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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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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
100 Medical Center Drive

City or town, state or province, country, and ZIP or foreign postal code
Springfield, OH 455031832

D Employer identification number
31-0785684

E Telephone number
(937) 328-7000

G Gross receipts $ 324,187,659

F Name and address of principal officer:
Adam Groshans President Springfield Market
100 Medical Center Drive
Springfield, OH 455031832

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.MERCY.com

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

L Year of formation: 1983

M State of legal domicile: OH

Part I Summary

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	3,526
6	Total number of volunteers (estimate if necessary)	**6**	1,000
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	714,580	1,124,662
9	Program service revenue (Part VIII, line 2g)	298,073,518	313,604,821
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	416,942	6,808,887
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,294,951	2,635,136
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	302,499,991	324,173,506
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,955	70,759
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)	142,771,638	144,405,312
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	159,231,491	169,859,734
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	302,023,084	314,335,805
19	Revenue less expenses. Subtract line 18 from line 12	476,907	9,837,701

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	362,806,526	379,821,539
21	Total liabilities (Part X, line 26)	170,015,201	171,927,793
22	Net assets or fund balances. Subtract line 21 from line 20	192,791,325	207,893,746

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

****** 2020-10-28
Signature of officer Date

Jenelle Zelinski 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
		2020-09-11		P00369623

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 13TH STREET NW STE 1000
WASHINGTON, DC 20005 — Phone no. (212) 414-1000

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 $ 276,588,690 including grants of $ 70,759) (Revenue $ 313,604,821)

See Additional Data

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** ▶ 276,588,690

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	
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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			

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

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**	3,526		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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**	13		
	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**	8		
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**		No
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-A 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 1701 Mercy Health Place CINCINNATI, OH 45237 (513) 952-5000

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.

See instructions for the order in which to list the persons above.

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

(A) 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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,468,749	4,573,277	993,257

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 ▶ 72

			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** 1,124,662			
	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:$	**1g**			
	h Total. Add lines 1a-1f . . . . . ▶	1,124,662			
Program Service Revenue		Business Code			
	2a NET PATIENT SERVICE REVENUE	621990	312,314,844	312,314,844	
	b INCOME FROM JV'S AND PARTNERSHIPS	900099	612,361	612,361	
	c rental income from affiliates	531120	716,281	716,281	
	d Intercompany	900099	-38,665	-38,665	
	e				
	f All other program service revenue.		0	0	0
	g Total. Add lines 2a–2f. . . . . ▶	313,604,821			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,294,324		1,294,324
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**	0	0		
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	5,528,716	0		
	b Less: cost or other basis and sales expenses **7b**	0	14,153		
	c Gain or (loss) **7c**	5,528,716	-14,153		
	d Net gain or (loss) . . . . . ▶		5,514,563		5,514,563
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA	722514	916,211		916,211
	b CMS Care Management Fees	900099	586,257		586,257
	c Administration	446110	241,658		241,658
	d All other revenue		891,010	0	0	891,010
	e Total. Add lines 11a–11d . . . . . ▶		2,635,136			
	12 Total revenue. See instructions . . . . . ▶		324,173,506	313,604,821	0	9,444,023

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	70,759	70,759		
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	472,031	401,226	70,805	
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	118,649,087	100,851,724	17,797,363	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,586,455	4,748,487	837,968	
9 Other employee benefits	11,968,256	10,173,018	1,795,238	
10 Payroll taxes	7,729,483	6,570,060	1,159,423	
11 Fees for services (non-employees):				
a Management				
b Legal	102,759		102,759	
c Accounting	2,829		2,829	
d Lobbying	5,732		5,732	
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)	88,297,099	77,196,009	11,101,090	0
12 Advertising and promotion				
13 Office expenses	2,797,187	2,377,609	419,578	
14 Information technology				
15 Royalties				
16 Occupancy	7,221,333	6,138,133	1,083,200	
17 Travel	447,978	380,781	67,197	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,638,042	14,992,336	2,645,706	
23 Insurance	2,627,414	2,233,302	394,112	
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	37,972,025	37,972,025		
b Dietary & laboratory Supplies	6,338,415	6,338,415		
c State Assessments	4,648,145	4,648,145		
d Membership Dues	702,207	596,876	105,331	
e All other expenses	1,058,569	899,785	158,784	0
25 **Total functional expenses.** Add lines 1 through 24e	314,335,805	276,588,690	37,747,115	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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		9,550,384	1	6,673,763
	2	Savings and temporary cash investments		202,840	2	202,640
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		41,794,369	4	46,406,394
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		1,950,789	7	1,756,653
	8	Inventories for sale or use		6,657,029	8	6,642,495
	9	Prepaid expenses and deferred charges		587,747	9	455,802
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 433,308,720			
	b	Less: accumulated depreciation	10b 216,834,232	214,704,579	10c	216,474,488
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		85,907,687	12	97,771,900
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,451,102	15	3,437,404
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		362,806,526	16	379,821,539
Liabilities	17	Accounts payable and accrued expenses		31,096,860	17	37,303,987
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		136,793,376	23	131,256,828
	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		2,124,965	25	3,366,978
	26	**Total liabilities.** Add lines 17 through 25		170,015,201	26	171,927,793
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		192,277,277	27	207,379,629
	28	Net assets with donor restrictions		514,048	28	514,117
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		192,791,325	32	207,893,746
	33	Total liabilities and net assets/fund balances		362,806,526	33	379,821,539

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	324,173,506
2	Total expenses (must equal Part IX, column (A), line 25)	2	314,335,805
3	Revenue less expenses. Subtract line 2 from line 1	3	9,837,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192,791,325
5	Net unrealized gains (losses) on investments	5	5,043,742
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	220,978
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	207,893,746

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: 19010655
Software Version: 2019v5.0
EIN: 31-0785684
Name: Community Mercy Health Partners

Form 990 (2019)

Form 990, Part III, Line 4a:

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 2019 COMMUNITY MERCY HEALTH PARTNERS PROVIDED $27,191,288 IN NET COMMUNITY BENEFITS REPRESENTING 8.65% OF TOTAL OPERATING EXPENSES.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM GROSHANS COO (End 05/19); President & CEO, Springfield (Beg 05/19)	47.0 3.0	X		X				0	365,229	76,537
DEANNA L BROUGHER Secretary (End 12/19)	1.0 2.0	X		X				0	0	0
JOSEPH R JACKSON CHAIR	1.0 2.0	X		X				0	0	0
MATTHEW CALDWELL President & CEO, Springfield (End 05/19)	33.0 17.0	X		X				0	830,900	183,811
WENDY H DOOLITTLE VICE CHAIR	1.0 2.0	X		X				0	0	0
JOSEPH MORMAN MD Board Member, Physician	1.0 39.0	X						0	177,778	16,337
MARK B ROBERTSON Board Member (End 12/19)	1.0 2.0	X						0	0	0
Marvin Narcelles MD Board Member (Beg 01/19), Physician	1.0 49.0	X						0	477,437	65,800
Michael Greitzer Board Member	1.0 2.0	X						0	0	0
MICHAEL W GARFIELD President, Mid-American Group (End 03/19)	1.0 49.0	X						0	761,997	15,543

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paul Smith President, Mid-American Group (Beg 06/19)	1.0 49.0	X						0	482,875	285,277
PIUS KURIAN MD Board Member	1.0 2.0	X						0	0	0
REV DARRYL L GRAYSON Board Member	1.0 2.0	X						0	0	0
SR CHERYL ERB RSM Board Member	1.0 38.5	X						0	0	0
Surender NERAVETLA MD Board Member	1.0 2.0	X						0	0	0
Truman Johnson Board Member	1.0 2.0	X						0	0	0
WILLIAM H RAY JR Board Member	1.0 3.0	X						0	0	0
Christopher Howe COO - Springfield (Beg 11/19)	49.0 1.0			X				0	60,048	5,833
JENELLE ZELINSKI CFO - Springfield, Treasurer (Beg 05/19)	48.0 2.0			X				0	250,214	51,290
WILLIAM KUSNIERZ CFO - Springfield, Treasurer (End 05/19)	35.0 15.0			X				0	407,942	48,616

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD B JOHNSON MD Chief Clinical Officer (End 12/19)	48.0 2.0				X			457,904	0	14,127
LEE SYPHUS COO Mercy Health Physicians, VP Strategy Springfield (End 11/19)	8.0 42.0				X			0	251,009	33,707
Tyler Walters VP Operations - Springfield Reg. Med. Group (Beg 11/19)	31.0 19.0				X			0	207,902	31,576
ADRIAN PRINCE Director, Pharmacy	40.0 0					X		167,334	0	9,959
Gregory SMITH Pharmacist	40.0 0					X		155,099	0	61,315
JAMIE HOUSEMAN President, Urbana Hospital	50.0 0					X		183,772	0	33,750
JULIE EBLIN TECHNICAL LEADER LAB SERVICES	40.0 0					X		214,269	0	39,824
RUTH SHADE Director, Emergency Services	40.0 0					X		157,770	0	9,423
ELAINE STORRS Former Key, VP Chief Nursing Officer	49.0 1.0						X	132,601	0	10,532
PAUL HILTZ FORMER Pres/CEO Springfield Region, SVP Mercy Health	0.0 0.0						X	0	299,946	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	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		

Part IV Supporting Organizations (continued)

			Yes	No
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**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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)

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 31-0785684
Name: Community Mercy Health Partners

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493302015190

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of 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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
2					
3					
4					
5					
6					

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.

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	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?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		3,928
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		1,804
j	Total. Add lines 1c through 1i			5,732
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.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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" on 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,071,243		25,071,243
b Buildings		256,911,167	98,075,169	158,835,998
c Leasehold improvements				
d Equipment		149,332,939	118,759,063	30,573,876
e Other		1,993,371		1,993,371
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				216,474,488

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MERCY HEALTH INVESTMENT MANAGEMENT PROGRAM	97,771,900	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	97,771,900	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,366,978

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 31-0785684
Name: Community Mercy Health Partners

Supplemental 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 POSITI ONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT DECEMBER 31, 2019 AND 2018, AND D ETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STA TEMENTS AT DECEMBER 31, 2019 OR 2018.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			857,468	436,779	420,689	0.13 %
b Medicaid (from Worksheet 3, column a)			70,775,614	45,888,151	24,887,463	7.92 %
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	71,633,082	46,324,930	25,308,152	8.05 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,049,814	2,280	1,047,534	0.33 %
f Health professions education (from Worksheet 5)			483,150	0	483,150	0.15 %
g Subsidized health services (from Worksheet 6)			690,685	612,716	77,969	0.02 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			274,683	200	274,483	0.09 %
j **Total.** Other Benefits	0	0	2,498,332	615,196	1,883,136	0.60 %
k **Total.** Add lines 7d and 7j	0	0	74,131,414	46,940,126	27,191,288	8.65 %

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					0	0 %
2 Economic development					0	0 %
3 Community support			36,906		36,906	0.01 %
4 Environmental improvements			2,359		2,359	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	39,265	0	39,265	0.01 %

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 Healthcare 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 31,145,877		
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	59,328,299
6	Enter Medicare allowable costs of care relating to payments on line 5	6	53,077,160
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	6,251,139
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	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)

A

Name of hospital facility or letter of facility reporting group

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

			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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
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	
6 a	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): https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment			
b	☐ Other website (list url):			
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 20			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	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 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %			
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	Was widely publicized 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): https://www.mercy.com/patient-resources/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url): https://www.mercy.com/patient-resources/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url): https://www.mercy.com/patient-resources/financial-assistance			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 nonpayment?	**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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
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)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? **45**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	COMMUNITY MERCY HEALTH PARTNERS (CMHP) OPERATES THE DPM REACH PROGRAM SUBSTANCE ABUSE AND COPD CLINIC. THE AMOUNT OF SUBSIDIZED HEALTH SERVICES ATTRIBUTABLE TO THE PHYSICIAN CLINIC IS $0.
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.

990 Schedule H, Supplemental Information

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.
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.

990 Schedule H, Supplemental Information

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.
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. MERCY HEALTH ELECTED TO EARLY ADOPT ASU 2011-07. ACCORDINGLY, BAD DEBT EXPENSE IS REFLECTED AS A DEDUCTION FROM REVENUE RATHER THAN AS AN OPERATING EXPENSE. NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, B. SIGNIFICANT ACCOUNTING POLICIES, NET PATIENT ACCOUNTS AND NET PATIENT SERVICE REVENUE (PAGE 12) 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.

990 Schedule H, Supplemental Information

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.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER: Line 16a URL: https://www.mercy.com/patient-resources/financial-assistance;
Schedule H, Part V, Section B, Line 16b FAP Application website	A - MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER: Line 16b URL: https://www.mercy.com/patient-resources/financial-assistance;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER: Line 16c URL: https://www.mercy.com/patient-resources/financial-assistance;
Schedule H, Part VI, Line 2 Needs assessment	COMMUNITY MERCY HEALTH PARTNERS (CMHP) HOSPITALS ASSESS AND CONTINUALLY RESPOND 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.

990 Schedule H, Supplemental Information

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.mercy.com. 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.
Schedule H, Part VI, Line 4 Community information	Community Mercy Health Partners' (CMHP) primary service area includes Clark and Champaign counties, which have a total population of approximately 175,350. The 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. Springfield City Proper is predominantly a manufacturing community with jobs still rooted in that industry today. The community's primary demographics are comprised of residents who are: White, Non-Hispanic at 84.4%, African American at 8.1%, Hispanic at 3.2% and Two or more races at 3.4%. 48% of our residents are married while 29% have never married or are Divorced at 13%. 45% of our married households have families while 14% are Single, female parent families. 28% of our residents are individuals living alone. Clark County has higher averages of individuals with Disabilities, Sexually Transmitted Diseases and Chronic Diseases. Additionally, babies in Clark County are more likely to be born below average birth weight and pre-term in comparison with the state averages. Nearly 20% of Clark County women who are pregnant smoke during their pregnancy and severely lack 1st Trimester Prenatal Care - only about 57% receive 1st trimester care. The major health problems and/or leading causes of death in our service area are Cardiovascular disease, Dementia, Diabetes and Cancer. The infant mortality rate in the service area is higher than the state and national averages. Most of these are preventable through proper care and maintaining control of the illness/disease, as well as choosing healthier lifestyles.

990 Schedule H, Supplemental Information

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.
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. CMHP is a member of Bon Secours Mercy Health, Inc., a Maryland nonprofit, nonstock membership corporation (BSMH), and all of the other entities that are controlled directly or indirectly by BSMH are described collectively as the System. The System was organized in June 1983 to fulfill the healthcare mission of the United States Province of the Congregation of the Sisters of Bon Secours of Paris, a congregation of religious women of the Roman Catholic Church founded in France in 1824. The System's activities are in the states of Ohio, New York, Pennsylvania, Maryland, Virginia, Kentucky, South Carolina, and Florida, each referred to as a local system. The Ministry of BSMH aids those in need, particularly those who are sick and dying, by offering services that include but are not limited to acute inpatient, outpatient, pastoral, palliative, home health, nursing home, rehabilitative, primary and secondary care and assisted living without regard to race, religion, color, gender, age, marital status, national origin, sexual orientation, or disability. As a member of the Catholic health ministry and a member of BSMH, this organization and its related entities are called to continue the healing ministry of Jesus. We exist to benefit the people living in the communities it serves. Through all of the services offered to the community, the mission is "to bring compassion to health care and to be good help to those in need, especially those who are poor and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church." This organization and related organizations share the BSMH Vision. BSMH's vision to partner with communities to create a more humane world, build social justice for all and provide exceptional value for those served is implemented through its Strategic Quality Plan which provides focus in four goal areas for the current three year period (2019-2021). - Co-Create Healthy Communities: We recognize that the factors which drive health outcomes extend well beyond the scope of traditional health care services. Thus, we commit to improve the health of communities through partnership and collaboration with a broad range of constituencies including committed community residents - Be Person Centric: We recognize that those whom we serve are increasingly engaged in their own care and are seeking convenience, affordability and reliability. Thus, we commit to anticipate and respond to the changing expectations of health care consumers, and to ensure that we engage each person in an individualized plan for health with a focus on prevention and wellness. - Serve Those Who Are Vulnerable: We recognize, by our Catholic identity, that the struggle for a more humane world is not an option, but an integral part of spreading the gospel. Thus, we commit to serve those who are vulnerable in many ways, addressing health disparities, sustaining global ministries, healing the environment and working to end violence and oppression. - Strengthen Our Culture and Capabilities: We recognize that the health care delivery system is undergoing rapid change with increasing complexity. Thus, we commit to liberate the potential of our people by strengthening individual and collective capabilities with respect to ministry leadership, knowledge, analytics, innovation and finances. Please see Schedule R for listings of the related organizations. Each of the reported entities play a role in achieving the vision of BSMH and the SQP (Strategic Quality Plan). System-wide community benefit for 2019 per the audit footnote is as follows: Total 2019 Community Benefit: $724.6 Million Benefits to the Broader Community: $128.4 million Unreimbursed Care for Those Who Are Poor and Qualify for Medicaid: $497.9 million Cost of Care for Those Who Could Not Afford to Pay: $98.3 million Community Benefit as Percent of Total Expense: 8.6 percent.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 31-0785684
Name: Community Mercy Health Partners

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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**
1	MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER 100 Medical Center Drive SPRINGFIELD, OH 45504 www.mercy.com 1122AHR	X	X					X			A
2	MERCY HEALTH - URBANA HOSPITAL 904 SCIOTO STREET URBANA, OH 43078 www.mercy.com 1121AHR	X	X			X		X			A

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 A, 1	Facility A, 1 - MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER. Mercy Health - Springf ield Regional Medical Center participated in a regional Community Health Needs Assessment process coordinated by the Clark County CHNA Stakeholder Group ("Stakeholder Group" or "Gr oup"). The Stakeholder Group assembled a team which included the Clark County Health Distr ict, Mental Health and Recovery Board of Clark, Greene, and Madison Counties, Rocking Hors e Center, and Springfield Regional Medical Center. The health district steering committee provided executive oversight. For the collaborative design, the process for gathering prim ary data, and the process for identifying, collecting, interpreting, and analyzing seconda ry data, the consultants referenced numerous methods for both qualitative and quantitative data. The consultants sought data that reflected recent as well as emerging issues by peo ple who lived in the hospitals' service areas, with attention to vulnerable populations an d social determinants of health. Secondary data provided information about demographics, h ealth conditions, and health-related issues as of 2016. Primary data reflected the opinion s and attitudes of individuals and agencies motivated to attend a meeting or complete a su rvey. Their passion and level of interest is helpful to hospitals who are contemplating fu ture programs that depend on community support. While not designed to be statistically rep resentative of all 3.3 million residents of the region, there was often remarkable alignme nt among the top 5-10 priorities from meetings, individual surveys, agency surveys, and he alth departments. In addition to the regional data, the Clark County Combined Health Distr ict also held several (6) public information meetings throughout Clark County in the Summe r of 2018 where community members could attend and give their feedback on localized health needs. One was conducted by the THC/GDAHA consultants, and five were conducted by the Cla rk County Combined Health District. 68 people contributed votes to identify a total of 18 priorities. Surveys from individual consumers living in Clark County were also collected b etween 6/19/18 and 8/3/18. Eight organizations serving County residents, especially vulner able populations, responded with their priorities. The Stakeholder Group compared secondar y data to the information gathered via community meetings, individuals surveyed, organizat ions surveyed, and the Clark County Combined Health District data. All participants at the Clark County Community Health Steering Committee were asked to brainstorm for 8-10 minute s about what factors and goals they should prioritize in terms of community health. They w ere asked to write down the ideas, general or specific, onto post it notes and place them under one of three categories on the board: Big Prizes (Health Outcomes), Causal Factors, or Other. These Ideas were then read to the group and a second round of brainstorming allo wed for any other additional p

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 A, 1	ost-it notes to be added to the board. Suggestions were then rearranged via discussion by the committee into subcategories such as behavioral health, cross-cutting, etc. Post its w ere then placed categorically on the wall under the County Health Ranking Model. From this list our Significant Health Needs were identified. After our data deep dive with the Clar k County Combined Health District, and our partners in the Clark County Community Health S takeholders Group, our community health and mission stakeholders reviewed the top health n eeds and looked at areas that we can and should have an impact at Springfield Regional Med ical Center.

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 A, 2	Facility A, 2 - MERCY HEALTH - URBANA HOSPITAL. Mercy Health - Urbana Hospital participate d in a regional Community Health Needs Assessment (CHNA) process coordinated by the Champa ign County CHNA Stakeholder Group ("Stakeholder Group" or "Group"). The Stakeholder Group assembled a team which included the Champaign County Health Department, Champaign County Y MCA, Champaign County Drug Free Youth Coalition and Mercy Health Urbana Hospital. In May 2 018, a community forum and data survey collected input from Community Members regarding th e health status and top health needs of the community. For the collaborative design, the p rocess for gathering primary data, and the process for identifying, collecting, interpreti ng, and analyzing secondary data, the consultants referenced numerous methods for both qua litative and quantitative data. The consultants sought data that reflected recent as well as emerging issues by people who lived in the hospitals' service areas, with attention to vulnerable populations and social determinants of health. Secondary data provided informat ion about demographics, health conditions, and health-related issues as of 2016. Primary d ata reflected the opinions and attitudes of individuals and agencies motivated to attend a meeting or complete a survey. Their passion and level of interest is helpful to hospitals who are contemplating future programs that depend on community support. While not designe d to be statistically representative of all 3.3 million residents of the region, there was often remarkable alignment among the top 5-10 priorities from meetings, individual survey s, agency surveys, and health departments. In partnership, Champaign County Completed a Se arch Institute Survey - Collecting Youth Data from the schools to identify youth risk. The survey was distributed as a joint effort with the Champaign County Family and Children Fi rst Council (CCFCFC). Every other student received the Search Institute Survey. Schools th at participated included Triad High School, Triad Middle School, Urbana High School, Urban a Middle School, West Liberty High School and West Liberty Middle School. Champaign County Health Department provided data to identify local health needs from current data: hospita l discharge data (ICD10 data grouped into different health topics), demographic data (pull ed from Census API), market potential data, food access data, school data, birth data, dea th data, cancer data and infectious disease data. With the help of the Community Health Le adership committee in Champaign County and at the direction of the Champaign County Health Commissioner we were able to identify 3 top health needs: Chronic Disease, Behavioral Hea lth and Health Risk Prevention. After further review of both the regional data, provided b y Greater Dayton Area Hospital Association (GDAHA), and local data pulled by the Champaign County Epidemiologist, it appeared like additional significance should be added to the in itial list. As such, Maternal/

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	Infant Health, Healthy Births & Infant Mortality and Access to Care were added to the sign ificant health needs. On May 16, 2018, a community forum and data survey collected input f rom community members regarding the health status and top health needs of the community. F or the top 5 significant needs presently identified, Mercy Health took time to meet with t he Champaign County Epidemiologist to review local survey data, regional CHNA data, county , statewide and national data to compare and evaluate where we are in Champaign County, in Comparison. Additionally, we were looking at, and prioritizing cross-cutting measures tha t are proven contributors to critical community health needs.

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 A, 1	Facility A, 1 - MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER. MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER'S CHNA WAS CONDUCTED, IN PART, WITH MERCY HEALTH - URBANA 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 6a Facility A, 2	Facility A, 2 - MERCY HEALTH - URBANA HOSPITAL. MERCY HEALTH - URBANA HOSPITAL'S CHNA WAS CONDUCTED, IN PART, WITH MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER.

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 A, 1	Facility A, 1 - MERCY HEALTH - SPRINGFIELD REGIONAL MEDICAL CENTER. Clark County Educational Service Center - (City and County Schools) The Springfield Foundation The Rocking Horse Center The Mental Health & Recovery Board The Community Health Foundation Springfield Metropolitan Housing Wittenberg University The City of Springfield Clark County Combined Health District

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 A, 2	Facility A, 2 - MERCY HEALTH - URBANA HOSPITAL. Champaign County CHNA Stakeholder Group Champaign County Family and Children First Council (CCFCFC) Champaign County Health District Memorial Health Champaign County YMCA United Way of Clark, Champaign & Madison Counties Early Childhood Education Center Champaign County Suicide Coalition Local Law Enforcement Champaign County Fire & Rescue (& EMS) Champaign County Board of Developmental Disabilities Wright State University TCN Behavioral Health Services

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 A, 1	Facility A, 1 - Mercy Health - Springfield Regional Medical Center. Chronic Disease Implem entation Activities: Goal: Asthma - By March 2019, the Chronic Disease Task Force will sho w a decrease in the number of asthma attacks that require emergency room services or treat ment. Congestive Heart Failure - By March 2018, the Chronic Disease Task Force will work t o decrease the number of readmissions among unaffiliated CHF patients (those without a pri mary care physician) within 30-90 days of discharge by establishing primary care providers /medical homes for 50% of patients. Diabetes - By March 2018, the Chronic Disease Task For ce will increase the number of patients completing diabetes education courses by adding AD A-certified sites in Clark County. Oral health - The Chronic Disease Task Force will campa ign for fluoride to be added to the Clark County water supply to decrease the prevalence o f tooth decay and tooth extractions. 2019 Strategies and Outcomes: Springfield Regional Me dical Center (SRMC) participates in the Chronic Disease Task Force. The following actions were taken by the hospital or the Task Force: * Asthma - Completed background research to on current practices to review successful evidence-based practices and existing assessment s. The hospital had multiple contacts with the Clark County Combined Health Department, ED personnel and SRMC Case Management to establish a referred program for asthma patients. * Asthma - The hospital engaged strategic partners to develop an effective home-based envir onmental assessment program with the goal to decrease the number of serious asthma attacks in children that require emergency room services. In 2019, the hospital continued its wor k through meetings and communication as follows: - Continued communication with the Asthma Subgroup with emailed updates. Four updates were provided in 2019. - Provided periodic co ntact with cost-cutting partners. Attended three meetings with MVCDC, four health fairs, o ne local pharmacist meeting, and mailed and/or delivered materials to care providers four times in 2019. - Maintained email communication with school nurses, and co-hosted two scho ol nurse training sessions. - Attended five asthma meetings hosted by the Ohio Department of Health. - Made multiple contacts and attended one meeting with the hospital ED personne l and one meeting with hospital Case Managers to discuss referreal to the program. - Utili zed social media to deliver periodic outreach and educational materials. * Asthma - Contin ued to provide information to local care providers in 2019, conducted in-home assessments for 33 children and 17 adults, provided supplies to 27 families, and reduced unscheduled m edical visits by 90% at 30 day contact, and 88% at 6 month contact. * Congestive Heart Fai lure (CHF) - Collected data on the number of patients discharged with CHF without a primar y care physician (PCP). In 2019, appointments were made after discharge for 60-70 Congesti ve Heart Failure (CHF) patient

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 A, 1	s via a previously established program with Rocking House Center to identify and follow un affiliated patients who were accepted by a PCP/medical home and track the following metric s: weight, medication compliance, symptoms and readmissions at 30, 60 and 90 days. * Diabe tes - Maintained ADA certification at The Rocking Horse Center in Clark County. -Continue to track the number of referrals by PCP/medical homes to education programs and track the number of participants completing the programs. There has been slight growth in participan ts at this location. In 2019, 65% of participants completed the programs. * Diabetes - The hospital measured attainment of patient-defined goals and patient outcomes using appropri ate measurement techniques to evaluate the effectiveness of the educational intervention. In 2019, 30 unduplicated patients were seen with 52 educational visits completed. * Oral H ealth- The hospital continues its goal to educate residents on the importance of fluoridat ed public water. In 2019, the hospital attended World Health Coalition meetings on a quart erly basis. The Committee continues to review statistics and ways to educate the community on the issue. Mental Health Implementation Activities: Goal: By March 2019, the Mental He alth Task Force will redirect emergency medical service (EMS) frequent users to appropriat e care and reduce all EMS overuse as evidenced by the development of pre-hospital treatmen t protocols and related collaborative multiprovider agreements supporting the implementati on of Mobile Integrated Health Care or similar system management concepts. 2019 Strategies and Outcomes: * SRMC has employed Behavioral Health Nurses in the Emergency Department. W hen a patient with mental health related conditions is received, the BH Nurse does a crisi s assessment to determine if the patient is safe to return to home and receive outpatient therapy or if the patient needs to be placed in an inpatient facility. If placement in inp atient facility is required, the Mercy Health Access Center arranges for placement and tra nsportation. The collaborative will continue to investigate best practices in other simila r communities to find a workable solution to the issues faced. * In 2019, SRMC hired 2 RNs with mental health crisis intervention training as well as established a Telepsych progra m in collaboration with St. Rita's Medical Center in Lima, Ohio to support patients. * SRM C established positions for social worker and case management to cover the ED 8 am - 11 pm 7 days a week with the balance of 9 hours covered on-call. The staff identify and address ing the needs of patients for support to navigate their needs, i.e., primary care, shelter , food, medication, and social service agencies in the community. * Case Management and So cial workers have developed a directory of professional support for patient referral. * Th e ED manager meets monthly with the Clark County Mental Health Services director to mainta in a connection for the 16-bed

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 A, 1	inpatient facility as well as outpatient support referral. There is a daily call to asses s bed availability so patients who need transferred to an inpatient facility can remain lo cal. * Community partners meet to discuss collaboration for the safest care of patients. I .e., previously the city jail brought suicide patients directly to the ED and after confer ring with Mental Health Services (MHS) a process was put in place to have a direct connect between MHS and the Jail. Health Births and Sexuality Implementation Activities: Goal: To promote, implement and support the practice of Kangaroo Care for all mothers and their ne wborn infants at SRMC; To work collaboratively with community agencies for early recogniti on of pregnant women using drugs and to promote healthier pregnancies. 2019 Strategies and Outcomes: * Promoted, implemented and supported the practice of Kangaroo Care for all mot hers and their newborn infants at the hospital. The previously established Kangaroo Care p rogram continued within SRMC birthing center. Kangaroo Care is now the standard of care an d is utilized after deliveries that meet the criteria. * Continue the "Quiet Hours" progra m to promote uninterrupted time for mother and baby. * Universal drug screenings were esta blished in 2017 and continued in 2019 for all pregnant patients admitted to the birthing c enter on their first visit. If the drug screening is positive, the patient is screened on every encounter that follows. In 2019, all mothers were drug screened unless they refused screening. The hospital also instituted universal umbilical cord testing. * In 2019, the c ase manager referred an average of 10-15 patients per week with positive drug screens to M cKinley Hall. Continued description below.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - CONTINUED: Mercy Health - Springfield Regional Medical Center. Continued d escription for Mercy Health - Springfield Regional Medical Center: Nutrition Implementatio n Activities: Goal: To promote healthy food and education into a regular lifestyle for adu lts with BMI 25 - 30 (overweight) and BMI 30 and above (obese). 2019 Strategies and Outcom es: * The Clark County Local Foods Council ("Local Foods Council") was created in 2019, in cluding completion of approved bylaws. Local Foods Council was developed out of the Clark County Healthy Foods task force as a way to support: Advocacy, Access, Education, Entrepre neurship/Business Development, Communications, etc. Local foods council promotes the consu mption and production of local food as a catalyst for health, social and economic transfor mation in our community. * A food directory with a directory of local food resources is be ing developed in partnership with BW Greenway. The director is still in progress in 2019. * In partnership with the Clark County Local Food Council, the hospital participated in th e summer picnic and grill event at Jefferson St. Oasis, which included cooking demonstrati ons using fresh/local produce at the Springfield Farmers Market. Taste testing and recipes were offered. * The hospital assisted with a children's food demonstration at the New Car lisle farmer's market. Substance Abuse Implementation Activities: Goal: By March 2019, the Clark County Substance Abuse Prevention Treatment and Support Coalition will assist in th e prevention of alcohol and other drug usage in Clark County as evidenced by the implement ation of one evidence-based prevention program. 2019 Strategies and Outcomes: * In June 20 16, Community Mercy Health Partners began the Mercy REACH program. Clients are assessed at Mercy REACH for referrals to SRMC for detox services. A REACH therapist makes rounds on c lients daily while in SRMC to encourage treatment with REACH program. The hospital continu es to establish an inpatient detox program at SRMC, and to focus on successfully operation alizing the program. During 2019, 82 clients were assessed for detox at SRMC, and 73% comp leted the program. * Mercy REACH continued to operate an Intensive Outpatient Program (IOP) for patients discharged from the inpatient detox program to establish sobriety skills. I n 2019, 540 people from both Urbana and Springfield participated in the Mercy REACH treatm ent, with 64 clients participating in an Intensive Outpatient Program (IOP). Participants attending IOP attend three days a week, for 9 hours. The length of stay varies on the clie nts' degree of addiction, struggling with sobriety, and setbacks during the course of trea tment. * Mercy REACH continues the MAT VIVITROL program to provide injections to help prev ent relapse to opioid dependence. Clients may receive the MAT Vivitrol treatment for sever al months ranging from one month up to 5-8 months depending on the need of the client. In 2019, 24 clients participated

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 A, 2	in the MAT program. This program ended in 2019 due to the reduction of requests to partici pate, and restructured the treatment to a referral to local MAT clinics. Significant Needs Not Addressed by the Hospital SMOKING CESSATION - SRMC will not directly address this com munity need as other organizations in Clark County are specifically designed and better pr epared to respond to this need through resources and experience. SRMC will support them as needed. PHYSICAL ACTIVITY (ACTIVE LIVING) - SRMC will not directly address this community need as other organizations in Clark County are specifically designed and better prepared to respond to this need through resources and experience. SRMC will support them as neede d.

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 A, 3	Facility A, 3 - MERCY HEALTH - URBANA HOSPITAL. Nutrition and Wellness (Healthy Living) Im plementation Activities: Goal: To promote healthy diet and education about healthy eating into a regular lifestyle for adults with BMI 25-30 (overweight) and BMI 30 and above (obes e). The Healthy Living Task Force will increase the number of patients completing diabetes self-management education courses, as documented by increased physician referrals and exp ansion of programs to include evening hours. 2019 Strategies and Outcomes: * Mercy Health - Urbana Hospital (Urbana Hospital) is working to develop a plan for nutrition education a t the Urbana Hospital Chronic Disease Clinic. The Chronic Disease Clinic was working to de velop and schedule monthly classes for the nutrition education program. In 2019, the hospi tal took the following actions: - Offered diabetes support groups. 18 individuals particip ated in 2019. - The Chronic Disease Clinic moved to the Urbana Family Medicine and Pediatr ics in 2019. The hospital continues to co-teach diabetes classes at the health department. * The hospital has partnered with the schools to develop and promote healthy-eating educa tion programs to be presented once a year for the middle and high schools in Champaign Cou nty. Hospital representatives worked with students and are in the process of developing vi deo presentations that will be presented to elementary school students on healthy eating a nd exercise. In 2019, education programs were presented to 295 students at Graham High Sch ool during their healthy kids' day. Mental Health Implementation Activities: Goal: To inve stigate precision medicine as a tool for physicians to individualize therapeutic drug choi ce by using genotype to predict positive clinical outcomes, adverse reactions and levels o f drug metabolism for effective support of patients' depression disorders. 2019 Strategies and Outcomes: * In 2019, the provider responsible for the use of Pharmacogenics (Precisio n Medicine) Technology was moved to full time in the senior behavioral unit at MHUH. At th is time MHUH has implemented a program for patients discharged from the SBU to be seen, by the above-mentioned provider, with a follow up appointment to ensure they have their pres criptions and future appointments scheduled. There is also a counselor in house, working w ith this provider, that will follow-up with these patients to establish them in counseling sessions. Substance Abuse Implementation Activities: Goal: Patients discharged from Urban a Hospital with an overdose-related diagnoses be referred to Urbana Hospital Chronic Clini c and/or Community Mercy REACH program for substance abuse prevention treatment and suppor t 2019 Strategies and Outcomes: * Urbana Hospital continues to focus on identifying and ad mitting patients to the inpatient detox treatment program at Springfield Regional Medical Center (SRMC) through Mercy REACH. The primary detox assessment is conducted at the Spring field REACH office. Upon compl

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 A, 3	etion of an assessment, a therapist contacts SRMC to refer client for first available bed and SRMC will call client for admission. The hospital's goal is to provide detox services to as many patients as needed. During 2019, 82 clients were assessed for detox at SRMC, an d 73% completed the program. * Mercy REACH opened an Intensive Outpatient Program (IOP) at SRMC for patients discharged from the inpatient detox program to establish sobriety skill s. In 2019, 540 people from both Urbana and Springfield participated in the Mercy REACH tr eatment at SRMC, with 64 clients participating in an Intensive Outpatient Program (IOP). * Continue to support the Urbana Hospital Chronic Care Clinic to establish a Vivitrol injec tion program. The program supports client eligible for monthly Vivitrol injections to help prevent relapse to opioid dependence. Clients interested in receiving the Vivitrol inject ion are reviewed by the Medical Director for appropriate referral to Chronic Care Clinic t o schedule injection, and the number of injections and length of stay (1 month up to 5-8 m onths) can vary depending on clients' sobriety needs. In 2019, 24 clients participated in the MAT program. This program ended in 2019 due to the reduction of requests to participat e, and restructured the treatment to a referral to local MAT clinics. Significant Needs No t Addressed by the Hospital EARLY CHILDHOOD WELLNESS - Urbana Hospital will not directly a ddress this community need as other organizations in Champaign County are specifically des igned and better prepared to respond to this need through resources and experience. Urbana Hospital will support them as needed.

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 13 Facility A, 1	Facility A, 1 - Mercy Health - Springfield Regional Medical Center, Mercy Health - Urbana Hospital. Mercy Health's financial assistance policy requires a patient or family member to complete an application including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income is required with the exceptions of patients discharged to a skilled nursing facility, patients who are deceased with no estate, and patients who have documented homelessness. Third party income scoring may be used to verify income in situations where income verification is unable to be obtained through other methods.

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 13 Facility A, 1	Facility A, 1 - Mercy Health - Springfield Regional Medical Center, Mercy Health - Urbana Hospital. Mercy Health's financial assistance policy requires proof that Health Savings Account and/or Medical Savings Account funds be depleted prior to providing healthcare financial assistance.

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 13 Facility A, 2	Facility A, 2 - Mercy Health - Springfield Regional Medical Center, Mercy Health - Urbana Hospital. Patients who live in the community served by a Mercy Health hospital will be offered healthcare financial assistance. For those patients living outside of the geographic area, extenuating circumstances must be documented and approved by the PFS Manager. A list of the zip codes of the community served for each Mercy Health hospital is maintained in a separate document and readily available via the contact list at the end of Mercy Health'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 13 Facility A, 3	Facility A, 3 - Mercy Health - Springfield Regional Medical Center, Mercy Health - Urbana Hospital. Mercy Health's financial assistance policy requires a patient to apply for health insurance coverage and/or enter the marketplace/exchange before financial assistance may be extended. Exceptions to this policy include patients discharged to a SNF, patients who are deceased with no estate, and patients who have documented homelessness.

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?_____

	Name and address	Type of Facility (describe)
1	CARDIOLOGISTS OF CLARK AND CHAMPAIGN COUNTIES SPRINGFIELD 100 W MCCREIGHT AVE FIRST FLOOR SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
1	CARDIOLOGISTS OF CLARK AND CHAMPAIGN COUNTIES URBANA 900 EAST COURT STREET URBANA, OH 43078	SPECIALTY LOCATIONS
2	COMMUNITY MERCY FOUNDATION 100 W MCCREIGHT AVE SUITE 200 SPRINGFIELD, OH 45504	OTHER
3	COMMUNITY MERCY HEALTH PARTNERS 100 MEDICAL CENTER DRIVE SPRINGFIELD, OH 45504	OTHER
4	COMMUNITY MERCY HOME CARE 1111 N PLUM STREET SUITE 4 SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
5	COMMUNITY MERCY HOME MEDICAL EQUIPMENT 1702 N LIMESTONE STREET SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
6	COMMUNITY MERCY MED ASSIST 30 W MCCREIGHT SUITE 011 SPRINGFIELD, OH 45504	OTHER
7	COMMUNTY MERCY OCCUPATIONAL HEALTH - URBANA (INSIDE MERCY MEMORIAL HOSPITAL) 904 SCIOTO STREET URBANA, OH 43078	SPECIALTY LOCATIONS
8	EXCEL SPORTS MEDICINE REHABILITATION - SPRINGFIELD 2600 N LIMESTONE STREET SPRINGFIELD, OH 45503	SPECIALTY LOCATIONS
9	MERCY HEALH - EAST SPRINGFIELD INTERNAL MEDICINE 2105 E HIGH STREET SPRINGFIELD, OH 45505	PRIMARY CARE DOCTORS
10	MERCY HEALTH - ENON PRIMARY CARE 240 ENON ROAD ENON, OH 45323	PRIMARY CARE DOCTORS
11	MERCY HEALTH - FAMILY PHYSICIANS OF SPRINGFIELD 247 S BURNETT RD SPRINGFIELD, OH 45505	PRIMARY CARE DOCTORS
12	MERCY HEALTH - MERCYCREST FAMILY MEDICINE 30 W MCCREIGHT AVE SUITE 208 SPRINGFIELD, OH 45503	PRIMARY CARE DOCTORS
13	MERCY HEALTH - MERCYCREST GASTROENTEROLOGY 30 W MCCREIGHT AVE SUITE 211 SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
14	MERCY HEALTH - NORTHPARKE INTERNAL MEDICINE 211 NORTHPARKE DRIVE SPRINGFIELD, OH 45503	PRIMARY CARE DOCTORS

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?_____

	Name and address	Type of Facility (describe)
16	MERCY HEALTH - SOUTH LIMESTONE FAMILY MEDICINE 2055 S LIMESTONE STREET SPRINGFIELD, OH 45504	PRIMARY CARE DOCTORS
1	MERCY HEALTH - SPRINGFIED PRIMARY CARE AT CLARK STATE 570 E LEFFEL LN SPRINGFIELD, OH 45505	PRIMARY CARE DOCTORS
2	MERCY HEALTH - SPRINGFIELD IMAGING AND LAB CENTER 1343 N FOUNTAIN BLVD SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
3	MERCY HEALTH - SPRINGFIELD LAB SERVICES 2205 N LIMESTONE STREET SPRINGFIELD, OH 45503	SPECIALTY LOCATIONS
4	MERCY HEALTH - SPRINGFIELD OCCUPATIONAL HEALTH 2501 E HIGH STREET SPRINGFIELD, OH 45505	SPECIALTY LOCATIONS
5	MERCY HEALTH - SPRINGFIELD ORTHOPAEDICS AND SPORTS MEDICINE 2600 N LIMESTONE STREED SECOND FLOO R SPRINGFIELD, OH 45503	SPECIALTY LOCATIONS
6	MERCY HEALTH - SPRINGFIELD PEDIATRIC REHABILITATION 1345 N FOUNTAIN BLVD SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
7	MERCY HEALTH - SPRINGFIELD WALK-IN CARE 1343 N FOUNTAIN BLVD SUITE 250 SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
8	MERCY HEALTH - SPRINGFIELD WEIGHT MANAGEMENT & GENERAL SURGERY 100 W MCCREIGHT AVE SUITE 110 SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
9	MERCY HEALTH - ST PARIS FAMILY MEDICINE 114B S SPRINGFIELD ST ST PARIS, OH 43072	PRIMARY CARE DOCTORS
10	MERCY HEALTH - URBANA FAMILY MEDICINE AND PEDIATRICS 204 PATRICK AVENUE URBANA, OH 43078	PRIMARY CARE DOCTORS
11	MERCY HEALTH - URBANA INTERNAL MEDICINE 900 SCIOTO STREET SUITE 4 URBANA, OH 43078	PRIMARY CARE DOCTORS
12	MERCY HEALTH - URBANA LAB SERVICES 204 PATRICK AVENUE URBANA, OH 43078	SPECIALTY LOCATIONS
13	MERCY HEALTH - URBANA SPORTS MEDICINE AND REHABILITATION 1450 E US HIGHWAY 36 URBANA, OH 43078	SPECIALTY LOCATIONS
14	MERCY HEALTH - WITTENBERG UNIVERSITY HEALTH CENTER 200 W WARD STREET ROOM 003 SPRINGFIELD, OH 45504	PRIMARY CARE DOCTORS

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?_____

	Name and address	Type of Facility (describe)
31	MERCY HEALTH REACH SERVICES - SPRINGFIELD 30 W MCCREIGHT AVENUE SPRINGFIELD, OH 45504	OTHER
1	MERCY HEALTH REACH SERVICES - URBANA 904 SCIOTO STREET URBANA, OH 43078	OTHER
2	MERCY HEALTH SPRINGFIELD REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT 100 MEDICAL CENTER DRIVE SPRINGFIELD, OH 45504	EMERGENCY CARE
3	MERCY HEALTH URBANA HOSPITAL EMERGENCY DEPARTMENT 904 SCIOTO STREET URBANA, OH 43078	EMERGENCY CARE
4	MERCY MEMORIAL WOUND CARE CENTER - URBANA 1430 US HIGHWAY 36 EAST SUITE B URBANA, OH 43078	SPECIALTY LOCATIONS
5	MITCHELL THOMAS CENTER 100 W MCCREIGHT AVE SPRINGFIELD, OH 45505	OTHER
6	SPRINGFIELD AND URBANA GENERAL & LAPAROSCOPIC SURGEONS 30 W MCREIGHT AVE SUITE 106 SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
7	SPRINGFIELD PHYSICAL MEDICINE - OUTPATIENT 211 NORTHPARKE DRIVE SPRINGFIELD, OH 45503	SPECIALTY LOCATIONS
8	SPRINGFIELD REGIONAL CANCER CENTER 148 W NORTH STREET SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
9	SPRINGFIELD REGIONAL CANCER CENTER 148 W NORTH STREET SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
10	SPRINGFIELD REGIONAL MEDICAL GROUP - ORTHOPEDICS AND SURGICAL SPECIALISTS 900 SCIOTO STREET SUITE 1 URBANA, OH 43078	SPECIALTY LOCATIONS
11	SPRINGFIELD REGIONAL MEDICAL GROUP - PALLIATIVE MEDICINE 100 MEDICAL CENTER DRIVE SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS
12	SPRINGFIELD REGIONAL MEDICAL GROUP - WOUND CARE - SPRINGFIELD 362 SOUTH BURNETT ROAD SPRINGFIELD, OH 45505	SPECIALTY LOCATIONS
13	SPRINGFIELD REGIONAL OUTPATIENT CENTER 2610 N LIMESTONE STREET SPRINGFIELD, OH 45503	MEDICAL CENTER
14	SPRINGFIELD REGIONAL SLEEP CENTER 30 W MCCREIGHT AVE SUITE 201 SPRINGFIELD, OH 45504	SPECIALTY LOCATIONS

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Bon Secours Mercy Health Foundation 1701 Mercy Health Pl Cincinnati, OH 45237	20-1072726	501(c)(3)	26,000				MISSION SUPPORT
(2) American Heart Association PO Box 4002902 Des Moines, IA 503402902	13-5613797	501(c)(3)	10,000				MISSION SUPPORT

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

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	Special initiatives funded by Bon Secours Mercy Health are required to report back to Bon Secours Mercy Health on an annual basis. There is no formal requirement for monitoring the use of the funds for all other grants paid.

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on 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 Terms and conditions of the Cincinnati Market SERP	The Cincinnati Market SERP is a deferred compensation plan which provides employment continuation incentives to all executive council members. The plan is no longer accepting new participants and the cessation of contributions has occurred. 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 $299,946.
Schedule J, Part I, Line 4b Terms and conditions of the Bon Secours Mercy Health System SERP	The Bon SEcours 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: Matthew Caldwell $3,890; Donald B. Johnson MD $32,753; William Kusnierz $15,596; Elaine Storrs $0; Adam Groshans $0; Michael Garfield $44,077; Lee Syphus $14,479; Paul Smith, $0.
Schedule J, Part II, Column (C) Reporting negative deferred compensation	Annual actuarially-determined contributions to defined benefit plans, which are based on prior plan contributions, changes in interest rates, the present value of accrued benefits, and other data and assumptions about the future, may, for some plan participants and for some plan years, result in negative contribution amounts.
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. The plan is no longer accepting new participants and cessation of contributions has occurred. 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: Donald B. Johnson, MD $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: 19010655
Software Version: 2019v5.0
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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MATTHEW CALDWELL	(i)	0	0	0	0	0	0	0
President & CEO, Springfield (End 05/19)	(ii)	480,155	168,663	182,082	156,108	27,703	1,014,711	28,212
1ADAM GROSHANS	(i)	0	0	0	0	0	0	0
COO (End 05/19); President & CEO, Springfield (Beg 05/19)	(ii)	280,742	61,837	22,650	50,497	26,040	441,766	0
2JOSEPH MORMAN MD	(i)	0	0	0	0	0	0	0
Board Member, Physician	(ii)	161,638	0	16,140	0	16,337	194,115	0
3MICHAEL W GARFIELD	(i)	0	0	0	0	0	0	0
President, Mid-American Group (End 03/19)	(ii)	189,049	274,246	298,702	8,400	7,143	777,540	0
4Marvin Narcelles MD	(i)	0	0	0	0	0	0	0
Board Member (Beg 01/19), Physician	(ii)	363,985	64,830	48,622	37,595	28,205	543,237	0
5Paul Smith	(i)	0	0	0	0	0	0	0
President, Mid-American Group (Beg 06/19)	(ii)	340,829	50,000	92,046	273,846	11,431	768,152	0
6PAUL HILTZ	(i)	0	0	0	0	0	0	0
FORMER Pres/CEO Springfield Region, SVP Mercy Health	(ii)	0	0	299,946	0	0	299,946	82,191
7JENELLE ZELINSKI	(i)	0	0	0	0	0	0	0
CFO - Springfield, Treasurer (Beg 05/19)	(ii)	177,039	17,512	55,663	49,229	2,061	301,504	0
8WILLIAM KUSNIERZ	(i)	0	0	0	0	0	0	0
CFO - Springfield, Treasurer (End 05/19)	(ii)	280,858	53,499	73,585	38,120	10,496	456,558	13,878
9ELAINE STORRS	(i)	78,236	33,534	20,831	4,031	6,501	143,133	0
Former Key, VP Chief Nursing Officer	(ii)	0	0	0	0	0	0	0
10LEE SYPHUS	(i)	0	0	0	0	0	0	0
COO Mercy Health Physicians, VP Strategy Springfield (End 11/19)	(ii)	176,280	40,289	34,440	7,414	26,293	284,716	10,548
11DONALD B JOHNSON MD	(i)	302,353	88,307	67,244	13,870	257	472,031	0
Chief Clinical Officer (End 12/19)	(ii)	0	0	0	0	0	0	0
12Tyler Walters	(i)	0	0	0	0	0	0	0
VP Operations - Springfield Reg. Med. Group (Beg 11/19)	(ii)	174,409	33,255	238	4,391	27,185	239,478	0
13JAMIE HOUSEMAN	(i)	142,136	22,381	19,255	14,560	19,190	217,522	0
President, Urbana Hospital	(ii)	0	0	0	0	0	0	0
14JULIE EBLIN	(i)	188,447	5,986	19,836	31,925	7,899	254,093	0
TECHNICAL LEADER LAB SERVICES	(ii)	0	0	0	0	0	0	0
15Gregory SMITH	(i)	138,564	1,575	14,960	52,767	8,548	216,414	0
Pharmacist	(ii)	0	0	0	0	0	0	0
16RUTH SHADE	(i)	122,904	8,780	26,086	7,209	2,214	167,193	0
Director, Emergency Services	(ii)	0	0	0	0	0	0	0
17ADRIAN PRINCE	(i)	122,290	9,604	35,440	8,736	1,223	177,293	0
Director, Pharmacy	(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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
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 HEART SURGEONS	SURENDER NERAVETLA, M.D. (BOARD MEMBER) HAS A REPORTABLE OWNERSHIP INTEREST	990,087	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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

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Name of the organization
Community Mercy Health Partners

Employer identification number
31-0785684

990 Schedule O, Supplemental Information

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 Bon Secours Mercy Health's consolidated audited financial statements, which are prepared in accordance with Generally Accepted Accounting Principles . Bon Secours Mercy Health's Audit and Corporate Responsibility Committee has responsibili ty for oversight of the audit and the selection of an independent accountant.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Certain matters require approval of the BSMH corporate member, BSMH governing body, or BSM H CEO. The regulations of the organization describe the level of approval required for var ious decisions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 is prepared by Bon Secours Mercy Health's Tax Department and reviewed by an i ndependent accounting firm. A copy of the Form 990 is then reviewed by management. Once th e Form 990 is reviewed by all applicable parties a copy of the final version is provided t o all members of the governing body prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	BSMH maintains a written and board approved Conflict of Interest Policy. The policy requir es board members, officers, directors and key employees to annually disclose interests tha t could give rise to conflicts. The Audit and Compliance Committee (ACC) of the BSMH Board has the ultimate responsibility for Conflict of Interest, including the Policy implementa tion, compliance monitoring, and enforcement. Through the ACC, the Policy establishes the annual and ongoing requirement to make disclosures. BSMH Compliance Department reviews all Conflict of Interest disclosures to determine if a disclosed matter constitutes a potenti al Conflict of Interest requiring management intervention. The review constitutes an indep endent evaluation of all available facts and circumstances by a disinterested party. Poten tial Conflicts are shared with the disclosing individual's board chair or supervisor ("Lea der"), and in collaboration with the BSMH Compliance Department, the Leader will conclude if an actual conflict exists and, if so, determine how it will be managed. Depending on th e facts and circumstances, resolutions may include, but are not limited to, ongoing disclo sure, recusal from board or committee deliberations and decision, or removal of the confli ct. Upon the completion of the annual review process and review with the individual's Lead er, the BSMH Compliance Department submits to the ACC a report of all conflicts and how th ey will be managed. The ACC will review such recommendations and either approve or request changes until approval may be granted.

990 Schedule O, Supplemental Information

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 accomplishi ng the organization's mission, to recognize performance, and to operate in keeping with th e organization's obligations as a tax-exempt charitable organization. The Compensation & E valuation Committee of the organization's Board of Trustees conducts an annual review of t he 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 com petitive market analysis annually of the market ranges of base, incentive, and total cash compensation. The Committee utilizes that analysis and other appropriate information in co nnection 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 whic h the listed individuals may be eligible, based upon the organization's performance result s for community benefit, quality, and financial performance. The committee's recommendatio ns concerning salary range adjustments and incentive awards go to the full board for appro val. 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, ev p, 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 recomm ended by the supervising executive. Base salary adjustments and incentive awards are discl osed to the committee. A formal performance appraisal process is incorporated in the compe nsation adjustment and award process. It utilizes a multi-perspective approach and perform ance measures which are linked to the organization's long-term strategic plan, achievement of annual system objectives, and personal objectives.

990 Schedule O, Supplemental Information

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 requiremen ts of the Internal Revenue Code and regulations to qualify for the presumption that the co mpensation is reasonable, including but not limited to approval by an authorized body comp osed of individuals who do not have a conflict of interest, obtaining and relying on appro priate data as to comparability, and concurrent documentation of the basis for the compens ation determinations.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Operating Revenue - Total Revenue: 891010, Related or Exempt Function Revenue: , Unr elated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 8910 10;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	AFFILIATE PURCHASED SERVICES - Total Expense: 52169975, Program Service Expense: 44344479, Management and General Expenses: 7825496, Fundraising Expenses: ; Other purchased service s - Total Expense: 20703766, Program Service Expense: 17598201, Management and General Exp enses: 3105565, Fundraising Expenses: ; Medical Professional Fees - Total Expense: 1428983 3, Program Service Expense: 14289833, Management and General Expenses: , Fundraising Expen ses: ; Consulting - Total Expense: 1133525, Program Service Expense: 963496, Management an d General Expenses: 170029, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Intercompany Eliminations - -575144; Hindsight Reserve Adjustment - 644468; Other Unrestricted Changes - 151654;

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493302015190

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	3,595,464	5,337,384	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.

See Additional Data Table

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

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.

See Additional Data Table

(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) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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.

See Additional Data Table

(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) Section 512(b)(13) controlled entity? No

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

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

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

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

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

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: 19010655
Software Version: 2019v5.0
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
1701 Mercy Health Place CINCINNATI, OH 45237 31-1161086	HEALTHCARE SYSTEM PARENT	OH	501(c)(3)	3	Bon Secours Mercy Health Inc		No
1701 Mercy Health Place CINCINNATI, OH 45237 20-1072726	FUNDRAISING	OH	501(c)(3)	7	MERCY HEALTH		No
1701 Mercy Health Place CINCINNATI, OH 45237 31-6046304	RETIREMENT TRUST	OH	501(c)(3)	7	MERCY HEALTH		No
3700 KOLBE ROAD LORAIN, OH 44053 34-1268828	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - REGIONAL MEDICAL CENTER LLC		No
200 WEST LORAIN ST OBERLIN, OH 44074 36-4504991	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - ALLEN HOSPITAL LLC		No
7010 ROWAN HILLS DR CINCINNATI, OH 45227 31-1308729	RETIREMENT HOME	OH	501(c)(3)	10	MERCY HEALTH CINCINNATI LLC		No
1800 LOGAN STREET CINCINNATI, OH 45210 31-1222942	LOW INCOME HOUSING	OH	501(c)(3)	7	MERCY HEALTH CINCINNATI LLC		No
100 Medical Center Drive SPRINGFIELD, OH 45504 30-0272454	MARKET PARENT	OH	501(c)(3)	Type III-FI	MERCY HEALTH		No
100 Medical Center Drive SPRINGFIELD, OH 45504 31-0785684	HOSPITAL	OH	501(c)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		No
100 Medical Center Drive SPRINGFIELD, OH 45504 31-1181984	HOSPITAL	OH	501(c)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		No
100 Medical Center Drive SPRINGFIELD, OH 45504 34-6827136	INDIGENT MEDICAL CARE	OH	501(c)(3)	Type I	NA		No
2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0699825	TITLE HOLDING COMPANY	OH	501(c)(2)		MERCY HEALTH NORTH LLC		No
2221 MADISON AVENUE TOLEDO, OH 43604 34-1726619	MEDICAL COLLEGE	OH	501(c)(3)	2	MERCY HEALTH NORTH LLC		No
2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1354653	MEDICAL TRANSPORTATION	OH	501(c)(3)	10	MERCY HEALTH NORTH LLC		No
2600 NAVARRE AVENUE OREGON, OH 43616 34-1383325	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - ST CHARLES HOSPITAL LLC		No
750 W HIGH ST STE 400 LIMA, OH 45801 34-1937267	MEDICAL LAB SERVICES	OH	501(c)(3)	3	ST RITA'S MEDICAL CENTER LLC		No
9800 N MARKET STREET NORTH LIMA, OH 44452 34-1013695	NURSING HOME	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		No
5190 MARKET STREET YOUNGSTOWN, OH 44512 34-1288745	HOSPICE SERVICES	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		No
755 OHLTOWN ROAD AUSTINTOWN, OH 44515 34-1894783	NURSING HOME	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		No
677 EASTLAND SE WARREN, OH 44484 34-6556121	FUNDRAISING	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN 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
1530 LONE OAK ROAD PADUCAH, KY 42003 61-0927805	FUNDRAISING	KY	501(c)(3)	10	MERCY HEALTH FOUNDATION		No
1701 Mercy Health Place CINCINNATI, OH 45237 46-3055925	MARKET PARENT	OH	501(c)(3)	Type II	MERCY HEALTH		No
1701 Mercy Health Place CIncinnati, OH 45237 34-0922268	HMO	OH	501(c)(3)	10	HEALTHSPAN PARTNERS		No
1701 Mercy Health Place CINCINNATI, OH 45237 52-1301088	HEALTHCARE SYSTEM PARENT	MD	501(c)(3)		NA		No
2975 Independence Avenue Bronx, NY 10463 91-2135196	Local System Parent Org.	NY	501(c)(3)	Type I	Bon Secours Mercy Health Inc		No
St Christopher Dr Ashland, KY 41101 61-1356024	Local System Parent Org.	KY	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
S 2000 West Baltimore Street Baltimore, MD 21223 80-0728893	Local System Parent Org.	MD	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
1 St Francis Drive Greenville, SC 29601 58-2504528	Local System Parent Org.	SC	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
7007 Harbour View Blvd Portsmouth, VA 23435 52-1538513	Local System Parent Org.	VA	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
8580 Magellan Parkway Richmond, VA 23227 52-1988421	Local System Parent Org.	VA	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
26 North Fulton Avenue Baltimore, MD 21223 38-3843816	Grant Making Foundation	MD	501(c)(3)	Type III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S		No
26 North Fulton Avenue Baltimore, MD 21223 52-1732800	Grant Making Foundation	MD	501(c)(3)	Type III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S		No
7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)(3)	Type III-FI	Mary Immaculate Hospital		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)(3)	7	Bon Secours DePaul Medical Center		No
7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)(3)	7	Bon Secours Hampton Roads Health System		No
1000 St Christopher Dr Ashland, KY 41101 61-1356023	Health Care	KY	501(c)(3)	3	Bon Secours Kentucky Health System		No
2000 West Baltimore Street Baltimore, MD 21223 52-0591555	Health Care	MD	501(c)(3)	3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S		No
One St Francis Drive Greenville, SC 29601 58-2504530	Health Care	SC	501(c)(3)	3	Bon Secours St Francis Health System Inc		No
7007 Harbour View Blvd Suffolk, VA 23435 54-0548200	Health Care	VA	501(c)(3)	3	Bon Secours Mercy Health Inc		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)(3)	3	Bon Secours Hampton Roads Health System		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
7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)(3)	3	Bon Secours Hampton Roads Health System		No
8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System		No
8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System		No
8580 Magellan Parkway Richmond, VA 23227 54-0647482	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System		No
8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System		No
St Christopher Dr Ashland, KY 41101 61-1381952	Grant Making Foundation	KY	501(c)(3)	7	Bon Secours Kentucky Health System		No
26 North Fulton Avenue Baltimore, MD 21223 76-0785344	Community Housing	MD	501(c)(3)	7	Unity Properties Inc		No
26 North Fulton Avenue Baltimore, MD 21223 52-1857768	Low Income Housing	MD	501(c)(3)	7	Bon Secours of Maryland Foundation		No
One St Francis Drive Greenville, SC 29601 26-0012031	Grant Making Foundation	SC	501(c)(3)	7	St Francis Hospital Inc		No
8580 Magellan Parkway Richmond, VA 23227 54-1201346	Grant Making Foundation	VA	501(c)(3)	7	Bon Secours Richmond LLC		No
10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Home Care Services	FL	501(c)(3)	10	Maria Manor Nursing Care Center		No
10300 Fourth Street North St Petersburg, FL 33716 65-0061820	Nursing Home	FL	501(c)(3)	10	Bon Secours Mercy Health Inc		No
St Christopher Dr Ashland, KY 41101 35-2320780	Physician Practices	KY	501(c)(3)	10	Bon Secours Kentucky Health System		No
26 North Fulton Avenue Baltimore, MD 21223 52-1442707	Low Income Housing	MD	501(c)(3)	10	Bon Secours of Maryland Foundation		No
26 North Fulton Avenue Baltimore, MD 21223 52-1543174	Low Income Housing	MD	501(c)(3)	10	Bon Secours of Maryland Foundation		No
One St Francis Drive Greenville, SC 29601 13-4290167	Physician Services	SC	501(c)(3)	10	St Francis Health System Inc		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)(3)	10	Mary Immaculate Hospital		No
7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)(3)	10	Bon Secours Hampton Roads Health System		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1424748	Title Holding Company	VA	501(c)(2)		Bon Secours DePaul Medical Center		No
8580 Magellan Parkway Richmond, VA 23227 52-1260700	Title Holding Company	VA	501(c)(2)		Bon Secours Richmond Health System		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
8990 Old Annapolis Road Columbia, MD 21045 47-4765376	Fundraising	MD	501(c)(3)	7	Bon Secours Mercy Health Inc		No
5008 Monument Avenue Richmond, VA 23230 54-1479847	Home Care Services	VA	501(c)(3)	10	Bon Secours Home Care LLC		No
101 Harris Road Kilmarnock, VA 22482 54-1210450	Supporting Organization	VA	501(c)(3)	7	Bon Secours Richmond Health System		No
101 Harris Road Kilmarnock, VA 22482 54-1857174	Healthcare Services	VA	501(c)(3)	10	Bon Secours Richmond Health System		No
101 Harris Road Kilmarnock, VA 22482 23-7424835	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System		No
1505 Marriottsville Road Marriottsville, MD 27104 22-2754781	Local System Parent Org.	NJ	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
308 Willow Hoboken, NJ 07030 22-1487324	Health Care	NJ	501(c)(3)	3	Bon Secours New Jersey Health System Inc		No
1505 Marriottsville Road Marriottsville, MD 27104 25-1585441	Local System Parent Org.	PA	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
1505 Marriottsville Road Marriottsville, MD 27104	Health Care	PA	501(c)(3)	10	Mercy Health Services		No
1505 Marriottsville Road Marriottsville, MD 27104 52-1466304	Health Care	MD	501(c)(3)	3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S		No
8580 Magellan Parkway Richmond, VA 23227 54-1740128	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System		No
	Local System Parent Org.	EI	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
	Hospital	EI	501(c)(3)	3	Bon Secours Ireland DAC		No
26 North Fulton Avenue Baltimore, MD 21223 56-2306119	Financial services education	MD	501(c)(3)	10	Bon Secours of Maryland Foundation		No
2975 Independence Avenue Bronx, NY 10463 13-1740397	Long term nursing care	NY	501(c)(3)	10	Bon Secours NY Health System		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?		(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	
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								
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								
Lourdes Ambulatory Surgery Center 225 Medical Center Drive Paducah, KY 42003 20-5588350	Surgery Center	KY	NA	N/A								
Marshall County MRI LLC 615 Old Symsonia Road Benton, KY 42025 61-0601267	MRI facility	KY	NA	N/A								
PREMIUM SURGERY CENTER LLC 5217 Maryland Way SUITE 200 Brentwood, TN 37027 20-0400753	Surgery Center	TN	NA	N/A								
MERCY HEALTH INNOVATIONS LLC 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 82-0639499	BUSINESS DEVELOPMENT	OH	NA	N/A								
MERCY FRANCISCAN AT WINTON WOODS I LP 10290 Mill Road Cincinnati, OH 45231 31-1624311	Rental Real Estate	OH	NA	N/A								
Bon Secours Place at St Petersburg LLP 10300 Fourth Street North St Petersburg, FL 33716 59-3589729	Assisted Living/Senior Care	FL	NA	N/A								
Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD 21223 52-1952505	Low Income Housing	MD	NA	N/A								
Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD 21223 52-2063512	Low Income Housing	MD	NA	N/A								
Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD 21223 52-2134447	Low Income Housing	MD	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Apartments III LP 1800 West Baltimore St Baltimore, MD 21223 52-2134444	Low Income Housing	MD	NA	N/A								
Bon Secours Smallwood Summit LP 26 North Fulton Ave Baltimore, MD 21223 52-2280175	Low Income Housing	MD	NA	N/A								
Bon Secours Chesapeake Apartments LP 26 North Fulton Ave Baltimore, MD 21223 20-0107034	Low Income Housing	MD	NA	N/A								
Bon Secours Shiloh LP 26 North Fulton Ave Baltimore, MD 21223 20-3965243	Low Income Housing	MD	NA	N/A								
Bon Secours New Shiloh II Limited Partnership 26 North Fulton Ave Baltimore, MD 21223 82-0655142	Low Income Housing	MD	NA	N/A								
Bon Secours Wayland LP 26 North Fulton Ave Baltimore, MD 21223 27-0468688	Low Income Housing	MD	NA	N/A								
Bon Secours Gibbons Apartments LP 26 North Fulton Ave Baltimore, MD 21223 47-2322323	Low Income Housing	MD	NA	N/A								
Upstate Surgery Center LLC One St Francis Drive Greenville, SC 29601 56-2186977	Ambulatory Surgery Center	SC	NA	N/A								
Broad64 Imaging LLC 8580 Magellan Parkway Richmond, VA 23227 20-5886018	Imaging Services	VA	NA	N/A								
Richmond Radiation Oncology Center I LLC 8580 Magellan Parkway Richmond, VA 23227 20-8444551	Radiation Oncology Services	VA	NA	N/A								
RI LP 8580 Magellan Parkway Richmond, VA 23227 54-1708835	Imaging Services	VA	NA	N/A								
Bon Secours Benet House LP 26 North Fulton Ave Baltimore, MD 21223 36-4765400	Low Income Housing	MD	NA	N/A								
Bon Secours Benet House LLC 26 North Fulton Ave Baltimore, MD 21223 46-3055312	Low Income Housing	MD	NA	N/A								
Southeastern Health PartnersLLC One St Francis Drive Greenville, SC 29601 81-3264385	Coordinated Care	SC	NA	N/A								
Harbour View MOB 2 LLC 5818 Harbour View Blvd Suite A1 Suffolk, VA 23435 82-2484997	Real Estate	VA	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Diagnostic Imaging LLC 10 S Academy Street Suite 300 Greenville, SC 29601	Outpatient Imaging Centers	SC	NA	N/A								
Memorial Ambulatory Surgery Center LLC 8580 Magellan Parkway Richmond, VA 23227 59-3813233	Ambulatory Surgery Center	VA	NA	N/A								
Community Mercy Home Care Services of Springfield LLC 1700 Edison Drive Milford, OH 45150 31-1746556	Home Care	OH	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
MERCY HEALTH INSURANCE COMPANY (SPC) LTD 98-0621978	SELF-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 HEALTH SYSTEM PHO INC 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
MERCY HEALTH VENTURES INC 1701 Mercy Health Place CINCINNATI, OH 45237 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
RALPH EWE TRUST 270 PARK AVENUE NEW YORK, NY 10017 34-6866422	BENEFICIAL TRUST	NY	NA	Trust					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 1701 Mercy Health Place CINCINNATI, OH 45237 30-0810766	CONSULTING	OH	NA	C Corporation					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
HEALTHCARE SERVICES AND SUPPORT 1701 Mercy Health Place CINCINNATI, OH 45237 81-2388652	HEALTHCARE SERVICES	OH	NA	C Corporation					No
Bon Secours Assurance Company Ltd 98-0152147	SELF-INSURANCE	CJ	NA	C Corporation					No
Bon Secours-Florida Integrated Services Inc 10300 Fourth Street North St Petersburg, FL 33716 65-0779777	Holding Company/Assisted Living	FL	NA	C Corporation					No
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	NA	C Corporation					No
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	NA	C Corporation					No
Professional Health Care Management Services Inc 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	NA	C Corporation					No
OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	NA	C Corporation					No
Bon Secours Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	NA	C Corporation					No
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	NA	C Corporation					No
Ironbridge Assisted Living Retirement Community LC 5801 Bremo Road Richmond, VA 23226 54-1807857	Ambulatory Healthcare Services	VA	NA	C Corporation					No
Bon Secours-Virginia Healthsource Inc 8580 Magellan Parkway Richmond, VA 23227 54-1417686	Ambulatory Healthcare Services	VA	NA	C Corporation					No
RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	NA	C Corporation					No
Bon Secours New York Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY 10463 47-2224316	Low Income Housing	NY	NA	C Corporation					No
Richmond MRI Inc 8580 Magellan Parkway Richmond, VA 23227 54-1568452	Medical Services	VA	NA	C Corporation					No
Good Help Connections LLC 8990 Old Annapolis Road Columbia, MD 21045 47-2345223	IT Consulting	MD	NA	C Corporation					No

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								Yes	No
Bon Secours New Shiloh II LLC 26 North Fulton Avenue Baltimore, MD 21223 82-0631206	Low Income Housing	MD	NA	C Corporation					No
Maryview Building Corporation 3636 High Street Portsmouth, VA 23707 54-1306612	Administrative	VA	NA	C Corporation					No
Richmond Radiation Oncology Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1570244	Ambulatory Healthcare Services	VA	NA	C Corporation					No
Optimum Health Network Inc One St Francis Drive Greenville, SC 29601 57-0973524	Healthcare Services	SC	NA	C Corporation					No
Barringtons Hospital Limited	Healthcare Services	EI	NA	C Corporation					No
BMC Properties Limited	REAL PROPERTY MGMNT	EI	NA	C Corporation					No
Post Office Plaza Owners Association Inc 1807 N Boulevard Anderson, SC 29621	REAL PROPERTY MGMNT	SC	NA	C Corporation					No