</b> Grants payable .....   |                   | <b>18</b>    |              |  |
|  | <b>19</b> Deferred revenue .....   |                   | <b>19</b>    |              |  |
|  | <b>20</b> Tax-exempt bond liabilities .....  | 382,563,495.      | <b>20</b>    | 374,422,797. |  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                   | <b>21</b>    |              |  |
|  | <b>22</b> Loans and other 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 .....     |                   | <b>22</b>    |              |  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                   | <b>23</b>    |              |  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 448.              | <b>24</b>    | 448.         |  |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 39,823,604.       | <b>25</b>    | 125,023,925. |  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 501,577,088.      | <b>26</b>    | 604,652,273. |  |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                   |              |              |  |
|  | <b>27</b> Net assets without donor restrictions .....  | 340,928,307.      | <b>27</b>    | 346,085,746. |  |
|  | <b>28</b> Net assets with donor restrictions .....   | 13,150,208.       | <b>28</b>    | 14,270,386.  |  |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                   |              |              |  |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                   | <b>29</b>    |              |  |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                   | <b>30</b>    |              |  |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                   | <b>31</b>    |              |  |
|  | <b>32</b> Total net assets or fund balances .....  | 354,078,515.      | <b>32</b>    | 360,356,132. |  |
|  | <b>33</b> Total liabilities and net assets/fund balances .....   | 855,655,603.      | <b>33</b>    | 965,008,405. |  |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 516,517,701. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 493,700,034. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 22,817,667.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 354,078,515. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -251,231.    |
| 6  | Donated services and use of facilities   | 6  |              |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -16,288,819. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 360,356,132. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **MERCY MEDICAL CENTER** Employer identification number **52-0591658**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

**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 A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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 that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> 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? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

**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                               | <b>Adjusted Net Income</b> (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 instructions for short tax year or assets held for part of year): |                |                             |
| 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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 1-1/2% 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 .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1              |              |
| 2                                | Enter 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              |              |
| 5                                | Income tax imposed in prior year  | 5              |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6              |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2019</b> | <b>(iii)<br/>Distributable<br/>Amount for 2019</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                                     |   |  |
| <b>a</b> From 2014   |                                     |   |  |
| <b>b</b> From 2015   |                                     |   |  |
| <b>c</b> From 2016   |                                     |   |  |
| <b>d</b> From 2017   |                                     |   |  |
| <b>e</b> From 2018   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2019 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2019 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2015  |                                     |   |  |
| <b>b</b> Excess from 2016  |                                     |   |  |
| <b>c</b> Excess from 2017  |                                     |   |  |
| <b>d</b> Excess from 2018  |                                     |   |  |
| <b>e</b> Excess from 2019  |                                     |   |  |

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

MERCY MEDICAL CENTER

Employer identification number

52-0591658

Organization type (check one):

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 or 990-EZ), 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 VIII, 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, 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., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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|   |   |
|---|---|
| Name of organization<br><br><b>MERCY MEDICAL CENTER</b> | Employer identification number<br><br><b>52-0591658</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | <hr/> <hr/> <hr/>                 | \$ <u>2,794,264.</u>       | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <hr/> <hr/> <hr/>                 | \$ <u>306,575.</u>         | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <hr/> <hr/> <hr/>                 | \$ <u>190,320.</u>         | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <hr/> <hr/> <hr/>                 | \$ <u>54,132.</u>          | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |

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|   |   |
|---|---|
| Name of organization<br><br><b>MERCY MEDICAL CENTER</b> | Employer identification number<br><br><b>52-0591658</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

**PUBLIC INSPECTION COPY**

|   |   |
|---|---|
| Name of organization<br><br><b>MERCY MEDICAL CENTER</b> | Employer identification number<br><br><b>52-0591658</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

|  |                            |   |  |
|--|----------------------------|---|--|
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |



SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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(h)): 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.

Name of organization: MERCY MEDICAL CENTER
Employer identification number: 52-0591658

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

LHA

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

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

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

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |                 |                 |                 |                 |                  |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year<br>(or fiscal year beginning in)                      | <b>(a) 2016</b> | <b>(b) 2017</b> | <b>(c) 2018</b> | <b>(d) 2019</b> | <b>(e) Total</b> |
| <b>2a</b> Lobbying nontaxable amount                                |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                                |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                               |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> Grassroots lobbying expenditures                           |                 |                 |                 |                 |                  |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)      |
|---|-----|----|----------|
|   | Yes | No | Amount   |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |          |
| <b>a</b> Volunteers? .....  |     | X  |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     | X  |          |
| <b>c</b> Media advertisements? .....  |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     | X  |          |
| <b>e</b> Publications, or published or broadcast statements? .....  |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   | X   |    | 124,000. |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     | X  |          |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     | X  |          |
| <b>i</b> Other activities? .....  | X   |    | 12,933.  |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 136,933. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |          |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

IN THE TAX YEAR 2019 MERCY MEDICAL CENTER CONTRIBUTED \$84,000 TO PERRY, WHITE, ROSS, & JACOBSON, LLC AND \$40,000 TO MARYLAND MATERNITY ACCESS COALITION TO LOBBY AGAINST LEGISLATION DETERMINED TO BE ADVERSE TO MERCY MEDICAL CENTER INC. AND LOBBY IN FAVOR OF MATTERS OF INTEREST AND CONCERN TO MERCY MEDICAL CENTER INC.

**Part IV** Supplemental Information *(continued)*

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 \$12,153 TO THE MARYLAND HOSPITAL ASSOCIATION AND \$780 TO THE GREATER BALTIMORE COMMITTEE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization: MERCY MEDICAL CENTER; Employer identification number: 52-0591658

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose(s), acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form with questions 1a, 1b, and 2 regarding collections of art and historical treasures, including revenue and asset reporting requirements.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,123,000.       | 1,123,000.     | 1,123,000.         | 1,123,000.           | 1,123,000.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,123,000.       | 1,123,000.     | 1,123,000.         | 1,123,000.           | 1,123,000.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .00 %
  - b Permanent endowment  100.00 %
  - c Term endowment  .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X   |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 16,269,668.                     |                              | 16,269,668.    |
| b Buildings  |                                      | 573,723,203.                    | 203,158,936.                 | 370,564,267.   |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 232,008,697.                    | 177,471,693.                 | 54,537,004.    |
| e Other  |                                      | 51,316,355.                     |                              | 51,316,355.    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 492,687,294.   |

**Part VII Investments - Other Securities.**

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)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>POST RETIREMENT OBLIGATION</b>                                       | 9,024,167.     |
| (3) <b>DEFERRED COMPENSATION</b>  | 3,572,036.     |
| (4) <b>MERRILL LYNCH SWAP</b>   | 32,088,709.    |
| (5) <b>MALPRACTICE TAIL LIABILITY</b>                                       | 154,297.       |
| (6) <b>CARDINAL DEPOSIT</b>   | 31,451.        |
| (7) <b>RETIREMENT ANNUITY PLAN OBLIGATION</b>                               | 3,882,265.     |
| (8) <b>ESTIMATED TAIL LIAB GIC</b>  | 4,465,411.     |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 125,023,925.   |

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 ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

**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, SPSS, 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



**Part XIII** Supplemental Information (continued)

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 F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

MERCY MEDICAL CENTER

52-0591658

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (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, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0                                   | 0  | INVESTMENT   |  | 4,791,317.   |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
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|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
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|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....  | 0                                   | 0  |  |  | 4,791,317.   |
| <b>b</b> Total from continuation sheets to Part I .....                | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....                            | 0                                   | 0  |  |  | 4,791,317.   |

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**Part II** **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.

| <b>1</b><br><b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

**3** Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," 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)* .....  Yes  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  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "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)* .....  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? *If "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)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "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  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  No

**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 2019 TAX YEAR, THE VALUE OF MERCY MEDICAL CENTER'S OWNERSHIP IN GREENLEAF WAS \$4,791,317 PER BOOK.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **MERCY MEDICAL CENTER** Employer identification number **52-0591658**

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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....   | X   |    |
| <b>b</b> If "Yes," was it a written policy? .....   | X   |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.   |     |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....   | X   |    |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %   |     |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....   | X   |    |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %   |     |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   | X   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....   | X   |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....   |     | X  |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....   |     |    |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? .....  | X   |    |
| <b>b</b> If "Yes," did the organization make it available to the public? .....  | X   |    |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....   |   |                               | 24326415.                           |                               | 24326415.                         | 4.93%                        |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....   |   |                               |                                     |                               |                                   |                              |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |   |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....                          |   |                               | 24326415.                           |                               | 24326415.                         | 4.93%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |   |                               | 10258382.                           | 450,006.                      | 9808376.                          | 1.99%                        |
| <b>f</b> Health professions education (from Worksheet 5) .....   |   |                               | 11862604.                           | 450,006.                      | 11412598.                         | 2.31%                        |
| <b>g</b> Subsidized health services (from Worksheet 6) .....   |   |                               | 22256668.                           | 782,885.                      | 21473783.                         | 4.35%                        |
| <b>h</b> Research (from Worksheet 7) .....   |   |                               | 1120325.                            |                               | 1120325.                          | .23%                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |   |                               | 809,194.                            |                               | 809,194.                          | .16%                         |
| <b>j Total.</b> Other Benefits .....   |   |                               | 46307173.                           | 1682897.                      | 44624276.                         | 9.04%                        |
| <b>k Total.</b> Add lines 7d and 7j .....  |   |                               | 70633588.                           | 1682897.                      | 68950691.                         | 13.97%                       |





Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 MERCY MEDICAL CENTER, INC
301 ST PAUL PLACE
BALTIMORE, MD 21202
MDMERCY.COM

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first four columns.

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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): 1

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b>   |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   | 1   | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or 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   | X  |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>  |     |    |
| 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 community, and identify the persons the hospital facility consulted ..... | 5   | X  |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | 6a  | X  |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  | 6b  | 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):   |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MDMERCY.COM</u>   |     |    |
| b <input type="checkbox"/> Other website (list url): _____   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | 8   | X  |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | 10  | X  |
| a If "Yes," (list url): <u>WWW.MDMERCY.COM</u>   |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   | 10b |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a 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)? .....  | 12a | X  |
| b 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? \$  |     |    |

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

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

|   |   | Yes      | No |
|---|---|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:   |   |          |    |
| <b>13</b>   | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....  | <b>X</b> |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:   |   |          |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %  |          |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |          |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Asset level   |          |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency   |          |    |
| <b>e</b>  | <input checked="" type="checkbox"/> Insurance status  |          |    |
| <b>f</b>  | <input type="checkbox"/> Underinsurance status  |          |    |
| <b>g</b>  | <input type="checkbox"/> Residency  |          |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? .....  | <b>X</b> |    |
| <b>15</b>   | Explained the method for applying for financial assistance? .....   | <b>X</b> |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): |   |          |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |          |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |          |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |          |    |
| <b>d</b>  | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |          |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>16</b>   | Was widely publicized within the community served by the hospital facility? .....   | <b>X</b> |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  |   |          |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.MDMERCY.COM</u>  |          |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.MDMERCY.COM</u>   |          |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.MDMERCY.COM</u>  |          |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>e</b>  | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>f</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>g</b>  | <input checked="" type="checkbox"/> 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 |          |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |          |    |
| <b>i</b>  | <input checked="" type="checkbox"/> 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   |          |    |
| <b>j</b>  | <input type="checkbox"/> Other (describe in Section C)  |          |    |

**Part V Facility Information** *(continued)*

**Billing and Collections**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | <b>X</b> |          |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> 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  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |          |          |
| <b>19</b> 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? .....   |          | <b>X</b> |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> 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  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |          |          |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                |          |          |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  |          |          |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)   |          |          |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)  |          |          |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |          |          |

**Policy Relating to Emergency Medical Care**

|   |           |          |
|---|-----------|----------|
| <b>21</b> 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? ..... | <b>21</b> | <b>X</b> |
| If "No," indicate why:  |           |          |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |           |          |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing   |           |          |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |           |          |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |           |          |

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group **MERCY MEDICAL CENTER**

|           |   | Yes       | No       |
|-----------|---|-----------|----------|
| <b>22</b> | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.  |           |          |
| <b>a</b>  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period   |           |          |
| <b>b</b>  | <input type="checkbox"/> 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  |           |          |
| <b>c</b>  | <input checked="" type="checkbox"/> 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                   |           |          |
| <b>d</b>  | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method   |           |          |
| <b>23</b> | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....<br>If "Yes," explain in Section C. | <b>23</b> | <b>X</b> |
| <b>24</b> | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....<br>If "Yes," explain in Section C.   | <b>24</b> | <b>X</b> |

**Schedule H (Form 990) 2019**

**Part V Facility Information** (continued)

**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: MERCY MEDICAL CENTER TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, COMMUNITY LEADERS, AND LEADERS OR REPRESENTATIVES OF LOW INCOME AND UNDERSERVED GROUPS SERVED IN THE COMMUNITY. IN PARTICULAR, MERCY MEDICAL CENTER CONDUCTED IN-PERSON INTERVIEWS WITH LEADERS OF NEIGHBORHOOD ASSOCIATIONS, ELECTED OFFICIALS, CHIEF EXECUTIVES OF COMMUNITY HEALTH CLINICS, FOUNDATION EXECUTIVES, ADVOCATES FOR THE HOMELESS AND ELDERLY, MINISTERS OF LOCAL CHURCHES, AND PUBLIC HEALTH EXPERTS (SUCH AS AN EXPERT ON AGING AND OLDER ADULT SERVICES IN THE BALTIMORE REGION, AN EXPERT RELATED TO PROVIDING HEALTH CARE ACCESS TO UNINSURED, AND PHYSICIAN LEADERS).

**MERCY MEDICAL CENTER:**

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. THIS UPDATED VERSION IS AVAILABLE ON

Part V Facility Information (continued)

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.

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 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



Part V Facility Information (continued)

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.

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, FELS 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 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

**Part V Facility Information** (continued)

**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.

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 PROIOR TO 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

**Part V Facility Information** (continued)

**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.

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  
DETERMINE THE AMOUNT ACTUALLY BILLED TO PATIENTS ELIGIBLE UNDER THE  
FINANCIAL ASSISTANCE POLICY.



Part VI Supplemental Information

Provide the following information.

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

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,

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 400% 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 ELIGIBILITY FOR FINANCIAL ASSISTANCE, A PATIENT ELIGIBLE FOR CARE UNDER

Part VI Supplemental Information (Continuation)

PARAGRAPH 4.A SHALL INFORM THE HOSPITAL 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 RELEVANT 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

Part VI Supplemental Information (Continuation)

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 COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

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 RESPONDS 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



Part VI Supplemental Information (Continuation)

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 2020 MERCY MEDICAL CENTER'S SHARE OF THE MEDICAID ASSESSMENT WAS \$1,817,695.

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.

Part VI Supplemental Information (Continuation)

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.

Part VI Supplemental Information (Continuation)

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:

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

Part VI Supplemental Information (Continuation)

CARE HAS BEEN APPROVED, THERE IS NO FURTHER ATTEMPT MADE BY THE ORGANIZATION 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.

PART VI, LINE 2:

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 2018 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 PARTNER MEMBER OF THE NATIONAL

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

PRIORITIES OF MERCY MEDICAL CENTER REMAIN ALIGNED WITH THE CURRENT HEALTH PRIORITIES OF THE CITY. DATA SOURCES INCLUDE A VARIETY OF PUBLIC AND PRIVATE SOURCES SUCH AS: THE U.S. CENSUS, THE AMERICAN COMMUNITY SURVEY, THE VITAL STATISTICS ADMINISTRATION AT THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE NATIONAL CENTER FOR HEALTH STATISTICS, THE BALTIMORE CITY PUBLIC SCHOOLS SYSTEM, THE MAYOR'S OFFICE OF INFORMATION TECHNOLOGY, THE BALTIMORE CITY HOUSING DEPARTMENT, THE BALTIMORE CITY COMPTROLLER'S OFFICE, THE BALTIMORE CITY PLANNING DEPARTMENT, THE BALTIMORE CITY REAL PROPERTY MANAGEMENT DATABASE, THE BALTIMORE CITY LIQUOR BOARD, THE BALTIMORE CITY HEALTH DEPARTMENT, CENTER FOR A LIVABLE FUTURE, AND THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.

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, AMONG 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

Part VI Supplemental Information (Continuation)

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 FY19.

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 2019 TAX YEAR. MERCY MEDICAL CENTER WILL DIRECT ITS COMMUNITY HEALTH NEEDS PLANNING TOWARDS ADDRESSING THOSE COMMUNITY

Part VI Supplemental Information (Continuation)

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 2018. 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 UTILIZING 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.



Part VI Supplemental Information (Continuation)

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 17 ZIP CODES IN BALTIMORE CITY, ACCOUNTS FOR 60% OF ITS TOTAL ADMISSIONS. KEY DEMOGRAPHIC CHARACTERISTICS OF THE PSA ARE AS FOLLOWS:

POPULATION

Part VI Supplemental Information (Continuation)

- 1. THE CHNA SERVICE AREA (CBSA) POPULATION IS 186,653, REPRESENTING APPROXIMATELY 30% OF BALTIMORE CITY'S TOTAL POPULATION.
- 2. THE PERCENTAGE OF HOUSEHOLDS EARNING LESS THAN \$25,000 IS DRAMATICALLY HIGHER THAN THE CITYWIDE PERCENTAGE (41.0% VS 33.2%). CONVERSELY, THERE ARE FAR FEWER HOUSEHOLDS EARNING MORE THAN \$75,000 WITHIN MERCY'S CNHA SERVICE AREA THAN CITYWIDE (22.7% VS 25.5%).
- 3. UNEMPLOYMENT WITHIN MERCY'S CNHA SERVICE AREA IS SLIGHTLY HIGHER THAN CITYWIDE (10.3% VS 9.9%). PERHAPS MORE THAN ANY OTHER DATASET INCLUDED IN THIS REPORT, THIS DEMONSTRATES MERCY'S LONG-STANDING SPECIAL COMMITMENT TO SERVE THE POOR AND UNDERSERVED.

ETHNICITY AND AGE

- 1. 61.6% BLACK; 28.9% CAUCASIAN IN CBSA.
- 2. APPROXIMATELY 71.1% OF PATIENTS SERVED BY MERCY MEDICAL CENTER ARE MEMBERS OF A RACIAL OR ETHNIC MINIORITIES; 52.2% ARE WOMEN
- 3. 10.2% OF THE POPULATION IS 65 YEARS IN AGE OR OLDER

INCOME

- 1. 41.0% OF CBSA HOUSEHOLDS REPORTED AN INCOME OF LESS THAN \$25,000.
- 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 (23.3% VS 19.1%).

MORTALITY

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.

Part VI Supplemental Information (Continuation)

1. AGE ADJUSTED DEATHS PER 10,000 RESIDENTS: 128.0 VS BALTIMORE RATE OF 110.8

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

3. TEEN BIRTH RATE PER 1,000: 98.7 VS BALTIMORE RATE OF 65.4

4. LOW BIRTH WEIGHT: 12.7% VS BALTIMORE RATE OF 13.0%

AS SHOWN BY THESE SELECT INDICATORS, THERE IS A SIGNIFICANT HEALTH STATUS DIPARITY 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 60% OF THE FY20 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 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 Supplemental Information (Continuation)

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 HOMELESS 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.

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

Part VI Supplemental Information (Continuation)

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 2020, THE FNE PROGRAM CONDUCTED 383 EXAMINATIONS AND IS THE DESIGNATED SITE FOR PATIENTS IN BALTIMORE CITY.

LOW BIRTH WEIGHT PROGRAM - DEPARTMENT OF OBSTETRICS

MERCY MEDICAL CENTER DELIVERED MORE BABIES, 2,698, THAN ANY OTHER HOSPITAL IN BALTIMORE CITY IN FY 2020. LOW BIRTH WEIGHT AND PREMATUREITY 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 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 HEALTHLY BABIES" ARE REDUCTION IN THE FOLLOWING:

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

Part VI Supplemental Information (Continuation)

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 75.0% 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 \$1,632,787 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 AMONG THE TOP QUARTILE OF HOSPITALS IN THE STATE OF MARYLAND IN TERMS OF THE PERCENTAGE OF OPERATING 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.

Part VI Supplemental Information (Continuation)

BASED UPON PRIOR NEEDS ASSESSMENTS, MERCY MEDICAL CENTER IDENTIFIED THREE KEY AREAS OF FOCUS FOR "MISSION DRIVEN HEALTH SERVICES" IN FY 2020: 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.

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

Part VI Supplemental Information (Continuation)

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 EMPLOYED CLINICIANS BY HCH, INDIRECT AND OTHER COSTS CONTRIBUTED TO HCH WERE \$314,728 IN FY 2020.

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 Supplemental Information (Continuation)

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. AMONG 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 2019 TAX YEAR, SPPS PROVIDED \$2,771,361 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 2019 TAX YEAR, SM PROVIDED \$296,000 OF CHARITY CARE TO ITS PATIENTS.

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 ADMITTED 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 2019 TAX YEAR, MFC INCURRED A NET OPERATING LOSS FROM PROVIDING THE HOSPITALIST PROGRAM OF \$481,609 AND FROM PROVIDING THE NURSE PRACTITIONER PROGRAM OF \$2,069,966.

Part VI Supplemental Information (Continuation)

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 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

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Part VI Supplemental Information (Continuation)

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 COLLABORATIVELY WITH THE BALTIMORE CITY POLICE DEPARTMENT. MERCY PROVIDES THE FORENSIC NURSE EXAMINER PROGRAM IN THE METROPOLITAN AREA.

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. 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.

Part VI Supplemental Information (Continuation)

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.

GROUP NAME: TOTAL HEALTHCARE

PURPOSE AND MMC PARTICIPATION: JOHN LEPLEY, MERCY MEDICAL CENTER VICE PRESIDENT, 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

**PUBLIC INSPECTION COPY**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **MERCY MEDICAL CENTER** Employer identification number **52-0591658**

**Part I General Information on Grants and Assistance**

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

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

| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance  |
|--|----------------|--|---------------------------------|--|--|--|--|
| AMERICAN HEART ASSOCIATION EASTERN STATES - P.O. BOX 4002012 - DES MOINES, IA 50340-2012                     | 13-5613797     | 501(C)(3)                              | 15,000.                         | 0.                                       |  |  | \$15,000 PLEDGE PMNT TO AHA FOR SPONSORSHIP ES GALA S20 BALTIMORE.                                 |
| DOWNTOWN BALTIMORE FAMILY ALLIANCE P.O. BOX 6462 BALTIMORE, MD 21230   | 26-2114871     | 501(C)(3)                              | 7,500.                          | 0.                                       |  |  | SPONSORSHIP STOOP SOIREE GALA & AUCTION  |
| CRISTO REY CORPORATE 420 SOUTH CHESTER STREET, BUSINESS BALTIMORE, MD 21231                                  | 20-5300491     | 501(C)(3)                              | 85,000.                         | 0.                                       |  |  | CORPORATE INTERNSHIP PROGRAM SPONSORSHIP   |
| DOWNTOWN PARTNERSHIP OF BALTIMORE, INC - 20 SOUTH CHARLES ST., 6TH FLOOR - BALTIMORE, MD 21201               | 52-1326864     | 501(C)(3)                              | 5,000.                          | 0.                                       |  |  | \$5,000 HOLIDAY CAMPAIN 2019 MONUMENT LIGHTING   |
| THE DOWNTOWN MANAGEMENT AUTHORITY FOR BALTIMORE CITY - 20 SOUTH CHARLES ST., 6TH FLOOR - BALTIMORE, MD 21201 | 52-1794232     | CITY GOVERNMENT                        | 40,000.                         | 0.                                       |  |  | GENERAL SUPPORT  |
| HEALTHCARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202   | 52-1576404     | 501(C)(3)                              | 35,000.                         | 0.                                       |  |  | \$5,000 HEALTHCARE FOR THE HOMELESS CHOCOLATE AFFAIR EVENT SPONSORSHIP AND \$30,000 HEALTHCARE FOR |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MARYLAND CATHOLIC CONFERENCE<br>10 FRANCIS STREET<br>ANNAPOLIS, MD 21401                                 | 52-1690149 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | MARYLAND CATHOLIC CONFERENCE AFFILIATION FOR 2020  |
| UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE - 31 SOUTH GREENE ST, DEVELOPMENT OFFICE - BALTIMORE, MD 21201 | 52-6002033 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | FRANK M. CALIA , M.D. ENDOWED PROFESSORSHIP FUND   |
| LOYOLA UNIVERSITY MARYLAND<br>4501 N CHARLES STREET<br>BALTIMORE, MD 21210                               | 52-0591623 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | SPONSOR 2 TABLES BUSINESS LEADER OF THE YEAR 2019  |
| 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 2019 ANNUAL ON 9/03/2019                 |
| BALTIMORE CITY FOUNDATION, INC.<br>7 E.REDWOOD STREET, 5TH FLOOR<br>BALTIMORE, MD 21202                  | 52-1212473 | 501(C)(3)                     | 76,000.                  | 0.                                |   |  | CITY OF BALTIMORE, MAYOR'S OFFICE OF HUMAN SERVICES - SUPPORTIVE HOUSING INVESTMENT FUND |
| BALTIMORE LEADERSHIP SCHOOL FOR YOUNG WOMEN - 128 W. FRANKLIN ST. - BALTIMORE, MD 21201                  | 26-2221540 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | 2020 (EM)POWER BREAKFAST SPONSORSHIP BALTIMORE LEADERSHIP SCHOOL FOR YOUNG WOMEN         |
| BALTIMORE METROPOLITAN COUNCIL<br>1500 WHETSTONE WAY, SUITE 300<br>BALTIMORE, MD 21230                   | 52-1780834 | CITY GOVERNMENT               | 8,000.                   | 0.                                |   |  | 2019 CHESAPEAKE CONNECT DINNER SPONSOR   |
| THE NATIONAL CATHOLIC BIOETHICS<br>6399 DREXEL ROAD<br>PHILADELPHIA, PA 19151                            | 04-2871526 | 501(C)(3)                     | 35,000.                  | 0.                                |   |  | THE MARYLAND HEALTH BENEFIT EXCHANGE/APPLICATION COUNSELOR SPONSORING                    |
|  |            |                               |                          |                                   |   |  |  |

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**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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: HEALTHCARE FOR THE HOMELESS**

**(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 HEALTHCARE FOR THE HOMELESS**

**CHOCOLATE AFFAIR EVENT SPONSORSHIP AND \$30,000 HEALTHCARE FOR THE HOMELESS MOBILE CLINIC**

**NAME OF ORGANIZATION OR GOVERNMENT: BALTIMORE CITY FOUNDATION, INC.**

**(H) PURPOSE OF GRANT OR ASSISTANCE: CITY OF BALTIMORE. MAYOR'S OFFICE OF HUMAN SERVICES - SUPPORTIVE HOUSING INVESTMENT FUND \$71,000.**

**Part IV** Supplemental Information

2019 JOURNEY HOME SPONSORSHIP \$5,000

NAME OF ORGANIZATION OR GOVERNMENT: THE NATIONAL CATHOLIC BIOETHICS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MARYLAND HEALTH BENEFIT

EXCHANGE/APPLICATION COUNSELOR SPONSORING ENTITY ATTESTATIONS

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **MERCY MEDICAL CENTER**  
 Employer identification number: **52-0591658**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 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 organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- 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.

**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:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 ..... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

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

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

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported 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.

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

| (A) Name and Title                               |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) THOMAS MULLEN<br>CHAIR, EX OFFICIO           | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 875,788.   | 779,062.                            | 0.                                  | 16,800.  | 28,563.                 | 1,700,213.                      | 0.  |
| (2) JOHN TOPPER<br>VICE CHAIR                    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 542,949.   | 253,796.                            | 0.                                  | 16,800.  | 31,677.                 | 845,222.                        | 0.  |
| (3) JUSTIN DEIBEL<br>TREASURER                   | (i)  | 440,314.   | 182,738.                            | 0.                                  | 8,400.   | 26,877.                 | 658,329.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) WILMA ROWE MD<br>SECRETARY                   | (i)  | 607,911.   | 158,584.                            | 0.                                  | 12,600.  | 27,454.                 | 806,549.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) DAVID MAINE MD<br>DIRECTOR                   | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 821,376.   | 136,557.                            | 0.                                  | 8,400.   | 26,426.                 | 992,759.                        | 0.  |
| (6) MICHAEL MULLANE<br>DIRECTOR                  | (i)  | 211,820.   | 64,865.                             | 0.                                  | 9,516.   | 14,422.                 | 300,623.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) STACEY BRULL<br>DIRECTOR                     | (i)  | 184,006.   | 36,888.                             | 0.                                  | 5,770.   | 24,950.                 | 251,614.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) SUSAN FINLAYSON<br>DIRECTOR                  | (i)  | 452,716.   | 162,953.                            | 0.                                  | 12,600.  | 15,537.                 | 643,806.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) ROBERT EDWARDS<br>SENIOR VP PHYSICIAN DELIVE | (i)  | 373,545.   | 115,078.                            | 0.                                  | 16,800.  | 31,582.                 | 537,005.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) TAMMY JANUS<br>SENIOR VP HR                 | (i)  | 285,061.   | 88,683.                             | 0.                                  | 13,138.  | 27,092.                 | 413,974.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) RALPH LEBRON MD<br>PHYSICIAN                | (i)  | 196,771.   | 129,216.                            | 0.                                  | 5,455.   | 25,921.                 | 357,363.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) ALBERT HAN MD<br>PHYSICIAN                  | (i)  | 194,455.   | 129,216.                            | 0.                                  | 5,550.   | 10,811.                 | 340,032.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) DAVID BRIGHT<br>PHYSICIAN                   | (i)  | 166,603.   | 129,216.                            | 0.                                  | 0.   | 10,850.                 | 306,669.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) SCOTT SPIER MD<br>FORMER SECRETARY          | (i)  | 43,981.  | 0.                                  | 50,292.                             | 3,000.   | 21,714.                 | 118,987.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

Part III Supplemental Information

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

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.

**PUBLIC INSPECTION COPY**

ENTITY 1

**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

Name of the organization **MERCY MEDICAL CENTER** Employer identification number **52-0591658**

| Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS |                |             |                 |                 |                                |              |    |                         |    |                      |    |
|--|----------------|-------------|-----------------|-----------------|--------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name  | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose     | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|  |                |             |                 |                 |                                | Yes          | No | Yes                     | No | Yes                  | No |
| A MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY                 | 52-0936091     | 574217XX8   | 08/03/06        | 35000000.       | 2006 REPLACEMENT GARAGE        |              | X  |                         | X  |                      | X  |
| B MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY                 | 52-0936091     | 5742176K6   | 04/01/10        | 30000000.       | 2010 PARTIAL CONVERSION 2007 B |              | X  |                         | X  |                      | X  |
| C MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY                 | 52-0936091     | 574218AM5   | 02/11/11        | 39889140.       | 2011 BONDS REFUNDING 2007 B    |              | X  |                         | X  |                      | X  |
| D MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY                 | 52-0936091     | 574218EZ2   | 04/25/12        | 51737448.       | 2012 BONDS REFUNDING 2001 BO   |              | X  |                         | X  |                      | X  |

| Part II Proceeds  |             |    |             |    |             |    |      |             |   |  |
|---|-------------|----|-------------|----|-------------|----|------|-------------|---|--|
|   | A           |    | B           |    | C           |    | D    |             |   |  |
| 1 Amount of bonds retired   | 7,855,000.  |    | 14,255,000. |    | 4,160,000.  |    |      |             |   |  |
| 2 Amount of bonds legally defeased  |             |    |             |    |             |    |      |             |   |  |
| 3 Total proceeds of issue   | 35,952,865. |    | 30,000,000. |    | 39,889,140. |    |      | 51,737,448. |   |  |
| 4 Gross proceeds in reserve funds   |             |    |             |    | 3,988,914.  |    |      | 1,435,719.  |   |  |
| 5 Capitalized interest from proceeds  | 1,492,333.  |    |             |    |             |    |      |             |   |  |
| 6 Proceeds in refunding escrows   |             |    |             |    |             |    |      |             |   |  |
| 7 Issuance costs from proceeds  | 372,010.    |    |             |    | 789,807.    |    |      |             |   |  |
| 8 Credit enhancement from proceeds  |             |    |             |    |             |    |      |             |   |  |
| 9 Working capital expenditures from proceeds  |             |    |             |    |             |    |      |             |   |  |
| 10 Capital expenditures from proceeds   | 33,135,657. |    |             |    |             |    |      |             |   |  |
| 11 Other spent proceeds   |             |    | 30,000,000. |    | 35,110,419. |    |      | 50,301,729. |   |  |
| 12 Other unspent proceeds   |             |    |             |    |             |    |      |             |   |  |
| 13 Year of substantial completion   | 2008        |    | 2010        |    | 2010        |    | 2003 |             |   |  |
|   | Yes         | No | Yes         | No | Yes         | No | Yes  | No          |   |  |
| 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)? |             | X  | X           |    | X           |    | X    |             |   |  |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   |             | X  |             | X  |             | X  |      |             | X |  |
| 16 Has the final allocation of proceeds been made?  | X           |    | X           |    | X           |    | X    |             |   |  |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?                           | X           |    | X           |    | X           |    | X    |             |   |  |

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

Schedule K (Form 990) 2019

SCHEDULE K  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

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.

OMB No. 1545-0047

2019  
Open to Public  
Inspection

Name of the organization **MERCY MEDICAL CENTER** Employer identification number **52-0591658**

| Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS |                |             |                 |                 |                                |              |    |                         |    |                      |    |
|--|----------------|-------------|-----------------|-----------------|--------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name  | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose     | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|  |                |             |                 |                 |                                | Yes          | No | Yes                     | No | Yes                  | No |
| A MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY                 | 52-0936091     | 574218B85   | 03/02/16        | 144576937.      | 2016 A BONDS REFUNDING 2007 A  |              | X  |                         | X  |                      | X  |
| B MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY                 | 52-0936091     | NONE        | 05/19/16        | 35003189.       | 2016 B BONDS REFUNDING 2011 B  |              | X  |                         | X  |                      | X  |
| C MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY                 | 52-0936091     | NONE        | 05/19/16        | 65450000.       | 2016 C BONDS REFUNDING 2013 BO |              | X  |                         | X  |                      | X  |
| D  |                |             |                 |                 |                                |              |    |                         |    |                      |    |

| Part II Proceeds  |              |    |             |    |             |            |     |    |     |    |
|---|--------------|----|-------------|----|-------------|------------|-----|----|-----|----|
|   | A            |    | B           |    | C           |            | D   |    |     |    |
| 1 Amount of bonds retired   |              |    |             |    |             | 1,690,000. |     |    |     |    |
| 2 Amount of bonds legally defeased  |              |    |             |    |             |            |     |    |     |    |
| 3 Total proceeds of issue   | 144,576,937. |    | 35,003,189. |    | 65,450,000. |            |     |    |     |    |
| 4 Gross proceeds in reserve funds   |              |    |             |    |             |            |     |    |     |    |
| 5 Capitalized interest from proceeds  |              |    |             |    |             |            |     |    |     |    |
| 6 Proceeds in refunding escrows   | 142,845,798. |    |             |    |             |            |     |    |     |    |
| 7 Issuance costs from proceeds  | 1,731,139.   |    | 113,189.    |    | 160,000.    |            |     |    |     |    |
| 8 Credit enhancement from proceeds  |              |    |             |    |             |            |     |    |     |    |
| 9 Working capital expenditures from proceeds  |              |    |             |    |             |            |     |    |     |    |
| 10 Capital expenditures from proceeds   |              |    |             |    |             |            |     |    |     |    |
| 11 Other spent proceeds   |              |    | 34,890,000. |    | 65,290,000. |            |     |    |     |    |
| 12 Other unspent proceeds   |              |    |             |    |             |            |     |    |     |    |
| 13 Year of substantial completion   |              |    |             |    |             |            |     |    |     |    |
|   | Yes          | No | Yes         | No | Yes         | No         | Yes | No | Yes | No |
| 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)? |              | X  | X           |    | X           |            |     |    |     |    |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   | X            |    |             | X  |             | X          |     |    |     |    |
| 16 Has the final allocation of proceeds been made?  |              | X  | X           |    | X           |            |     |    |     |    |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?                           | X            |    | X           |    | X           |            |     |    |     |    |

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

Schedule K (Form 990) 2019

PUBLIC INSPECTION COPY

ENTITY 1

Schedule K (Form 990) 2019

MERCY MEDICAL CENTER

52-0591658

Page 2

**Part III Private Business Use**

|  | A   |       | B   |       | C   |       | D   |       |
|--|-----|-------|-----|-------|-----|-------|-----|-------|
|  | Yes | No    | Yes | No    | Yes | No    | Yes | No    |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X     |     | X     |     | X     |     | X     |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X     |     | X     |     | X     |     | X     |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  | X   |       | X   |       | 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   |       | X   |       | X   |       | X   |       |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X     |     | X     |     | X     |     | X     |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....   |     |       |     |       |     |       |     |       |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | .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 ..... |     | .00 % |     | .00 % |     | .00 % |     | .00 % |
| 6 Total of lines 4 and 5 .....   |     | .00 % |     | .00 % |     | .00 % |     | .00 % |
| 7 Does the bond issue meet the private security or payment test? .....   |     | X     |     | X     |     | X     |     | X     |
| 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? .....   |     | X     |     | X     |     | X     |     | X     |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     | %     |     | %     |     | %     |     | %     |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |       |     |       |     |       |     |       |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |       | X   |       | X   |       | X   |       |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | 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  |     | X  |     | X  |
| c No rebate due? .....   |     | X  | X   |    | X   |    | X   |    |
| 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  |

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ENTITY 2

Schedule K (Form 990) 2019

MERCY MEDICAL CENTER

52-0591658

Page 2

**Part III Private Business Use**

|  | A   |       | B   |       | C   |       | D   |    |
|--|-----|-------|-----|-------|-----|-------|-----|----|
|  | Yes | No    | Yes | No    | Yes | No    | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X     |     | X     |     | X     |     |    |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X     |     | X     |     | X     |     |    |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  | X   |       | 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   |       | X   |       | X   |       |     |    |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X     |     | X     |     | X     |     |    |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....   |     |       |     |       |     |       |     |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | .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 ..... |     | .00 % |     | .00 % |     | .00 % |     | %  |
| 6 Total of lines 4 and 5 .....   |     | .00 % |     | .00 % |     | .00 % |     | %  |
| 7 Does the bond issue meet the private security or payment test? .....   |     | X     |     | X     |     | X     |     |    |
| 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? .....   |     | X     |     | X     |     | X     |     |    |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     | %     |     | %     |     | %     |     | %  |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |       |     |       |     |       |     |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |       | X   |       | X   |       | X   |    |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     | X  |     |    |
| 2 If "No" to line 1, did the following apply? .....  |     |    |     |    |     |    |     |    |
| a Rebate not due yet? .....  | X   |    | X   |    | X   |    |     |    |
| b Exception to rebate? .....   |     | X  |     | X  |     | X  |     |    |
| c No rebate due? .....   | X   |    | X   |    | X   |    |     |    |
| 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   |    |     |    |

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ENTITY 1

Schedule K (Form 990) 2019

MERCY MEDICAL CENTER

52-0591658

Page 3

**Part IV Arbitrage** (continued)

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? .....  |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? .....   |     |    |     |    |     |    |     |    |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period? .....  |     | X  |     | X  |     | X  |     | X  |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 | X   |    | X   |    | X   |    | X   |    |

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2010 PARTIAL CONVERSION 2007 BONDS

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2011 BONDS REFUNDING 2007 B AND C

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2012 BONDS REFUNDING 2001 BONDS

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2016 C BONDS REFUNDING 2013 BONDS

**SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**



**Part IV Arbitrage** (continued)

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     | X  |     | X  |     |    |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? .....  |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? .....   |     |    |     |    |     |    |     |    |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |     | X  |     | X  |     | X  |     |    |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period? .....  |     | X  |     | X  |     | X  |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 | X   |    | X   |    | X   |    |     |    |

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2010 PARTIAL CONVERSION 2007 BONDS

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2011 BONDS REFUNDING 2007 B AND C

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2012 BONDS REFUNDING 2001 BONDS

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(A) ISSUER NAME: MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY

(F) DESCRIPTION OF PURPOSE: 2016 C BONDS REFUNDING 2013 BONDS

**SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**

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Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (continued)

(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: 07/01/2020

(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 & 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
RESERVE FUNDS AND OTHER SPENT PROCEEDS FOR THE BOND ISSUANCE BECAUSE
FUNDS PLEDGED TO THE SERIES 2001 BONDS, WHICH WERE REFUNDED BY THIS
BOND ISSUANCE, WERE TRANSFERRED (AS PART OF THE BOND ISSUANCE) INTO THE
DEBT SERVICE RESERVE FUND HELF FOR THIS BOND ISSUANCE.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

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:

23% OF TOTAL HOSPITAL REVENUE. IN FISCAL YEAR 2020, MERCY SERVED 6,568

MEDICAL ADMISSIONS AND OBSERVATION CASES AND PROVIDED CARE FOR 45,214

EMERGENCY ROOM VISITS.

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

INTENSIVE CARE/PEDIATRICS, REPRESENTING 14% OF TOTAL HOSPITAL REVENUE.

IN FISCAL YEAR 2020, MMC PROVIDED CARE FOR 2,423 NURSERY BIRTHS AND 275

NICU BIRTHS DURING THE PERIOD. MMC IS THE LARGEST BIRTHING HOSPITAL IN

BALTIMORE CITY. APPROXIMATELY 60% 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:

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

Schedule O (Form 990 or 990-EZ) (2019)

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|  |  |
|--|--|
| Name of the organization<br>MERCY MEDICAL CENTER | Employer identification number<br>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 TRUSTEES 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 TRUSTEES 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

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|  |  |
|--|--|
| Name of the organization<br>MERCY MEDICAL CENTER | Employer identification number<br>52-0591658 |
|--|--|

SPECIFIED FROM TIME TO TIME BY MHS CORPORATION OR OTHER ENTITY; AND E) THE PURCHASE OR SALE OF ASSETS FOR AN AMOUNT IN EXCESS OF AN AMOUNT SPECIFIED FROM TIME TO TIME BY MHS. ULTIMATELY, THE CORPORATION IS CONTROLLED BY MHS'S 29-PERSON COMMUNITY BOARD, WHICH INCLUDES 21 INDEPENDENT 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

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|  |  |
|--|--|
| Name of the organization<br>MERCY MEDICAL CENTER | Employer identification number<br>52-0591658 |
|--|--|

OFFICERS, TRUSTEES AND DIRECTORS. THE COMPLETED DISCLOSURE FORMS ARE REVIEWED BY THE MHS BOARD CHAIR AND BY THE MHS CEO OR A DESIGNEE. IN ADDITION TO THE ANNUAL DISCLOSURE, ANY PERSON WHO IS COVERED BY THE CONFLICT OF INTEREST POLICY HAS AN ONGOING OBLIGATION TO DISCLOSE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT TO THE BOAURD OR THE BOARD COMMITTEE IN WHICH THE MATTER ARISES. FOLLOWING THE DISCLOSURE, THE PERSON MAY MAKE A PRESENTATION, BUT MUST THEN LEAVE THE MEETING AND THE OTHER MEMBERS OF THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER A CONFLICT EXISTS. UNDER THE POLICY, A CONFLICT OF INTEREST EXISTS WHEN AN INDIVIDUAL'S OWN PERSONAL INTERST WOULD, OR MAY, INTERFERE WITH HIS OR HER IMPARTIALITY REGARDING THE MATTER. IF A CONFLICT EXISTS, THE PERSON MAY NOT BY PRESENT DURING DELIBERATIONS ON THE MATTER OR VOTE ON IT. 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 INTEREST 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

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|  |  |
|--|--|
| Name of the organization<br>MERCY MEDICAL CENTER | Employer identification number<br>52-0591658 |
|--|--|

OF COMPENSATION PROVIDED AT SIMILAR ORGANIZATIONS TO ENSURE THAT THE ORGANIZATION DOES NOT COMPENSATE IN EXCESS OF MARKET NORMS. MERCY HEALTH SERVICES, INC. (THE CORPORATION'S SOLE MEMBER) HAS A WRITTEN POLICY REGARDING THE REVIEW OF PHYSICIAN COMPENSATION TITLED "AMENDED AND RESTATED PHYSICIAN COMPENSATION REVIEW." THE POLICY APPLIES TO ALL MHS SUBSIDIARIES, INCLUDING THE CORPORATION, AND IT SETS OUT THE PROCESS AND PROCEDURES FOR ENSURING THAT PHYSICIAN COMPENSATION IS APPROPRIATELY REVIEWED AND DETERMINED TO BE CONSISTENT WITH FAIR MARKET VALUE. UNDER THE POLICY THE REVIEW AND DETERMINATION MUST BE DOCUMENTED IN WRITING. THE POLICY ADDRESSES INTERNAL REVIEWS THROUGH BENCHMARKING OF PHYSICIAN COMPENSATION AGAINST NATIONALLY RECOGNIZED COMPENSATION SURVEY DATA, THE USE OF INDEPENDENT COMPENSATION CONSULTANTS AND REVIEW BY THE MHS BOARD 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 | -3,697,297.  |
| CHANGE IN POST RETIREMENT OBLIGATION | -1,097,254.  |
| UNREALIZED GAIN ON SWAP              | -12,307,230. |
| RECLASSIFICATION OF NET ASSETS       | -30,000.     |
| NET ASSETS TRANSFER FROM AFFILIATES  | 842,962.     |
| TOTAL TO FORM 990, PART XI, LINE 9   | -16,288,819. |

|  |  |
|--|--|
| Name of the organization<br>MERCY MEDICAL CENTER | Employer identification number<br>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 SUBSIDIARIES 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 29-PERSON BOARD OF TRUSTEES, OF WHOM 21 ARE INDEPENDENT BOARD MEMBERS. THE BOARD OF DIRECTORS OF MMC IS CURRENTLY MADE OF 8 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 R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **MERCY MEDICAL CENTER** Employer identification number **52-0591658**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| MERCY HEALTH SERVICES INC - 52-2173382<br>301 ST PAUL PLACE<br>BALTIMORE, MD 21202          | SUPPORT                 | MARYLAND  | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | N/A                                 |  | X  |
| MERCY HEALTH FOUNDATION INC - 52-2173656<br>301 ST PAUL PLACE<br>BALTIMORE, MD 21202        | FOUNDATION              | MARYLAND  | 501(C)(3)                     | LINE 7  | N/A                                 |  | X  |
| SAINT PAUL PLACE SPECIALISTS INC -<br>52-1495113, 301 ST PAUL PLACE, BALTIMORE, MD<br>21202 | SPECIAL CARE            | MARYLAND  | 501(C)(3)                     | LINE 3  | N/A                                 |  | X  |
| MARYLAND FAMILY CARE INC - 52-2046586<br>301 ST PAUL PLACE<br>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.

Schedule R (Form 990) 2019





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

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

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

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   | X   |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   | X   |    |
| <b>s</b> 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.

| (a)<br>Name of related organization         | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| <b>(1) MERCY TRANSITIONAL CARE SERVICES</b> | O                                | 2,961,562.             | FMV  |
| <b>(2) MERCY TRANSITIONAL CARE SERVICES</b> | S                                | 5,122,685.             | FMV  |
| <b>(3)</b>                                  |                                  |                        |  |
| <b>(4)</b>                                  |                                  |                        |  |
| <b>(5)</b>                                  |                                  |                        |  |
| <b>(6)</b>                                  |                                  |                        |  |





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EXTENDED TO MAY 17, 2021

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

OMB No. 1545-0047

**2019**

Open to Public Inspection for 501(c)(3) Organizations Only

Form **990-T**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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).

|  |                     |  |  |
|--|---------------------|--|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | Print<br>or<br>Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>MERCY MEDICAL CENTER</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>301 ST. PAUL PLACE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>BALTIMORE, MD 21202</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>52-0591658</b><br><br><b>E</b> Unrelated business activity code (See instructions.)<br><b>541800</b> |
|--|---------------------|--|--|

|   |   |  |
|---|---|--|
| <b>C</b> Book value of all assets at end of year<br><b>965,008,405.</b> | <b>F</b> Group exemption number (See instructions.) ▶ | <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |
|---|---|--|

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 3 Describe the only (or first) unrelated trade or business here ▶ ADVERTISING. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2 ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ JUSTIN DEIBEL Telephone number ▶ 410-659-2905

| Part I Unrelated Trade or Business Income  |                    | (A) Income               | (B) Expenses | (C) Net        |
|--|--------------------|--------------------------|--------------|----------------|
| <b>1a</b> Gross receipts or sales <u>30,000.</u>   |                    |                          |              |                |
| <b>b</b> Less returns and allowances   | <b>c</b> Balance ▶ | <b>1c</b> <u>30,000.</u> |              |                |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                    | <b>2</b>                 |              |                |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  |                    | <b>3</b> <u>30,000.</u>  |              | <b>30,000.</b> |
| <b>4a</b> Capital gain net income (attach Schedule D)  |                    | <b>4a</b>                |              |                |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                    | <b>4b</b>                |              |                |
| <b>c</b> Capital loss deduction for trusts   |                    | <b>4c</b>                |              |                |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                    | <b>5</b>                 |              |                |
| <b>6</b> Rent income (Schedule C)  |                    | <b>6</b>                 |              |                |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                    | <b>7</b>                 |              |                |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                    | <b>8</b>                 |              |                |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                    | <b>9</b>                 |              |                |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                    | <b>10</b>                |              |                |
| <b>11</b> Advertising income (Schedule J)  |                    | <b>11</b>                |              |                |
| <b>12</b> Other income (See instructions; attach schedule)                                     |                    | <b>12</b>                |              |                |
| <b>13 Total.</b> Combine lines 3 through 12  |                    | <b>13</b> <u>30,000.</u> |              | <b>30,000.</b> |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Deductions must be directly connected with the unrelated business income.) |                        |  |            |                |
|---|------------------------|--|------------|----------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)  |                        |  | <b>14</b>  |                |
| <b>15</b> Salaries and wages  |                        |  | <b>15</b>  |                |
| <b>16</b> Repairs and maintenance   |                        |  | <b>16</b>  |                |
| <b>17</b> Bad debts   |                        |  | <b>17</b>  |                |
| <b>18</b> Interest (attach schedule) (see instructions)   |                        |  | <b>18</b>  |                |
| <b>19</b> Taxes and licenses  |                        |  | <b>19</b>  |                |
| <b>20</b> Depreciation (attach Form 4562)   | <b>20</b>              |  |            |                |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return   | <b>21a</b>             |  | <b>21b</b> |                |
| <b>22</b> Depletion   |                        |  | <b>22</b>  |                |
| <b>23</b> Contributions to deferred compensation plans  |                        |  | <b>23</b>  |                |
| <b>24</b> Employee benefit programs   |                        |  | <b>24</b>  |                |
| <b>25</b> Excess exempt expenses (Schedule I)   |                        |  | <b>25</b>  |                |
| <b>26</b> Excess readership costs (Schedule J)  |                        |  | <b>26</b>  |                |
| <b>27</b> Other deductions (attach schedule)  | <b>SEE STATEMENT 1</b> |  | <b>27</b>  | <b>10,328.</b> |
| <b>28 Total deductions.</b> Add lines 14 through 27   |                        |  | <b>28</b>  | <b>10,328.</b> |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  |                        |  | <b>29</b>  | <b>19,672.</b> |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  |                        |  | <b>30</b>  | <b>0.</b>      |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29  |                        |  | <b>31</b>  | <b>19,672.</b> |

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**Part III Total Unrelated Business Taxable Income**

|    |   |    |         |
|----|---|----|---------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 32 | 19,672. |
| 33 | Amounts paid for disallowed fringes   | 33 |         |
| 34 | Charitable contributions (see instructions for limitation rules)  | 34 | 0.      |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33             | 35 | 19,672. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 3</b>                           | 36 | 19,672. |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35   | 37 |         |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)   | 38 | 1,000.  |
| 39 | <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 0.      |

**Part IV Tax Computation**

|    |  |    |    |
|----|--|----|----|
| 40 | <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)   | 40 | 0. |
| 41 | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 |    |
| 42 | <b>Proxy tax.</b> See instructions   | 42 |    |
| 43 | Alternative minimum tax (trusts only)  | 43 |    |
| 44 | <b>Tax on Noncompliant Facility Income.</b> See instructions   | 44 |    |
| 45 | <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | 45 | 0. |

**Part V Tax and Payments**

|     |  |     |    |
|-----|--|-----|----|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 46a |    |
| b   | Other credits (see instructions)   | 46b |    |
| c   | General business credit. Attach Form 3800  | 46c |    |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 46d |    |
| e   | <b>Total credits.</b> Add lines 46a through 46d  | 46e |    |
| 47  | Subtract line 46e from line 45   | 47  | 0. |
| 48  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48  |    |
| 49  | <b>Total tax.</b> Add lines 47 and 48 (see instructions)   | 49  | 0. |
| 50  | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50  | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019  | 51a |    |
| b   | 2019 estimated tax payments  | 51b |    |
| c   | Tax deposited with Form 8868   | 51c |    |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)   | 51d |    |
| e   | Backup withholding (see instructions)  | 51e |    |
| f   | Credit for small employer health insurance premiums (attach Form 8941)   | 51f |    |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total   | 51g |    |
| 52  | <b>Total payments.</b> Add lines 51a through 51g   | 52  |    |
| 53  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | 53  |    |
| 54  | <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   | 54  |    |
| 55  | <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 55  |    |
| 56  | Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | 56  |    |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |  |     |    |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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 country here <b>CAYMAN ISLANDS</b> | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |     | X  |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$  |     |    |

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

|                               |  |  |                         |   |                          |
|-------------------------------|--|--|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>AMY BIBBY</b>   | Preparer's signature<br><b>AMY BIBBY</b> | Date<br><b>04/20/21</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00445891</b> |
|                               | Firm's name <b>DIXON HUGHES GOODMAN LLP</b><br><b>1410 SPRING HILL ROAD, 5TH FLOOR</b> |  |                         | Firm's EIN <b>56-0747981</b>                    |                          |
|                               | Firm's address <b>TYSONS, VA 22102</b>   |  |                         | Phone no. <b>703-970-0400</b>                   |                          |

|   |   |                             |
|---|---|-----------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |  |   |  |   |     |    |  |
|----|---|----|--|---|--|---|-----|----|--|
| 1  | Inventory at beginning of year .....                  | 1  |  | 6 | Inventory at end of year .....   | 6 |     |    |  |
| 2  | Purchases .....                                       | 2  |  |   |  |   |     |    |  |
| 3  | Cost of labor .....                                   | 3  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7 |     |    |  |
| 4a | Additional section 263A costs (attach schedule) ..... | 4a |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | Yes | No |  |
| b  | Other costs (attach schedule) .....                   | 4b |  |   |  |   |     |    |  |
| 5  | <b>Total.</b> Add lines 1 through 4b .....            | 5  |  |   |  |   |     |    |  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) 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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                   |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)         | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>Totals</b> .....   |   |  | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| <b>Total dividends-received deductions</b> included in column 8 .....                             |   |  | 0.   | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income   | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
|---------------------|---|-------------------------------------|--|--|
| (1)                 |   |                                     |  |  |
| (2)                 |   |                                     |  |  |
| (3)                 |   |                                     |  |  |
| (4)                 |   |                                     |  |  |
|                     |   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> ..... |   |                                     | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b> .....      |                     | 0.  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      | Enter here and on page 1, Part I, line 10, col. (A).      | Enter here and on page 1, Part I, line 10, col. (B).                        |  |   |                                      | Enter here and on page 1, Part II, line 25.                                      |
| <b>Totals</b> .....                  | 0.  | 0.  |  |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                            | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) ..... | 0.                          | 0.                          |  |                       |                     | 0.  |

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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income  | 3. Direct advertising costs  | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1)                                      |  |  |  |                       |                     |   |
| (2)                                      |  |  |  |                       |                     |   |
| (3)                                      |  |  |  |                       |                     |   |
| (4)                                      |  |  |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | <b>0.</b>  | <b>0.</b>  |  |                       |                     | <b>0.</b>   |
| <b>Totals, Part II (lines 1-5)</b> ..... | <b>0.</b><br><small>Enter here and on page 1, Part I, line 11, col. (A).</small> | <b>0.</b><br><small>Enter here and on page 1, Part I, line 11, col. (B).</small> |  |                       |                     | <b>0.</b><br><small>Enter here and on page 1, Part II, line 26.</small>           |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |          |  | <b>0.</b>  |

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MERCY MEDICAL CENTER

52-0591658

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

SECURITY

10,328.

TOTAL TO FORM 990-T, PAGE 1, LINE 27

10,328.

FORM 990-T

PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER

STATEMENT 2

CORPORATION'S NAME

IDENTIFYING NO

MERCY HEALTH SERVICES, INC. 52-2173382

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/08                          | 147,282.       | 0.                      | 147,282.       | 147,282.            |
| 06/30/09                          | 615,955.       | 0.                      | 615,955.       | 615,955.            |
| 06/30/10                          | 290,565.       | 0.                      | 290,565.       | 290,565.            |
| 06/30/11                          | 435,788.       | 0.                      | 435,788.       | 435,788.            |
| 06/30/12                          | 458,577.       | 0.                      | 458,577.       | 458,577.            |
| 06/30/13                          | 493,446.       | 0.                      | 493,446.       | 493,446.            |
| 06/30/14                          | 258,208.       | 0.                      | 258,208.       | 258,208.            |
| 06/30/15                          | 535,678.       | 0.                      | 535,678.       | 535,678.            |
| 06/30/16                          | 84,183.        | 0.                      | 84,183.        | 84,183.             |
| 06/30/17                          | 63,884.        | 0.                      | 63,884.        | 63,884.             |
| 06/30/18                          | 29,507.        | 0.                      | 29,507.        | 29,507.             |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 3,413,073.     | 3,413,073.          |

SCHEDULE M  
(Form 990-T)

Unrelated Business Taxable Income from an  
Unrelated Trade or Business

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **MERCY MEDICAL CENTER** Employer identification number **52-0591658**

Unrelated Business Activity Code (see instructions) **812930**

Describe the unrelated trade or business **PARKING GARAGE**

| Part I Unrelated Trade or Business Income |   | (A) Income     | (B) Expenses | (C) Net        |
|---|---|----------------|--------------|----------------|
| 1 a                                       | Gross receipts or sales <b>47,643.</b>  |                |              |                |
| b   | Less returns and allowances   |                |              |                |
| c   | Balance   | <b>47,643.</b> |              |                |
| 2   | Cost of goods sold (Schedule A, line 7)   |                |              |                |
| 3   | Gross profit. Subtract line 2 from line 1c  | <b>47,643.</b> |              | <b>47,643.</b> |
| 4 a                                       | Capital gain net income (attach Schedule D)   |                |              |                |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                |              |                |
| c   | Capital loss deduction for trusts   |                |              |                |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               |                |              |                |
| 6   | Rent income (Schedule C)  |                |              |                |
| 7   | Unrelated debt-financed income (Schedule E)   |                |              |                |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                |              |                |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                |              |                |
| 10  | Exploited exempt activity income (Schedule I)   |                |              |                |
| 11  | Advertising income (Schedule J)   |                |              |                |
| 12  | Other income (See instructions; attach schedule)                                      |                |              |                |
| 13  | <b>Total.</b> Combine lines 3 through 12  | <b>47,643.</b> |              | <b>47,643.</b> |

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

|    |  |            |  |                 |
|----|--|------------|--|-----------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)   |            |  |                 |
| 15 | Salaries and wages   |            |  |                 |
| 16 | Repairs and maintenance  |            |  |                 |
| 17 | Bad debts  |            |  |                 |
| 18 | Interest (attach schedule) (see instructions)  |            |  |                 |
| 19 | Taxes and licenses   |            |  |                 |
| 20 | Depreciation (attach Form 4562)  | <b>20</b>  |  |                 |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> |  |                 |
| 22 | Depletion  |            |  |                 |
| 23 | Contributions to deferred compensation plans   |            |  |                 |
| 24 | Employee benefit programs  |            |  |                 |
| 25 | Excess exempt expenses (Schedule I)  |            |  |                 |
| 26 | Excess readership costs (Schedule J)   |            |  |                 |
| 27 | Other deductions (attach schedule) <b>SEE STATEMENT 4</b>  |            |  | <b>144,208.</b> |
| 28 | <b>Total deductions.</b> Add lines 14 through 27   |            |  | <b>144,208.</b> |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13                         |            |  | <b>-96,565.</b> |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <b>STMT 5</b> |            |  | <b>0.</b>       |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29   |            |  | <b>-96,565.</b> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

**PUBLIC INSPECTION COPY**

MERCY MEDICAL CENTER

52-0591658

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

PARKING GARAGE EXPENSES

144,208.

TOTAL TO SCHEDULE M, PART II, LINE 27

144,208.

SCHEDULE M

NET OPERATING LOSS DEDUCTION

STATEMENT 5

| <u>TAX YEAR</u>                   | <u>LOSS SUSTAINED</u> | <u>LOSS PREVIOUSLY APPLIED</u> | <u>LOSS REMAINING</u> | <u>AVAILABLE THIS YEAR</u> |
|-----------------------------------|-----------------------|--------------------------------|-----------------------|----------------------------|
| 06/30/19                          | 14,750.               |                                | 14,750.               | 14,750.                    |
| NOL CARRYOVER AVAILABLE THIS YEAR |                       |                                | <u>14,750.</u>        | <u>14,750.</u>             |

Form 990-T (2019)

MERCY MEDICAL CENTER

52-0591658

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► N/A

|    |   |    |  |   |  |   |     |    |   |
|----|---|----|--|---|--|---|-----|----|---|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6 |     |    |   |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7 |     |    |   |
| 3  | Cost of labor                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | Yes | No |   |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |  |   |     |    | X |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |   |     |    |   |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |   |     |    |   |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

|   |   |   |
|---|---|---|
| (a) 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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total   |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|   |   |  |  |   |
|---|---|--|--|---|
| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)           |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| Totals  |   | Enter here and on page 1, Part I, line 7, column (A) 0.                      |  | Enter here and on page 1, Part I, line 7, column (B) 0.             |
| Total dividends-received deductions included in column 8  |   |  |  | 0.  |

Form 990-T (2019)

SCHEDULE M  
(Form 990-T)

Unrelated Business Taxable Income from an  
Unrelated Trade or Business

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **MERCY MEDICAL CENTER** Employer identification number: **52-0591658**

Unrelated Business Activity Code (see instructions) ▶ **561000**

Describe the unrelated trade or business ▶ **ANSWERING SERVICE**

| Part I Unrelated Trade or Business Income |   | (A) Income    | (B) Expenses | (C) Net       |
|---|---|---------------|--------------|---------------|
| 1 a                                       | Gross receipts or sales <b>4,721.</b>   |               |              |               |
| b   | Less returns and allowances   |               |              |               |
| c   | Balance ▶   | <b>4,721.</b> |              |               |
| 2   | Cost of goods sold (Schedule A, line 7)   |               |              |               |
| 3   | Gross profit. Subtract line 2 from line 1c  | <b>4,721.</b> |              | <b>4,721.</b> |
| 4 a                                       | Capital gain net income (attach Schedule D)   |               |              |               |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |               |              |               |
| c   | Capital loss deduction for trusts   |               |              |               |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               |               |              |               |
| 6   | Rent income (Schedule C)  |               |              |               |
| 7   | Unrelated debt-financed income (Schedule E)   |               |              |               |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |               |              |               |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |               |              |               |
| 10  | Exploited exempt activity income (Schedule I)   |               |              |               |
| 11  | Advertising income (Schedule J)   |               |              |               |
| 12  | Other income (See instructions; attach schedule)                                      |               |              |               |
| 13  | <b>Total.</b> Combine lines 3 through 12  | <b>4,721.</b> |              | <b>4,721.</b> |

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

|    |  |            |  |               |
|----|--|------------|--|---------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)   |            |  |               |
| 15 | Salaries and wages   |            |  | <b>4,485.</b> |
| 16 | Repairs and maintenance  |            |  |               |
| 17 | Bad debts  |            |  |               |
| 18 | Interest (attach schedule) (see instructions)  |            |  |               |
| 19 | Taxes and licenses   |            |  |               |
| 20 | Depreciation (attach Form 4562)  | <b>20</b>  |  |               |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> |  |               |
| 22 | Depletion  |            |  |               |
| 23 | Contributions to deferred compensation plans   |            |  |               |
| 24 | Employee benefit programs  |            |  |               |
| 25 | Excess exempt expenses (Schedule I)  |            |  |               |
| 26 | Excess readership costs (Schedule J)   |            |  |               |
| 27 | Other deductions (attach schedule) <b>SEE STATEMENT 6</b>  |            |  | <b>236.</b>   |
| 28 | <b>Total deductions.</b> Add lines 14 through 27   |            |  | <b>4,721.</b> |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13           |            |  | <b>0.</b>     |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |            |  | <b>0.</b>     |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29   |            |  |               |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019



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MERCY MEDICAL CENTER

52-0591658

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION

AMOUNT

OTHER EXPENSES

236.

TOTAL TO SCHEDULE M, PART II, LINE 27

236.

Form 990-T (2019)

MERCY MEDICAL CENTER

52-0591658

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► N/A

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7   |    |
| 3  | Cost of labor                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |  |     |    |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     | X  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

|   |   |   |
|---|---|---|
| (a) 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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total   |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|   |   |  |  |   |
|---|---|--|--|---|
| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)           |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| Totals  |   | Enter here and on page 1, Part I, line 7, column (A) 0.                      |  | Enter here and on page 1, Part I, line 7, column (B) 0.             |
| Total dividends-received deductions included in column 8  |   |  |  | 0.  |

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