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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Community Mercy Health Partners

Doing business as
Springfield Regional Medical Center

Number and street (or P O box if mail is not delivered to street address) Room/suite
One South Limestone Street

City or town, state or province, country, and ZIP or foreign postal code
Springfield, OH 45502

D Employer identification number
31-0785684

E Telephone number
(937) 328-7000

G Gross receipts $ 303,100,044

F Name and address of principal officer
PAUL HILTZ PRESIDENT & CEO
One South Limestone Street
Springfield, OH 45502

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW COMMUNITY-MERCY ORG

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

L Year of formation 1983 **M** State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF COMMUNITY MERCY HEALTH PARTNERS IS TO EXTEND THE HEALING MINISTRY OF JESUS BY IMPROVING THE HEALTH OF OUR COMMUNITIES WITH EMPHASIS ON PEOPLE WHO ARE POOR AND UNDER-SERVED

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,509
6	Total number of volunteers (estimate if necessary)	6	993
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,033,190	1,147,691
9	Program service revenue (Part VIII, line 2g)	292,979,492	292,245,552
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	279,593	5,106,471
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,426,862	4,398,333
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,719,137	302,898,047
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,710	13,077
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	124,254,697	123,069,352
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	156,396,933	162,949,367
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	280,665,340	286,031,796
19	Revenue less expenses Subtract line 18 from line 12	24,053,797	16,866,251

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	372,257,444	379,218,112
21	Total liabilities (Part X, line 26)	179,198,069	167,266,291
22	Net assets or fund balances Subtract line 21 from line 20	193,059,375	211,951,821

Part II Signature Block

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

Sign Here

Signature of officer — Date 2015-10-30

William Kusnierz Market CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00961884
Firm's name ▶ BKD LLP			Firm's EIN ▶ 44-0160260	
Firm's address ▶ 312 Walnut Street Suite 300, Cincinnati, OH 45202			Phone no (513) 621-8300	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

THE MISSION OF COMMUNITY MERCY HEALTH PARTNERS IS TO CARRY OUT THE MERCY HEALTH MISSION WITHIN OUR COMMUNITY BY PROVIDING SAFE, EFFECTIVE, PATIENT/RESIDENT CENTERED, TIMELY AND COST EFFICIENT CARE AND EDUCATION TO MEET THE HEALTH NEEDS OF ALL PEOPLE, ESPECIALLY THE POOR AND UNDER-SERVED OUR COMMITMENT TO THIS HEALING MINISTRY WILL BE EVIDENCED BY EXCEPTIONAL CARE, COMPASSION, AND RESPECT FOR THE DIVERSE RELIGIOUS BELIEFS AND FAITH TRADITIONS OF THOSE WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 238,127,663 including grants of $ 13,077) (Revenue $ 293,504,805)

COMMUNITY MERCY HEALTH PARTNERS IS COMMITTED TO DELIVERING EXCEPTIONAL CARE AND COMPASSION AS IT SEEKS TO MEET THE HEALTH CARE NEEDS OF ALL PEOPLE, ESPECIALLY THE POOR AND UNDER-SERVED DURING 2014 COMMUNITY MERCY HEALTH PARTNERS PROVIDED $19,767,239 IN NET COMMUNITY BENEFITS REPRESENTING 6 91% OF TOTAL OPERATING EXPENSES

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 238,127,663

Part IV Checklist of Required Schedules

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

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

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,509			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

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

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

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

▶TRAVIS CRUM

615 ELSINORE PLACE
CINCINNATI, OH 45202 (513) 639-2800

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	2,356,165	2,237,211	593,758

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 ▶48

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶0

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d 1,147,691				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		1,147,691			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621990	289,974,588	289,974,588		
	b	INCOME FROM JV'S AND PARTNERSHIPS	900003	733,700	733,700		
	c	rental income from affiliates	531120	1,075,691	1,075,691		
	d	Intercompany	900099	461,573	461,573		
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		292,245,552			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		1,282,936			1,282,936
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	(i) 0 / (ii) 0				
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 4,025,532 / (ii)				
	b	Less cost or other basis and sales expenses	(i) / (ii) 201,997				
	c	Gain or (loss)	(i) 4,025,532 / (ii) -201,997				
	d	Net gain or (loss) . . . . ▶		3,823,535			3,823,535
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	966,743			966,743
	b	HITECH stimulus funds	900099	2,145,271			2,145,271
	c	Other Revenues	900099	1,286,319	1,259,253		27,066
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . ▶		4,398,333			
	12	**Total revenue.** See Instructions . . . . . ▶		302,898,047	293,504,805	0	8,245,551

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	13,077	13,077		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,731,135	1,384,908	346,227	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	100,233,139	80,186,511	20,046,628	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,983,414	2,386,731	596,683	
9 Other employee benefits	11,311,843	9,049,474	2,262,369	
10 Payroll taxes	6,809,821	5,447,857	1,361,964	
11 Fees for services (non-employees)				
a Management				
b Legal	91,953		91,953	
c Accounting	1,630		1,630	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	72,496,684	57,997,347	14,499,337	0
12 Advertising and promotion				
13 Office expenses	3,129,999	2,503,999	626,000	
14 Information technology				
15 Royalties . .				
16 Occupancy	9,371,903	7,497,522	1,874,381	
17 Travel	609,135	487,308	121,827	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,834,360	7,067,488	1,766,872	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,831,167	13,464,934	3,366,233	
23 Insurance	2,863,764	2,291,011	572,753	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	37,579,196	37,579,196		
b Taxes and state assessments	4,004,264	4,004,264		
c membership dues	748,001	598,401	149,600	
d Dietary & laboratory supplies	5,288,929	5,288,929		
e All other expenses	1,098,382	878,706	219,676	0
25 **Total functional expenses.** Add lines 1 through 24e	286,031,796	238,127,663	47,904,133	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		-1,856,001	1	-14,715,268
	2	Savings and temporary cash investments		362,406	2	362,205
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		37,386,020	4	56,364,062
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		877,641	7	1,570,478
	8	Inventories for sale or use		4,958,816	8	5,638,059
	9	Prepaid expenses and deferred charges		-317,455	9	-524,871
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 474,494,845			
	b	Less accumulated depreciation	10b 236,837,531	241,746,769	10c	237,657,314
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		87,881,808	12	91,477,805
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,217,440	15	1,388,328
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		372,257,444	16	379,218,112
Liabilities	17	Accounts payable and accrued expenses		-763,641	17	4,570,822
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		163,646,505	23	157,100,712
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		16,315,205	25	5,594,757
	26	**Total liabilities.** Add lines 17 through 25		179,198,069	26	167,266,291
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		192,559,009	27	211,448,259
	28	Temporarily restricted net assets		216,390	28	219,586
	29	Permanently restricted net assets		283,976	29	283,976
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		193,059,375	33	211,951,821
	34	Total liabilities and net assets/fund balances		372,257,444	34	379,218,112

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	302,898,047
2	Total expenses (must equal Part IX, column (A), line 25)	2	286,031,796
3	Revenue less expenses Subtract line 2 from line 1	3	16,866,251
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	193,059,375
5	Net unrealized gains (losses) on investments	5	-1,674,728
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,455,923
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,245,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	211,951,821

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 31-0785684
Name: Community Mercy Health Partners

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PAUL HILTZ TRUSTEE, MARKET LEADER & PRESIDENT	40 00 5 50	X		X				565,893	0	119,194
(1) PIUS KURIAN MD SECRETARY	1 00 1 00	X		X				1,709	0	0
(2) MARK B ROBERTSON CHAIR	1 00 1 00	X		X				1,758	0	0
(3) REV DARRYL L GRAYSON VICE CHAIR	1 00 1 00	X		X				0	0	0
(4) JAMES N DOYLE TRUSTEE	1 00 1 00	X						1,387	0	0
(5) MICHAEL S MCKEE MD TRUSTEE	1 00 1 00	X						1,966	0	0
(6) JOSEPH R JACKSON TRUSTEE	1 00 1 00	X						1,331	0	0
(7) RAVI C KHANNA MD TRUSTEE	1 00 1 00	X						0	0	0
(8) KATHLEEN M HUGHES TRUSTEE	1 00 1 00	X						0	0	0
(9) SR CHERYL ERB RSM TRUSTEE	0 50 2 00	X						0	0	0
(10) WENDY H DOOLITTLE TRUSTEE	1 00 1 00	X						1,855	0	0
(11) SURENDER NERAVETLA MD TRUSTEE	1 00 1 00	X						0	0	0
(12) JAMES MAY TRUSTEE, EVP Mercy Health	1 00 55 00	X						0	1,427,730	45,388
(13) DEANNA L BROUGHER TRUSTEE	1 00 1 00	X						0	0	0
(14) WILLIAM KUSNIERZ VP, CFO & TREASURER	40 00 1 00			X				0	296,781	51,607
(15) GARY HAGENS VP, COO - VPMA	40 00 0				X			396,111	0	22,036
(16) KENNETH W RICH VP, BUSINESS DEVELOPMENT & ANCILLARY SERVICES	40 00 0				X			161,732	0	33,269
(17) SHERRY NELSON VP Chief Nursing Officer	40 00 0				X			240,661	0	24,135
(18) JENELLE ZELINSKI DIRECTOR OF FINANCE	40 00 0					X		188,641	0	43,118
(19) KAREN S GORBY DIRECTOR, CLINICAL SERVICES	40 00 0					X		160,311	0	25,404
(20) PAMELA ALLEN Director, Pharmacy	40 00 0					X		180,593	0	11,275
(21) MARIANNE POTINA VP MISSION & VALUES	40 00 0					X		156,338	0	27,223
(22) JAMIE HOUSEMAN DIRECTOR MARKET OPERATIONS	40 00 0					X		137,781	0	34,044
(23) SANA WAIKHOM MD FORMER HCE	0 00 40 00						X	0	159,784	86,211
(24) KATRINA ENGLISH FORMER KEY EMPLOYEE	0 00 56 50						X	0	352,916	69,882

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) MARK WIENER FORMER OFFICER	0 00 0 00						X	158,098	0	972

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

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

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

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

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

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

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

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

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

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

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

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

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

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

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- 9 above or IRC section (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**		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2013 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	1		
2	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? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	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? *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.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . . . . ______			
b From 2010. . . . . . . ______			
c From 2011. . . . . . . ______			
d From 2012. . . . . . . ______			
e From 2013. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . . . . ______			
b From 2011. . . . . . . ______			
c From 2012. . . . . . . ______			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			

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).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317016975

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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 the organization	Employer identification number
Community Mercy Health Partners	31-0785684

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		8,730
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,175
j	Total Add lines 1c through 1i			9,905
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING ACTIVITIES PERFORMED INCLUDE BOTH THE USE OF VOLUNTEERS ENCOURAGED TO WRITE LETTERS TO PUBLIC OFFICIALS ON ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE TO PROVIDE HEALTH SERVICES TO THE COMMUNITIES SERVED, AND THE USE OF PAID STAFF MEMBERS AND MANAGEMENT PERSONNEL PAID MANAGEMENT PERSONNEL REGULARLY ISSUE MAILINGS TO LEGISLATORS ATTEMPTING TO INFLUENCE LEGISLATIVE MATTERS AND REFERENDUM, AND ORGANIZE AND HOST MEETINGS AMONG HOSPITAL EXECUTIVES AND THEIR LEGISLATORS REGARDING ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE PROVIDING HEALTHCARE SERVICES TO ITS PATIENTS AND TO CONTINUE IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE PAID STAFF MEMBERS HAVE, ON LIMITED OCCASIONS, WRITTEN TO LEGISLATORS ON SUCH ISSUES THE PRIMARY PURPOSE FOR LOBBYING ACTIVITIES IS TO ENHANCE THE ORGANIZATION'S PUBLIC POSITION ON LEGISLATIVE AND REGULATORY ISSUES THAT IMPACT PATIENT CARE THROUGHOUT OUR SYSTEM THE ORGANIZATION FOCUSES ON PUBLIC POLICY ISSUES THAT EXTEND OUR HEALING MINISTRY TO THOSE WHO ARE POOR AND UNDERSERVED IN THE COMMUNITIES WE SERVE TO CARRY OUT THESE EFFORTS, THE ORGANIZATION PARTNERS WITH EXPERT CONSULTANTS AND PROFESSIONAL TRADE ASSOCIATIONS TO BUILD AWARENESS AND EXECUTE SPECIFIC STRATEGIES THAT WILL YIELD A FAVORABLE OUTCOME FOR PATIENT CARE IN THE ORGANIZATION'S FACILITIES WHERE THEY ARE TREATED

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

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

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

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ________

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in Part XIII . . . . ☐

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

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,104,656		24,104,656
b Buildings		289,887,500	117,480,666	172,406,834
c Leasehold improvements				
d Equipment		151,846,727	119,356,865	32,489,862
e Other		8,655,962		8,655,962
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				237,657,314

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) MERCY HEALTH INVESTMENT MANAGEMENT PROGRAM	91,477,805	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	91,477,805	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED POST RETIREMENT BENEFITS	
ACCRUED PENSION	
OTHER	5,594,757
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,594,757

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

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

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

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

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE COMPANY [MERCY HEALTH AND AFFILIATED ENTITIES] COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT DECEMBER 31, 2014 AND 2013, AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2014 OR 2013

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317016975

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,969,412	3,278,316	691,096	0 24 %
b Medicaid (from Worksheet 3, column a)			55,151,250	39,713,918	15,437,332	5 40 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	59,120,662	42,992,234	16,128,428	5 64 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			577,644	1,500	576,144	0 20 %
f Health professions education (from Worksheet 5)			1,050,000		1,050,000	0 37 %
g Subsidized health services (from Worksheet 6)			2,567,862	585,915	1,981,947	0 69 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,920	200	30,720	0 01 %
j **Total.** Other Benefits	0	0	4,226,426	587,615	3,638,811	1 27 %
k **Total.** Add lines 7d and 7j	0	0	63,347,088	43,579,849	19,767,239	6 91 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount **2** 28,222,580

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 0

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	61,854,959
6	Enter Medicare allowable costs of care relating to payments on line 5	6	52,913,461
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	8,941,498

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Mercy Medical Office Condominium Association	Real Property Management	49 6 %	0 %	50 4 %
2 Northpark Condominium Association	Real Property Management	55 %	0 %	45 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2 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)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SPRINGFIELD REGIONAL 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
	Community Health Needs Assessment			
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		No
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		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	Yes	
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		No
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www community-mercy org			
b	☑ Other website (list url) www ccchd com, www mercy com			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www mercy com/corporate/community-benefits aspx			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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		No
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)*

Name of hospital facility or letter of facility reporting group SPRINGFIELD REGIONAL MEDICAL CENTER

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 0% and FPG family income limit for eligibility for discounted care of 4 0%			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
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)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The FAP was widely available on a website (list url)			
b ☑ The FAP application form was widely available on a website (list url)			
c ☐ A plain language summary of the FAP was widely available on a website (list url)			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 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 non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group SPRINGFIELD REGIONAL MEDICAL CENTER

		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a ☑ Notified individuals of the financial assistance policy on admission			
b ☑ Notified individuals of the financial assistance policy prior to discharge			
c ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Section C)			
23 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?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

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 MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
	Community Health Needs Assessment			
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		No
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		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	Yes	
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	Yes	
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www community-mercy org			
b	☑ Other website (list url) www mercy com			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www mercy com/corporate/community-benefits aspx			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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		No
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)*

Name of hospital facility or letter of facility reporting group MERCY MEMORIAL HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 0% and FPG family income limit for eligibility for discounted care of 4 0%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☐ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
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)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The FAP was widely available on a website (list url)			
b ☑ The FAP application form was widely available on a website (list url)			
c ☐ A plain language summary of the FAP was widely available on a website (list url)			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 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 non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group MERCY MEMORIAL HOSPITAL

		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a ☑ Notified individuals of the financial assistance policy on admission			
b ☑ Notified individuals of the financial assistance policy prior to discharge			
c ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Section C)			
23 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?	23		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		No
If "Yes," explain in Section C			

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 9

	Name and address	Type of Facility (describe)
1	Mercy Memorial Wound Care Center 1430 East US Highway 36 Urbana, OH 43078	Wound Care Center
2	Springfield Regional Wound Care center 362 S Burnett Rd Springfield, OH 45505	Wound Care Center
3	Occupational Health Center-Springfield 2501 East High Street Springfield, OH 45505	Occupational Health Center
4	Occupational Health Center-Urbana 904 Scioto St Urbana, OH 43078	Occupational Health Center
5	Springfield Regional Cancer Center 148 W North St Springfield, OH 45503	Cancer Center
6	Mercy Siena Retirement Community 6125 N Main St Dayton, OH 45415	Skilled Nursing Facility
7	Community Mercy Home Medical Equipment 1702 N Limestone St Springfield, OH 45505	Medical Equipment Supplier
8	Community Mercy Home Care Services of Springfield LLC 530 South Burnett Rd Springfield, OH 45505	Home Health Agency
9	McAuley Center 906 Scioto Street Urbana, OH 43078	Skilled Nursing Facility
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Mercy Health

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Community Mercy Health Partners (CMHP) operates the Mercy Well Child Pediatric Clinic Services are provided primarily by a Nurse Practitioner, however, we do have a staff physician (on our payroll) who provides on-call coverage and limited on-site hours The amount of subsidized health services attributable to a physician clinic is $990,316

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Cost of Charity Care was calculated with a cost to charge ratio using Worksheet 2 The cost related to Medicaid patients was determined using the hospital cost accounting system and included both inpatients and outpatients for traditional Medicaid and Medicaid managed care plans For subsidized services the hospital's cost accounting system is used to determine cost related to the specific service excluding traditional Medicaid and Medicaid managed care patients Costs for charity and bad debt accounts are deducted using a ratio of cost to charge specific to that subsidized service Costs for other programs reflect the direct and indirect costs of providing those programs

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Community Mercy Health Partners (CMHP) ensures access to health services by recruiting and providing transitional support to physicians to attract them to the community for specialties where there is a demonstrated need An appropriate supply of physicians is necessary to ensure that residents have access to adequate and timely diagnosis and treatment for all health conditions

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Net patient accounts are reduced by an allowance for doubtful receivables based upon the hospital's historical collection experience adjusted for current environmental risks and trends for each major payor source Significant provision is made for self-pay patient accounts in the period of service based on past collection experience The hospital's concentration of credit risk related to net patient accounts is limited due to the diversity of patients and payors Net patient accounts consist of amounts due from governmental programs (primarily Medicare and Medicaid), private insurance companies, managed care programs and patients themselves Net patient service revenue for services provided to patients who have third-party payor coverage is recognized based on contractual rates for services rendered The hospital recognizes a significant amount of patient service revenue at the time services are rendered even though it does not assess the patient's ability to pay As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts) Amounts recognized are subject to adjustment upon review by third-party payors For uninsured patients that do not qualify for charity care, the hospital recognizes revenue when services are provided Based on historical experience, a significant portion of the hospital's uninsured patients will be unable or unwilling to pay for services provided Thus, the hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided Any discounts applied to self-pay patients would be deemed either Charity or a contractual adjustment Bad debt would be based on the balance after the charity or contractual adjustment that is deemed uncollectable following a reasonable collection effort

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The hospital's financial assistance policy does not permit the cost of patients who are uncooperative or unable to be located to be reclassified from bad debt to financial assistance The hospital's financial assistance policy requires an application and supporting documentation Therefore, zero dollars are being reported on Part III, Line 3 as amounts included in bad debt that could be attributable to patients eligible under the hospital's financial assistance policy The hospital follows the Catholic Health Association of the United States policy document, Community Benefit Program, A Revised Resource for Social Accountability ("CHA guidelines") for determining community benefit The CHA guidelines recommend that hospitals not include bad debt expense as community benefit

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The hospital's audited financial statements do not contain a footnote that describes bad debt expense The hospital elected to early adopt ASU 2011-07 Accordingly, bad debt expense is reflected as a deduction from revenue rather than an operating expense Notes to Consolidated Financial Statements, B Significant Accounting Policies, Net Patient accounts and Net Patient Service Revenue (page 13) states net patient accounts are reduced by an allowance for doubtful receivables based upon the historical collection experience of each regional affiliate adjusted for current environmental risks and trends for each major payor source Significant provision is made for self-pay patient accounts in the period of service based upon past collection experience

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The hospital follows the Catholic Health Association of the United States policy document, Community Benefit Program, A Revised Resource for Social Accountability ("CHA guidelines") for determining community benefit The CHA guidelines recommend that hospitals not include Medicare losses as community benefit The hospital's cost accounting system was used to determine the Medicare amounts in Part III

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Patients known to qualify for charity care or financial assistance are not sent to a collection agency The organization repeatedly offers patients access to financial help during their hospital stays and after, as well as with each billing notice Bills are sent to a collection agency as a last resort and only when patients have the ability to pay some portion of their healthcare expenses but refuse to do so, when patients refuse to work with the organization to determine if they qualify for free or discounted care via federal, state, local or hospital assistance programs, when the organization is unable to locate the patient or person responsible for the bill

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- SPRINGFIELD REGIONAL MEDICAL CENTER Line 16b URL www mercy com, - MERCY MEMORIAL HOSPITAL Line 16b URL www mercy com,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	COMMUNITY MERCY HEALTH PARTNERS (CMHP) HOSPITALS ASSESS AND CONTINUALLY RESPONDS TO CHANGING COMMUNITY NEEDS THROUGH THE SERVICES OFFERED CMHP HOSPITALS JOIN AN EXISTING COMMUNITY-BASED NEEDS ASSESSMENT EVERY THREE YEARS AND UPDATES ARE PROVIDED BETWEEN ASSESSMENTS MERCY HEALTH HOSPITALS INCORPORATE PLANNING FOR COMMUNITY BENEFITS AS PART OF ITS ANNUAL BUSINESS AND STRATEGIC PLANNING PROCESSES CMHP HOSPITALS RECOGNIZE THE HEALTH OF THE COMMUNITY IS INFLUENCED BY SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS, NOT JUST BY DISEASE AND ILLNESS OUR COMMUNITY BENEFIT INCLUDES BOTH QUALITATIVE AND QUANTITATIVE DATA, DEMOGRAPHICS INCLUDING RACE, AGE, AND ETHNICITY, SOCIOECONOMIC DATA INCLUDING INCOME, EDUCATION, AND HEALTH INSURANCE RATES, PRIMARY CARE AND CHRONIC DISEASE NEEDS OF UNINSURED PERSONS, AND DATA ON HEALTH DISPARITIES IN HEALTH OUTCOMES AMONG MINORITY GROUPS CMHP HAS A DEDICATED STAFF TO ASSIST IN THE COMMUNITY BENEFIT EFFORT CMHP'S COMMUNITY BENEFITS COMMITTEES MEET TO PROVIDE OVERSIGHT TO THE ORGANIZATION'S COMMUNITY BENEFITS PROGRAM CMHP HOSPITALS WORK CLOSELY WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS IN THE AREA, PARTNERING WITH SOME TO PROVIDE SERVICES TO AVOID DUPLICATION

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Community Mercy Health Partners (CMHP) posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency departments and other areas of the organization's facilities in which eligible patients are likely to be present CMHP provides a copy of the policy, or a summary thereof, and financial assistance contact information to patients as part of the intake process and with discharge materials Additionally, a copy of the policy or a summary along with financial assistance contact information is included in patient bills CMHP discusses with the patient the availability of various government benefits, such as Medicaid or state programs, and assists the patient with qualification for such programs, where applicable The Hospital Eligibility Link Program (HELP) is a free referral service provided by CMHP The purpose of HELP is to assist patients in obtaining medical benefits through federal, state, and hospital programs HELP representatives will provide the following services at no cost to the patient * Explore eligibility under public assistance programs * File applications on patient's behalf * Schedule and attend appointments * Provide transportation when necessary * Provide medical documentation to Social Security Administration for disability claims Through HELP, patients and their counselors look at what options are available CMHP understands that not everyone can pay for healthcare services HELP is here to offer options and assistance for those who are uninsured or underinsured HELP is an extension of CHMP's mission to improve the health of our community with emphasis on the poor and underserved Meeting the needs of those with limited resources has always been the heart of our mission CMHP is proud to make our financial assistance information available to the public through our website, which can be found at www community-mercy org Other patient education information that is provided for eligibility of assistance is as follows * A bilingual representative is available in our HELP Program Two bilingual representatives are available in our customer service department Each of these representatives are in our regional office in Cincinnati * Staff training on Hospital Care Assurance Program (HCAP) and Hospital Financial Assistance (HFA) was provided in 2009 by a private auditing company Training included a manual and in-depth information regarding the preparation of the cost report logs, accurate completion of the HCAP application, as well as an overview of the FAQ's provided by the Ohio Hospital Association * Financial assistance counselors work with case managers to expedite the transfer of patients to extended care facilities * Federal poverty guidelines are posted on our website as well as a copy of our charity application * Consistent review of self pay patients for retroactive Medicaid coverage * Services provided by vendor to reach out to patients in bad debt to screen for HCAP eligibility

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Community Mercy Health Partners's (CMHP) primary service area includes Clark and Champaign counties, which have a total population of approximately 209,700 According to the most recent Community Health Assessment reports from the two counties, residents of the CMHP primary service area are generally older, poorer and have worse health statistics than state and national averages Unemployment has also risen in our community during the last several years, and we serve a growing number of uninsured and underinsured patients CMHP owns two of the three hospitals in this geographic area The third hospital (not owned by CMHP) is a limited-service for-profit hospital that specializes in outpatient and short-stay surgery, and it does not have an emergency department Part of the city of Springfield has been federally designated as a medically underserved area Other demographics of our service area include * Percentage of adults who have not achieved at least a high school diploma is higher that both the state and national averages * Higher percentage of residents living in poverty than in the state and nationwide * Unemployment rate is higher than both the state and national rates * Median household income is below the state median and US median * The population of the service area consists of 3 3% non-English speaking people * The population of the service area that is 65 years or older is 17% * The occupation classification in the community consists of 29% blue collar, 51% white collar and 20% service and farm workers The major health problems and/or leading causes of death in our service area are Cardiovascular disease, Diabetes, Emphysema and Cancer Most of these are preventable through proper care and maintaining control of the illness/disease, as well as choosing healthier lifestyles In our service area 28% of the population are smokers, 40% have high cholesterol, and 30-40% are overweight or at risk for becoming overweight

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Community Mercy Health Partners (CMHP) operates emergency rooms open to all regardless of ability to pay In addition to providing emergency services, CMHP also provides minor emergency and urgent care services to all regardless of ability to pay CMHP participates in Medicaid, Medicare, Champus and/or other government sponsored health programs CMHP operates skilled nursing units, ICU, newborn nursery, wound care, diabetes management, outpatient pediatrics, substance abuse, prescription assistance and a critical access hospital CMHP has an open medical staff with privileges available to all qualified physicians in the area The majority of the governing body consists of independent persons representative of the community served by CMHP CMHP participates in Medicaid, Medicare, CHAMPUS, and/or other government -sponsored health care programs CMHP furthers its exempt purpose by providing the following community benefit programs in the communities in which it serves Community Mercy Med Assist helps area residents who cannot afford their prescription medications Community Mercy REACH offers outpatient treatment for chemical dependency by licensed professionals who have master's-level education REACH also offers an innovative and effective smoking cessation program that incorporates exercise and nutrition/weight control to promote an overall healthy lifestyle Mercy Well Child Pediatrics is a pediatric clinic that identifies and addresses potential health and developmental concerns in children The clinic promotes quality pediatric care with a holistic approach to meet the health, social and emotional needs of children and families Mercy Well Child Pediatrics serves children from infants to age 21, regardless of the families' income or insurance status CMHP's emergency department treats an increasing number of patients who use the facility for primary care needs Patient demographics reflect the changing community As in other communities, some area physicians place limits on their acceptance of Medicaid patients In addition, some primary care physicians refer patients with after-hours needs directly to area emergency rooms Community groups and individuals are very supportive of CMHP For the past decade, the Rocking Horse Center has been a key partner with CMHP in making basic healthcare more accessible, especially for the poor and underserved Early in 2009, Rocking Horse was granted status as a Federally Qualified Health Center, which will provide higher levels of Medicaid reimbursement In addition, CMHP and Rocking Horse collaborated to develop an ER referral process, to identify patients who did not have a medical home and to provide follow-up care

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Community Mercy Health Partners (CMHP) is a member of Community Mercy Health Systems CMHP is sponsored by the Sisters of Mercy and has been an integral part of the community since 1950 CMHP includes an acute care hospital and a critical care access hospital with approximately 641 licensed beds combined Community Mercy Health System community benefit for 2014 per the audit footnote is as follows Total 2014 Community Benefit $22 4 Million Benefits to the Broader Community $3 4 million Unreimbursed Care for Those Who Are Poor and Qualify for Medicaid $17 7 million Cost of Care for Those Who Could Not Afford to Pay $0 8 million Support for Other Programs for Those Who are Poor $0 5 million Community Benefit as Percent of Total Expense 7 8 percent CMHP is a member of Mercy Health which is the largest health system in Ohio, the state's fourth largest employer and one of the largest Catholic health systems in the United States Mercy Health is sponsored by Partners in Catholic Health Ministries (PCHM) PCHM is a public juridic person of the Roman Catholic Church Mercy Health continues the healthcare ministries begun by its founders in urban and rural areas across Ohio and Kentucky more than 150 years ago Mercy Health provides integrated health services via acute care hospitals, physician practices, long-term care residences, housing sites for the elderly, home health agencies, hospice programs, outreach services and wellness centers Mercy Health hospitals include critical access facilities that offer essential health services that otherwise would not be available in many communities Mercy Health's mission calls it to extend the healing ministry of Jesus by improving the health of the communities it serves with special emphasis on people who are poor and under-served In addition to providing programs and services designed to enhance the health of entire communities, Mercy Health cares for everyone who comes to its facilities, regardless of their ability to pay Mercy Health's home office in Cincinnati, Ohio provides services and support to the entire system Its governance practices have been nationally recognized for quality System leadership provides strategic vision and management oversight in support of the ministry by directing resources, providing access to lower cost debt financing, improving clinical outcomes and reducing operating costs System-wide community benefit for 2014 per the audit footnote is as follows Total 2014 Community Benefit $346 2 Million Benefits to the Broader Community $61 5 million Unreimbursed Care for Those Who Are Poor and Qualify for Medicaid $227 9 million Cost of Care for Those Who Could Not Afford to Pay $40 6 million Support for Other Programs for Those Who are Poor $16 2 million Community Benefit as Percent of Total Expense 7 9 percent

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 31-0785684
Name: Community Mercy Health Partners

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Springfield Regional Medical Center Springfield Regional Medical Center (SRMC) and community representatives worked together to gather data and analyze the current health care needs in our region A meeting was held on October 22, 2012 to review the data which included the following topics * General Health Status * Prevalence of Disease * Lifestyle Choices * Early Detection * Immunization * Accident Prevention * Children's Health Attendees included representatives from Clark County Combined Health District (CCCHD), Community Health Foundation, Community Mercy Health Partners, Hyden Consulting (RHC/MHS), Rocking Horse Center, and the Springfield Foundation Discussion led to the invitation of the following organizations to join the coalition United Way of Clark, Champaign and Madison Counties, Ohio Valley Medical Center, local Dental and Medical Societies, Mental Health Board, United Senior Services/Area Agency on Aging, and Dayton Children's/Nationwide Children's Hospitals (for data on Clark County Pediatrics) The epidemiologist at CCCHD and Springfield Regional Medical Center staff worked together to gather ICD-9 data Springfield Regional Medical Center participated in the Clark County Community Health Assessment that began in October 2012 and ended in June 2013 after twelve meetings A team of Wright State University researchers reviewed current literature to identify evidence-based practices (EBP) that could be used to remedy the priority issues Task forces reconvened in April 2013 with nine (9) subsequent meetings to review the data and prioritize the needs A meeting was held in June 2013 with all partners to review and approve the priority list Feedback collected from this meeting was used to refine research efforts and develop action steps to implement the chosen strategies This information was organized into an action plan by the Wright State team and distributed to task force participants for review in October 2012

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Springfield Regional Medical Center OSU Extension Clark County Combined Health District SANOFI United Senior Services Mental Health Services Community Mercy Cancer Center Clark County Combined Health United Way of Clark, Champaign and Madison Counties Mental Health Services for Clark & Madison Counties, Inc Clark County Combined Health District McKinley Hall Mental Health Services for Clark & Madison Counties, Inc Catholic Central School System Clark County Sheriff's Office Clark County Coroner Department of Job & Family Services Clark County Probation office Adult Probation Clark State LPN Program Department of Job & Family Services Mental Health Services of Clark & Madison Counties Family & Youth Initiatives, New Carlisle, OH Community Health Foundation Hyden Consulting Cedarville University Pharmacy Program Mercy Med Assist Springfield News Sun

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Springfield Regional Medical Center Springfield Regional Medical Center (SRMC) is addressing the significant needs identified in the most recently conducted CHNA as follows 1 Mental Health Wellbeing - Currently, SRMC is partnering in Clark County to work with the State in the area of medical Mental Health Homes and managed care so our focus in on prevention MHRB advocates adoption of treatment overlay, the FQHC provides mental health services, there is an array of MH providers for adults and youth (Osterlin, Catholic Charities, Well Spring, Rocking Horse-and Medicaid is available through all providers), MHRB is beginning a focus on prevention using the Good Behavior Game (GBG) in local schools, which is also embedded in the local university's education program curriculum, A Trauma informed care initiative at SRMC, Crisis intervention training done by the board on a regular basis to first responders where focus is recognition and referral 2 Chronic Disease Management - A large portion of the city of Springfield is a Health Professionals Shortage Area (HPSA) The County does have an FQHC, but while it does have new physical capacity, the facility has dropped from four physicians to two with one of those two being the medical director SRMC has worked with the FQHC, first by providing $150,000 00 to recruit and hire additional providers SRMC and the FQHC have established a process for patients being discharged from the hospital with a diagnosis of diabetes and without a PCP, to schedule the first follow up appointment and become an established patient at the FQHC This success of this program is proven by the zero readmission rate of these patients and a reduction in their A1C levels and overall improved health 3 Substance Abuse - Clark County, like many communities in the country, is experiencing an increase in the use of heroin among other substance abuse trends The community determined that the primary barrier to improving substance abuse prevention strategies is the overall lack of capacity in the County To get to the point of targeting the highest priority strategies, the community first needs to build data collection and analysis capacity Such capacity will enable the community to make a firm case for the need for more resources, then to obtain additional professionals, and to be able to prioritize and disseminate effective prevention interventions In terms of community strengths, there is wide community support to follow the Strategic Prevention Framework and to pursue participation by the 12 partnering sectors recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) Additionally SRMC is part of the Drug Death Review Team whose purpose is to perform a multidisciplinary review of all unintentional drug deaths occurring in Clark County, identifying interventions to reduce the rate of drug deaths Identified needs that are not being addressed specifically by SRMC 1 Obesity - Implement a child health, multi-dimensional, school-wide, evidence-based program in Lincoln Elementary as a pilot program to determine what works then scale up to additional schools The Obesity Task Force determined that a core criterion for their decision was prevention, and therefore their focus is on youth in schools, which also engages parents, via a multidimensional, school-wide, child health evidence-based program 2 Healthy Births - To identify and engage pregnant women in first trimester prenatal care Partnering Agencies are Clark County Combined Health District including its WIC program, the Community Foundation, the Pregnancy Resource Center, Clark County Department of Job and Family Services, and Springfield's Women's Network The gap analysis uncovered the need for better outreach to pregnant women to get them to the FQHC's OB program A concerning proportion of pregnant women delay prenatal care, and this trend is especially evident among the growing Spanish speaking-only households, where it is not uncommon for pregnant women to get a confirmation of pregnancy at 4-6 months

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - SPRINGFIELD REGIONAL MEDICAL CENTER The maximum amount that can be charged to FAP-eligible individuals for emergency care or other medically necessary care is based upon federal poverty levels stated in the hospital's financial assistance policy

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Mercy Memorial Hospital Mercy Memorial Hospital, a critical access hospital, took part in the Regional Health Needs Assessment Project Ohio's Critical Access Hospitals, North Central Region The process relied on a data-driven, facilitated planning approach, and was conducted between November 2011 and May 2012 in four (4) half-day sessions In addition, Mercy Memorial Hospital participated in the Champaign County Community Health Plan process beginning in November 2012 with six (6) meetings and concluding in June 2013 A team of Wright State University researchers reviewed current literature to identify evidence-based practices (EBP) that could be used to remedy the priority issues Task forces reconvened in June and August of 2012 to review and determine the viability of the EBP Feedback collected from this meeting was used to refine research efforts and develop action steps to implement the chosen strategies This information was organized into an action plan by the Wright State team and distributed to task force participants for review in October 2012 A community health planning cycle was used to analyze the data in 5 steps 1 Self-assessment 2 Build the partnership 3 Conduct planning Activities 4 Task forces 5 Evaluation A total of five meetings were held thereafter with Wright State consisting of the first steering meeting, two task force meetings (community and internal), and a second steering committee meeting to combine all the data Active partners in this process included representatives from the Champaign County Mental Health/Suicide Coalition, County Health Commissioner, YMCA, Mercy Memorial Hospital, Drug Free Youth Coalition, Early Childhood Coordinating Committee, Family & Children First Council, Caring Kitchen, Mercy Well Child Pediatrics, local Cancer Association, Champaign County Board of Developmentally Delayed , Educational Services Center Office, Transitions Counseling, Home Health and area churches as well as the Administrators of local senior residential facilities, superintendents of Champaign County and Urbana City schools, North Lewisburg Township Trustees and the county's Medical Director Seven meetings were held over a twelve month period beginning in October 2011 through November 2012

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Mercy Memorial Hospital Mercy Memorial Hospital's CHNA was conducted, in part, with the following hospital facilities, all part of the Ohio Critical Access Hospital group Bucyrus & Galion Community Hospital, Conneaut & Geneva Medical Center, Hardin Memorial Hospital, Lodi Community Hospital, Mercy Allen Hospital, Mercy Willard Hospital, Morrow County Hospital and Wyandot Memorial Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Mercy Memorial Hospital Champaign County Commissioners OSU Extension Department Jobs & Family Services YMCA, Activate Champaign Champaign County Health District Sheriff Department SNS Wright State University Emergency Management Agency Urbana Police Department Consolidated Care, Inc United Way Hondros

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Mercy Memorial Hospital Mercy Memorial Hospital is addressing the significant needs identified in the most recently conducted CHNA as follows 1 Adult Mental Health - Using a brief screening tool for patients at regular primary care doctor visits for earlier identification of mental health support that patients may need 2 Nutrition and Exercise - A health-conscious workplace has been created to promote wellness for employees and their families This begins with the employees completing My Health Assessment (blood draw, biometric health screening & online questionnaire) elect a primary care physician (PCP) if they do not already have one and set a health goal with their PCP 3 Chronic Disease Management - MMH has developed a multidisciplinary, team based clinic to coach, council and treat residents of Champaign County who are affected by chronic diseases including diabetes, obesity, congestive heart failure, chronic obstructive pulmonary disease, arthritis and memory challenges 4 Preventative Health Education Mercy Memorial Hospital and community representatives have identified the need for a targeted and coordinated approach Passport To Wellness provides monthly programs focused on healthy living for busy individuals The 5-2-1 Almost None program for kids is promoted throughout the community Identified needs that are not being addressed specifically by Mercy Memorial Hospital 1 Youth Substance Abuse and Wellness Other community agencies are specifically designed and better prepared to address this health need MMH continues to support groups such as Champaign County Drug Free Youth Coalition, Champaign County Family and Children First Council, Triad Local Schools North Lewisburg, Ohio and Mercy Well Child Pediatrics, Urbana Ohio

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Mercy Memorial Hospital The maximum amount that can be charged to FAP-eligible individuals for emergency or other medically necessary care is based upon federal povery levels stated in the hospital's financial assistance policy

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b The Mercy Health Executive Retention Plan	The Mercy Health Executive Retention Plan is a deferred compensation plan which provides employment continuation incentives to persons selected by the Board of Trustees or its delegate It provides annual credits of a specified percentage of compensation and annual interest credits Participants vest and cease to receive credits after 5 years of plan participation provided they remain employed Vesting and cessation of credits occur earlier for death or total disability while employed, involuntary termination of employment within 24 months after a change in control of the organization, or, for certain participants, upon being offered a specified promotion Payment of the vested account balance in a lump sum occurs upon vesting Amounts includible as taxable compensation for listed individuals due to retention plan participation in the reporting year were as follows James May $127,989, Katrina English $0
Schedule J, Part I, Line 4b The Mercy Health SERP Plan	The Mercy Health SERP plan is a deferred compensation plan which provides supplemental retirement benefits to persons selected by the Board of Trustees or its delegate It provides annual credits of a specified percentage of compensation and annual interest credits Participants vest 50%, 75%, and 100% in their accounts after 5, 6, and 7 years of service, respectively, vesting occurs earlier for death or total disability or reaching age 60 while employed, or involuntary termination of employment within 24 months after a change in control of the organization or due to position elimination, payments during employment are made for required tax withholdings Payment of the vested account balance in a lump sum occurs after termination of employment Amounts includible as taxable compensation for listed individuals due to SERP participation in the reporting year were as follows James May $169,156
Schedule J, Part I, Line 4b Terms and conditions of the Cincinnati Market executive benefit plan	The Cincinnati Market Executive Benefit Plan is a deferred compensation plan which provides employment continuation incentives to all executive council members It provides annual credits of a specified percentage of compensation A benefit is calculated for any individual whose compensation is limited in the qualified cash balance plan due to income which exceeds the IRS maximum The benefit is based upon Form W-2 compensation and is equal to the amount excluded from the qualified plan Participants must complete a two tiered vesting provision participants must be vested under the base qualified plan and must count 24 months after termination during which they do not compete with Mercy Health Cincinnati LLC Amounts includible as taxable compensation for listed individuals due to executive benefit plan participation in the reporting year were as follows Paul Hiltz $0
Schedule J, Part I, Line 4b Terms and conditions of the Mercy Health System SERP	The Mercy Health System SERP is a non-qualified deferred compensation plan which provides supplemental retirement benefits to persons selected by the Board of Trustees or its delegate The plan provides for annual credits of a specified percentage of an eligible participants base salary paid in a plan year and interest credits Plan participants vest in plan credits after completing a three year class vesting schedule or earlier for death or total disability or reaching age 60 while employed, or due to involuntary separation of employment other than for cause Payments during employment are made for required tax withholding and reduce the participants account balance Distribution of the vested account balance in a lump sum occurs after termination of employment Amounts includible as taxable compensation for listed individuals due to SERP participation in the reporting year were as follows Paul Hiltz $0, Gary Hagens $17,041, Sherry Nelson $10,609, William Kusnierz $0, Katrina English $0, Marianne Potina $6,838
Schedule J, Part I, Line 1a Travel for companions	Travel for companions was provided for the following listed individuals Pius Kurian, MD, Mark B Robertson, James N Doyle, Michael S McKee, MD, Joseph R Jackson, and Wendy H Doolittle The entire benefit was treated as taxable compensation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Severance Benefits consisting of continuation of base salary and insurance benefits were provided to listed individuals for specified periods The listed individuals executed releases and waivers of claims in exchange for the severance benefits Salary continuation amounts provided during the year to listed individuals were as follows Mark Wiener $2,041
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The Community Mercy Health Partners SERP plan is a deferred compensation plan which provides supplemental retirement benefits to persons selected by the CMHP Committee It provides annual credits of a specified percentage of compensation and annual investment returns and/or losses Participants vest the later of five years of active service or the second anniversary of his or her separation from service with the employer Vesting occurs earlier for death or total disability Payments during employment are made for required tax withholding Payment of the vested account balance in a lump sum occurs after termination of employment Amounts includible as taxable compensation for listed individuals due to SERP participation in the reporting year were as follows Gary Hagens $0, Kenneth W Rich $0, Mark Wiener $156,057, Katrina English $0, Marianne Potina $0
Schedule J, Part I, Line 7 Non-fixed payments	The organization provides annual incentive compensation for listed individuals The organization's Board of Trustees establishes objective thresholds for quality, community benefit, and financial performance which must be achieved for incentives to be awarded The Board also establishes threshold, target and maximum levels for incentive awards Within these established parameters, the Board determines the CEO's incentive award and incentive awards for other listed individuals are determined by the listed individual's supervisor and disclosed to the Board The Board may authorize modified incentive awards when appropriate in its judgment

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 31-0785684
Name: Community Mercy Health Partners

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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 in prior Form 990
1 PAUL HILTZ TRUSTEE, MARKET LEADER & PRESIDENT	(i)	447,193	55,164	63,536	94,423	24,771	685,087	0
	(ii)	0	0	0	0	0	0	0
1 JAMES MAY TRUSTEE, EVP Mercy Health	(i)	0	0	0	0	0	0	0
	(ii)	835,789	267,418	324,523	18,200	27,188	1,473,118	0
2 MARK WIENER FORMER OFFICER	(i)	0	0	158,098	972	0	159,070	73,884
	(ii)	0	0	0	0	0	0	0
3 WILLIAM KUSNIERZ VP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	245,005	31,804	19,972	28,613	22,994	348,388	0
4 KATRINA ENGLISH FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	292,438	58,502	1,976	45,536	24,346	422,798	0
5 GARY HAGENS VP, COO - VPMA	(i)	340,811	33,230	22,070	15,600	6,436	418,147	0
	(ii)	0	0	0	0	0	0	0
6 KENNETH W RICH VP, BUSINESS DEVELOPMENT & ANCILLARY SERVICES	(i)	144,708	16,100	924	12,401	20,868	195,001	0
	(ii)	0	0	0	0	0	0	0
7 SHERRY NELSON VP Chief Nursing Officer	(i)	208,596	18,254	13,811	8,287	15,848	264,796	0
	(ii)	0	0	0	0	0	0	0
8 SANA WAIKHOM MD FORMER HCE	(i)	0	0	0	0	0	0	0
	(ii)	129,511	9,000	21,273	76,859	9,352	245,995	0
9 JENELLE ZELINSKI DIRECTOR OF FINANCE	(i)	180,960	7,117	564	41,497	1,621	231,759	0
	(ii)	0	0	0	0	0	0	0
10 KAREN S GORBY DIRECTOR, CLINICAL SERVICES	(i)	146,882	11,087	2,342	9,697	15,707	185,715	0
	(ii)	0	0	0	0	0	0	0
11 PAMELA ALLEN Director, Pharmacy	(i)	170,907	6,852	2,834	3,418	7,857	191,868	0
	(ii)	0	0	0	0	0	0	0
12 MARIANNE POTINA VP MISSION & VALUES	(i)	133,663	13,170	9,505	11,121	16,102	183,561	0
	(ii)	0	0	0	0	0	0	0
13 JAMIE HOUSEMAN DIRECTOR MARKET OPERATIONS	(i)	112,460	24,032	1,289	11,169	22,875	171,825	0
	(ii)	0	0	0	0	0	0	0

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATES	RAVI KHANNA M D (BOARD MEMBER) HAS A REPORTABLE OWNERSHIP INTEREST	119,314	RENTAL PAYMENTS & LABORATORY SERVICES		No
(2) SPRINGFIELD HEART SURGEONS	SURENDER NERAVETLA, M D (BOARD MEMBER) HAS A REPORTABLE OWNERSHIP INTEREST	896,769	INDEPENDENT CONTRACTOR		No

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

Return Reference	Explanation
Form 990, Part IV, Line 14a Consolidated audited financial statements	The filing organization does not have separate, independent audited financial statements The organization is included in Mercy Health's consolidated audited financial statements, which are prepared in accordance with Generally Accepted Accounting Principles Mercy Health's Audit and Corporate Responsibility Committee has responsibility for oversight of the audit and the selection of an independent accountant

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JOSEPH R JACKSON, JAMES N DOYLE - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	COMMUNITY MERCY HEALTH SYSTEM IS THE MEMBER OF COMMUNITY MERCY HEALTH PARTNERS

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Mercy Health elects all board members who have full voting rights

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Certain matters require approval of the Mercy Health Corporate Member, Mercy Health Governing body, or Mercy Health CEO The regulations of the organization describe the level of approval required for various decisions

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 is prepared by Mercy Health's Tax Department and reviewed by an independent accounting firm A copy of the Form 990 is then reviewed by management Once the Form 990 is reviewed by all applicable parties a copy of the final version is provided to all members of the governing body prior to filing

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ALL BOARD MEMBERS ARE COVERED BY THE Mercy Health CONFLICT OF INTEREST POLICY WHICH REQUIRES DISCLOSURE ON AN ANNUAL BASIS ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY Mercy Health CORPORATE COMPLIANCE OFFICER AT THE BEGINNING OF EACH BOARD MEETING ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST BOARD MEMBERS DETERMINED TO HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISION-MAKING FOR THE TRANSACTION IN WHICH THE CONFLICT EXISTS

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The organization's formal process for determining total compensation for the CEO and other officers and key employees is intended to provide reasonable compensation for accomplishing the organization's mission, to recognize performance, and to operate in keeping with the organization's obligations as a tax-exempt charitable organization The Compensation & Evaluation Committee of the organization's Board of Trustees conducts an annual review of the compensation and performance of the CEO and other officers and key employees In doing so, the Committee retains a qualified independent compensation consultant to conduct a competitive market analysis annually of the market ranges of base, incentive, and total cash compensation The Committee utilizes that analysis and other appropriate information in connection with its annual review and adjustment of compensation ranges It also reviews and recommends to the full board the threshold, target, and maximum incentive awards for which the listed individuals may be eligible, based upon the organization's performance results for community benefit, quality, and financial performance The committee's recommendations concerning salary range adjustments and incentive awards go to the full board for approval The committee, with full board approval, determines the adjustment to the ceo's base compensation and incentive award, within such established parameters For the coo, cao, evp, and svp positions, adjustments and incentive awards are approved by the organization's ceo within such parameters Adjustments and awards for other listed individuals are recommended by the supervising executive Base salary adjustments and incentive awards are disclosed to the committee A formal performance appraisal process is incorporated in the compensation adjustment and award process It utilizes a multi-perspective approach and performance measures which are linked to the organization's long-term strategic plan, achievement of annual system objectives, and personal objectives

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Compensation-related determinations are conducted in accordance with applicable requirements of the Internal Revenue Code and regulations to qualify for the presumption that the compensation is reasonable, including but not limited to approval by an authorized body composed of individuals who do not have a conflict of interest, obtaining and relying on appropriate data as to comparability, and concurrent documentation of the basis for the compensation determinations

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE CONFLICT OF INTEREST POLICY and financial statements are POSTED ON THE Mercy Health WEBSITE.

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Medical Professional fees - Total Expense 8073516, Program Service Expense 6458813, Management and General Expenses 1614703, Fundraising Expenses , Consulting - Total Expense 1467893, Program Service Expense 1174314, Management and General Expenses 293579, Fundraising Expenses , Affiliate Purchased services - Total Expense 40961204, Program Service Expense 32768963, Management and General Expenses 8192241, Fundraising Expenses , Other purchased services - Total Expense 15267714, Program Service Expense 12214171, Management and General Expenses 3053543, Fundraising Expenses , Maintenance & Service Agreements - Total Expense 6726357, Program Service Expense 5381086, Management and General Expenses 1345271, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Pension Liability Adjustments - -517000, Equity Fund Transfers - 1762000,

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SPRINGFIELD REGIONAL CANCER CENTER 148 W NORTH STREET SPRINGFIELD, OH 45502 35-2216018	CANCER CENTER	OH	3,394,894	4,453,393	COMMUNITY MERCY HEALTH PARTNERS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		
b Gift, grant, or capital contribution to related organization(s)	**1b**		
c Gift, grant, or capital contribution from related organization(s)	**1c**		
d Loans or loan guarantees to or for related organization(s)	**1d**		
e Loans or loan guarantees by related organization(s)	**1e**		
f Dividends from related organization(s)	**1f**		
g Sale of assets to related organization(s)	**1g**		
h Purchase of assets from related organization(s)	**1h**		
i Exchange of assets with related organization(s)	**1i**		
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		
o Sharing of paid employees with related organization(s)	**1o**		
p Reimbursement paid to related organization(s) for expenses	**1p**		
q Reimbursement paid by related organization(s) for expenses	**1q**		
r Other transfer of cash or property to related organization(s)	**1r**		
s Other transfer of cash or property from related organization(s)	**1s**		

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 31-0785684
Name: Community Mercy Health Partners

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
(1) MERCY HEALTH 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1161086	HEALTHCARE SYSTEM PARENT	OH	501(c)(3	3	NA		No
(1) MERCY HEALTH FOUNDATION 615 ELSINORE PLACE CINCINNATI, OH 45202 20-1072726	FUNDRAISING	OH	501(c)(3	7	MERCY HEALTH		No
(2) MERCY HEALTH RETIREMENT TRUST 615 ELSINORE PLACE CINCINNATI, OH 45202 31-6046304	RETIREMENT TRUST	OH	501(c)(3	7	MERCY HEALTH		No
(3) COMMUNITY HEALTH PARTNERS PHYSICIANS OFFICE BUILDINGS 3700 KOLBE ROAD LORAIN, OH 44053 34-1268828	MEDICAL OFFICE RENTAL	OH	501(c)(3	9	MERCY HEALTH - REGIONAL MEDICAL CENTER LLC		No
(4) ALLEN MEDICAL CENTER MEDICAL OFFICE BUILDING 200 WEST LORAIN ST OBERLIN, OH 44074 36-4504991	MEDICAL OFFICE RENTAL	OH	501(c)(3	Type II	MERCY HEALTH - ALLEN HOSPITAL LLC		No
(5) MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES INC 7010 ROWAN HILLS DR CINCINNATI, OH 45227 31-1308729	RETIREMENT HOME	OH	501(c)(3	9	MERCY HEALTH CINCINNATI LLC		No
(6) MERCY SACRED HEART INC 2120 PAYNE STREET LOUISVILLE, KY 40206 61-1318326	RETIREMENT HOME	KY	501(c)(3	9	MERCY HEALTH CINCINNATI LLC		No
(7) MERCY LONG TERM CARE INITIATIVE 4915 CHARLESTOWN RD NEW ALBANY, IN 47150 31-1332491	RETIREMENT HOME	IN	501(c)(3	9	MERCY HEALTH CINCINNATI LLC		No
(8) MERCY FRANCISCAN SOCIAL MINISTRIES INC 1800 LOGAN STREET CINCINNATI, OH 45210 31-1222942	LOW INCOME HOUSING	OH	501(c)(3	7	MERCY HEALTH CINCINNATI LLC		No
(9) MERCY FRANCISCAN AT ST RAPHAEL INC 610 HIGH STREET HAMILTON, OH 45011 20-2934871	SOCIAL SERVICES	OH	501(c)(3	7	MERCY HEALTH CINCINNATI LLC		No
(10) COMMUNITY MERCY HEALTH SYSTEM ONE S LIMESTONE ST SPRINGFIELD, OH 45502 30-0272454	MARKET PARENT	OH	501(c)(3	Type I	MERCY HEALTH		No
(11) COMMUNITY MERCY HEALTH PARTNERS ONE S LIMESTONE ST SPRINGFIELD, OH 45502 31-0785684	HOSPITAL	OH	501(c)(3	3	COMMUNITY MERCY HEALTH SYSTEM		No
(12) C H HEALTH SERVICES COMPANY ONE S LIMESTONE ST SPRINGFIELD, OH 45502 31-1181984	HOSPITAL	OH	501(c)(3	3	COMMUNITY MERCY HEALTH SYSTEM		No
(13) CLARKE & CHAMPAIGN COUNTIES HEALTH INFORMATION EXCHANGE 1150 E HOME ROAD SPRINGFIELD, OH 45503 26-0698515	MEDICAL INFORMATION EXCHANGE	OH	501(c)(3	9	COMMUNITY MERCY HEALTH SYSTEM		No
(14) THE WALLACE S MURRAY AND FRANCES RABBITTS MURRAY MEMORIAL TRUST ONE S LIMESTONE ST SPRINGFIELD, OH 45502 34-6827136	INDIGENT MEDICAL CARE	OH	501(c)(3	Type I	NA		No
(15) MERCY PROPERTY HOLDINGS 2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0699825	TITLE HOLDING COMPANY	OH	501(c)(2		MERCY HEALTH NORTH LLC		No
(16) MERCY HOME CARE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1587572	HOME HEALTHCARE	OH	501(c)(3	9	MERCY HEALTH NORTH LLC		No
(17) MERCY COLLEGE OF OHIO 2221 MADISON AVENUE TOLEDO, OH 43604 34-1726619	MEDICAL COLLEGE	OH	501(c)(3	2	MERCY HEALTH NORTH LLC		No
(18) MERCY COLLEGE OF OHIO FOUNDATION INC 2221 MADISON AVENUE TOLEDO, OH 43604 14-1963204	FOUNDATION	OH	501(c)(3	Type I	MERCY COLLEGE OF OHIO		No
(19) LIFESTAR AMBULANCE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1354653	MEDICAL TRANSPORTATION	OH	501(c)(3	Type II	MERCY HEALTH NORTH LLC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(21) RSM MEDICAL FOUNDATION 2200 JEFFERSON AVENUE TOLEDO, OH 43624 34-1693671	HOSPITAL	OH	501(c)(3	3	MERCY HEALTH NORTH LLC		No
(1) SIMON OUTREACH SERVICES 2600 NAVARRE AVENUE OREGON, OH 43616 34-1383325	MEDICAL OFFICE RENTAL	OH	501(c)(3	Type II	MERCY HEALTH - ST CHARLES HOSPITAL LLC		No
(2) FARLEY HEALTHCARE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1363204	HEALTH SERVICES	OH	501(c)(3	9	MERCY HEALTH NORTH LLC		No
(3) NEW VISION MEDICAL LABORATORIES INC 750 W HIGH ST STE 400 LIMA, OH 45801 34-1937267	MEDICAL LAB SERVICES	OH	501(c)(3	Type II	ST RITA'S MEDICAL CENTER LLC		No
(4) THE ASSUMPTION VILLAGE 9800 N MARKET STREET NORTH LIMA, OH 44452 34-1013695	NURSING HOME	OH	501(c)(3	9	MERCY HEALTH YOUNGSTOWN LLC		No
(5) HOSPICE OF THE VALLEY 5190 MARKET STREET YOUNGSTOWN, OH 44512 34-1288745	HOSPICE SERVICES	OH	501(c)(3	9	MERCY HEALTH YOUNGSTOWN LLC		No
(6) HUMILITY HOUSE 755 OHLTOWN ROAD AUSTINTOWN, OH 44515 34-1894783	NURSING HOME	OH	501(c)(3	9	MERCY HEALTH YOUNGSTOWN LLC		No
(7) ST JOSEPH HEALTH CENTER AUXILIARY 677 EASTLAND SE WARREN, OH 44484 34-6556121	FUNDRAISING	OH	501(c)(3	9	MERCY HEALTH YOUNGSTOWN LLC		No
(8) MERCY HEALTH PARTNERS - LOURDES INC 1530 LONE OAK ROAD PADUCAH, KY 42003 61-0600313	HOSPITAL	KY	501(c)(3	3	MERCY HEALTH		No
(9) LOURDES HOSPITAL AUXILIARY GIFT SHOP 1530 LONE OAK ROAD PADUCAH, KY 42003 61-0927805	FUNDRAISING	KY	501(c)(3	Type I	MERCY HEALTH FOUNDATION		No
(10) MARCUM AND WALLACE MEMORIAL HOSPITAL INC 60 MERCY COURT IRVINE, KY 40336 61-0927491	HOSPITAL	KY	501(c)(3	3	MERCY HEALTH PARTNERS - LOURDES INC		No
(11) MERCY HEALTH PARTNERS INC 615 ELSINORE PLACE CINCINNATI, OH 45202 73-1627534	MARKET PARENT	TN	501(c)(3	Type I	MERCY HEALTH		No
(12) MERCY HEALTH PARTNERS - NORTHEAST REGION INC 615 ELSINORE PLACE CINCINNATI, OH 45202 23-2813196	MARKET PARENT	PA	501(c)(3	Type I	MERCY HEALTH		No
(13) MERCY HOSPITAL OF WILKES-BARRE 746 JEFFERSON AVENUE SCRANTON, PA 18510 24-0795625	HOSPITAL	PA	501(c)(3	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
(14) MERCY HEALTH CARE CENTER 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2322809	HOSPITAL	PA	501(c)(3	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
(15) HEALTHSPAN PARTNERS 615 ELSINORE PLACE CINCINNATI, OH 45202 46-3055925	MARKET PARENT	OH	501(c)(3	Type II	MERCY HEALTH		No
(16) HEALTHSPAN INTEGRATED CARE 1001 LAKESIDE AVE SUITE 1200 CLEVELAND, OH 44114 34-0922268	HMO	OH	501(c)(3	9	HEALTHSPAN PARTNERS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
NWO Integrated Laboratories Mercy LLC 2200 Jefferson Avenue Toledo, OH 43624 34-1898285	Laboratory services	OH	NA	N/A								
Tiffin Ambulatory Surgical Associates 45 St Lawrence Drive Tiffin, OH 44833 37-1567866	Ambulatory Surgery Center	OH	NA	N/A								
New Vision Medical Lab LLC 750 W High Street Lima, OH 45801 34-1913433	Lab Services	OH	NA	N/A								
West Central Ohio Group Ltd 801 Medical Drive Lima, OH 45804 34-1848147	Orthopedic Hospital	OH	NA	N/A								
Kidney Services of West Central Ohio 750 W High Street Suite 100 Lima, OH 45801 06-1644264	Dialysis Center	OH	NA	N/A								
West Central Ohio Regional Healthcare Alliance Ltd 2615 Fort Amanda Road Lima, OH 45805 34-1817078	Healthcare quality	OH	NA	N/A								
Urologic Oncology of Mahoning Valley LLC 1044 Belmont Ave Youngstown, OH 44501 26-2989686	Radiation Therapy	OH	NA	N/A								
HMHPUSP Surgery Centers LLC 15305 Dallas Pkwy Ste 1600 Addison, TX 75001 27-1953122	Surgery Center	TX	NA	N/A								
OSC-HMHP LLC 6505 Market St Bldg B Ste 101 Boardman, OH 44512 01-0724836	Orthopedic Surgery Center	OH	NA	N/A								
Lourdes Ambulatory Surgery Center 225 Medical Center Drive Paducah, KY 42003 61-1258960	Surgery Center	KY	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
CHP INSURANCE LTD 615 ELSINORE PLACE CINCINNATI, OH 45202 98-0621978	INSURANCE	CJ	NA	C Corporation				No
NORTHPARKE MEDICAL COMMONS CONDO ASSN 333 N LIMESTONE ST SPRINGFIELD, OH 45503 31-1391230	REAL PROPERTY MGMNT	OH	NA	C Corporation				No
NORTHSIDE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1318438	RESIDENT RENTALS	OH	NA	C Corporation				No
MERCY WORK SOLUTIONS 2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0066340	WORKERS COMPENSATION	OH	NA	C Corporation				No
MERCY HEALTH SYSTEM PHO 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1778321	MEDICAL SERVICES	OH	NA	C Corporation				No
MCAULEY MANAGEMENT SERVICES INC 730 W MARKET STREET LIMA, OH 45801 34-1379037	PROPERTY RENTAL	OH	NA	C Corporation				No
LIMA MEDICAL SUPPLIES INC 730 W MARKET STREET LIMA, OH 45801 34-0944477	MEDICAL EQUIPMENT	OH	NA	C Corporation				No
COMMUNITY HEALTH PARTNERS ENTERPRISES INC 3700 KOLBE ROAD LORAIN, OH 44053 34-1455525	HOLDING COMPANY	OH	NA	C Corporation				No
AMC PHYSICIANS INC 200 W LORAIN STREET OBERLIN, OH 44074 37-1439554	PHYSICIAN SERVICES	OH	NA	C Corporation				No
MERCY HEALTH VENTURES INC 4600 MCAULEY PLACE CINCINNATI, OH 45242 31-1185477	DIVERSIFIED ACTIVITIES	OH	NA	C Corporation				No
MERCY FRANCISCAN AT WINTON WOODS I INC 10290 MILL ROAD CINCINNATI, OH 45231 31-1658668	LOW-INCOME HOUSING	OH	NA	C Corporation				No
HEALTH DYNAMICS INC 900 E OAK HILL AVENUE KNOXVILLE, TN 37917 62-1247729	MEDICAL EQUIPMENT SALES	TN	NA	C Corporation				No
HEALTH VENTURES INC & SUBSIDIARIES P O BOX 1788 KNOXVILLE, TN 37901 62-1175587	MEDICAL SERVICES	TN	NA	C Corporation				No
ANNE KILCAWLEY CHRISTMAN FOUNDATION 100 FEDERAL PLAZA EAST YOUNGSTOWN, OH 44503 35-6735706	BENEFICIAL TRUST	OH	NA	Trust				No
RALPH EWE TRUST 270 PARK AVENUE NEW YORK, NY 10017 34-6866422	BENEFICIAL TRUST	NY	NA	Trust				No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
ELIZABETH HINES CATES TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6515678	BENEFICIAL TRUST	OH	NA	Trust				No
WILLIS PARK TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6519904	BENEFICIAL TRUST	OH	NA	Trust				No
ERMA GIBSON BALDWIN TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6515566	BENEFICIAL TRUST	OH	NA	Trust				No
HEALTHSPAN INC 225 PICTORIA DR CINCINNATI, OH 45246 31-1431434	INSURANCE	OH	NA	C Corporation				No
HEALTHSPAN SOLUTIONS INC 615 ELSINORE PLACE CINCINNATI, OH 45202 30-0810766	CONSULTING	OH	NA	C Corporation				No