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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
MERCY MEDICAL CENTER - CLINTON INC

Doing business as
MERCYONE CLINTON MEDICAL CENTER

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

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

D Employer identification number
42-1336618

E Telephone number
(563) 244-5555

G Gross receipts \$ 139,152,062

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

J Website: ▶ WWW.MERCYONE.ORG/CLINTON/

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 ▶

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

L Year of formation: 1989

M State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE HEALTH CARE AND HOSPITAL SERVICES

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 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,060

6 Total number of volunteers (estimate if necessary) 6 180

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 193,125

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 151,026 7,380,681

9 Program service revenue (Part VIII, line 2g) 94,775,277 127,603,019

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,061,873 1,698,710

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,284,697 2,404,474

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 99,272,873 139,086,884

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 56,154 63,192

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 49,142,983 61,369,423

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 52,227,755 77,320,895

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 101,426,892 138,753,510

19 Revenue less expenses. Subtract line 18 from line 12 -2,154,019 333,374

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 133,398,596 151,013,221

21 Total liabilities (Part X, line 26) 29,297,007 50,444,497

22 Net assets or fund balances. Subtract line 21 from line 20 104,101,589 100,568,724

Part II Signature Block

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

Sign Here

Signature of officer
KIM DUWE REGIONAL VP FINANCE
Type or print name and title

2021-05-11
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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:

MERCYONE SERVES WITH FIDELITY TO THE GOSPEL AS A COMPASSIONATE, HEALING MINISTRY OF JESUS CHRIST TO TRANSFORM THE HEALTH OF OUR COMMUNITIES. MERCY MEDICAL CENTER - CLINTON IS A MEMBER OF MERCYONE.

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 \$ 124,086,798 including grants of \$ 63,192) (Revenue \$ 127,156,153)
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 ► 124,086,798

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	Yes	
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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	Yes	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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 ComplianceCheck 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	213	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

Form **990** (2019)

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 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.	6	
1b	Enter the number of voting members included in line 1a, above, who are independent	4	
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
7b	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
10b	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	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:
 KIM DUWE 1410 NORTH 4TH STREET CLINTON, IA 527322940 (563) 589-9977

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			
(1) SALLY JEFFCOAT DIR/EVP GROWTH/STRATEGY TH THR 12/19	1.00 54.00	X						0	1,666,932	80,042
(2) LINDA ROSS DIR AS OF 1/20; CHIEF LEGAL OFFCR TH	1.00 54.00	X						0	1,311,639	65,772
(3) ABDULLAH FOAD MD PHYSICIAN, ORTHOPEDIC SURGERY	50.00 0.00					X		867,446	0	45,909
(4) MARCIA SMITH SEC/ASSOC COUNSEL MERCYONE THR 10/19	1.00 44.00			X				0	413,741	404,300
(5) ROBERT MAGNUS MD PHYSICIAN, ORTHOPEDIC SURGERY	50.00 0.00					X		740,777	0	50,893
(6) MOHAMMED IRSHAD MD PHYSICIAN, GASTROENTEROLOGY	50.00 0.00					X		629,554	0	17,979
(7) RICKY MADDOX MD PHYSICIAN, GENERAL SURGERY	50.00 0.00					X		581,112	0	13,618
(8) SAADI ALBAGHDADI MD PHYSICIAN, CARDIOLOGY	50.00 0.00					X		543,246	0	9,447
(9) KAY TAKES PRESIDENT EASTERN IOWA REGION	25.00 30.00			X				0	478,335	51,752
(10) RODNEY SCHLADER FORMER OFFICER; PRES MERCYONE N IOWA	0.00 55.00						X	0	439,668	85,172
(11) WILLIAM MURDOCK FORMER OFFICER	0.00 0.00						X	0	199,530	83,466
(12) KIM DUWE VP FINANCE EASTERN IOWA REGION	20.00 30.00			X				0	213,233	38,484
(13) AMY BERENTES EVP, COO EASTERN IOWA REGION	20.00 30.00				X			0	208,642	23,017
(14) MILTON AVERY DIRECTOR; CHAIR	1.00 1.00	X		X				0	0	0
(15) MARY CORITA HEID RSM DIRECTOR; VICE CHAIR	1.00 1.00	X		X				0	0	0
(16) ROBERT RITZ DIRECTOR; REGIONAL PRESIDENT & CEO	1.00 1.00	X						0	0	0
(17) RALPH REEDER MD DIRECTOR	1.00 1.00	X						0	0	0

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			
(18) MAURITA SOUKUP RSM DIRECTOR	1.00 1.00	X						0	0	0
(19) HEATHER CAMPBELL SEC AT 11/19;CHIEF LGL OFCR MERCYONE	1.00 1.00			X				0	0	0
(20) MICHAEL WEGNER TREASURER; REGIONAL CFO	1.00 1.00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,362,135	4,931,720	969,851

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 ► 54

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
APOGEE MEDICAL MANAGEMENT 2525 E CAMELBACK RD PHOENIX, AZ 85016	HOSPITALISTS	1,491,374
VOSS BROTHERS PLUMBING AND HEATING 301 SOUTH 2ND ST DES MOINES, IA 52732	PLUMBING SERVICES	1,260,619
IOWA EMERGENCY SERVICES LLC PO BOX 634850 CINCINNATI, OH 45263	ER STAFFING PHYSICIANS	1,065,464
AMERICAN STAFFING GROUP INC 3051 WILLOWOOD RD EDMOND, OK 73034	STAFFING SERVICES	948,498
HEALTH CAROUSEL LLC 1700 MADISON RD CINCINNATI, OH 45209	STAFFING SERVICES	775,002
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 ► 29		

Part VIII

7

**Contributions, Gifts, Grants
and Other Similar Amounts**

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	32,195	32,195		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,997	30,997		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	225,607		225,607	
7 Other salaries and wages	51,735,808	48,559,183	3,176,625	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,369,962	1,281,710	88,252	
9 Other employee benefits	4,581,599	4,307,340	274,259	
10 Payroll taxes	3,456,447	3,140,455	315,992	
11 Fees for services (non-employees):				
a Management	306,370	306,370		
b Legal	69,163		69,163	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	110,021		110,021	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,977,805	15,426,386	1,551,419	
12 Advertising and promotion	566,427	7,488	558,939	
13 Office expenses	1,859,062	1,342,384	516,678	
14 Information technology	5,133,126	135,795	4,997,331	
15 Royalties				
16 Occupancy	5,125,135	5,079,355	45,780	
17 Travel	270,672	251,196	19,476	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	139,456	109,629	29,827	
20 Interest	764,660	764,660		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,831,704	6,338,419	1,493,285	
23 Insurance	1,044,236	1,044,236		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAXES	14,000		14,000	
b MEDICAL SUPPLIES	26,726,850	26,726,850		
c INTERCO. PURCHASED SVCS	4,180,365	3,148,689	1,031,676	
d BAD DEBT	3,253,952	3,253,952		
e All other expenses	2,947,891	2,799,509	148,382	
25 Total functional expenses. Add lines 1 through 24e	138,753,510	124,086,798	14,666,712	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		346,791	1	533,593	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		13,524,908	4	18,340,454	
	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			5		
	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)			6		
	7	Notes and loans receivable, net		16,971	7		
	8	Inventories for sale or use		2,105,699	8	2,803,753	
	9	Prepaid expenses and deferred charges		953,927	9	481,118	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	137,204,822			
	b	Less: accumulated depreciation	10b	104,784,355	31,665,616	10c	32,420,467
	11	Investments—publicly traded securities		47,732,409	11	60,033,363	
	12	Investments—other securities. See Part IV, line 11		29,989,571	12	23,346,309	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		410,093	14	16,971	
	15	Other assets. See Part IV, line 11		6,652,611	15	13,037,193	
16	Total assets. Add lines 1 through 15 (must equal line 34)		133,398,596	16	151,013,221		
Liabilities	17	Accounts payable and accrued expenses		7,985,798	17	7,423,042	
	18	Grants payable			18		
	19	Deferred revenue			19	470,661	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		9,117	21	431	
	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			22		
	23	Secured mortgages and notes payable to unrelated third parties		517,281	23	762,485	
	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		20,784,811	25	41,787,878	
	26	Total liabilities. Add lines 17 through 25		29,297,007	26	50,444,497	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		104,101,589	27	100,568,724	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		104,101,589	32	100,568,724	
33	Total liabilities and net assets/fund balances		133,398,596	33	151,013,221		

Part XI Reconciliation of Net AssetsCheck 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	139,086,884
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,753,510
3	Revenue less expenses. Subtract line 2 from line 1	3	333,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104,101,589
5	Net unrealized gains (losses) on investments	5	-740,271
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	-3,125,968
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,568,724

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	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.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 42-1336618

Name: MERCY MEDICAL CENTER - CLINTON INC

Form 990 (2019)

Form 990, Part III, Line 4a:

MERCY MEDICAL CENTER - CLINTON (MERCYONE CLINTON) IS LOCATED IN CLINTON, IOWA. MERCYONE CLINTON IS A FULL-SERVICE COMMUNITY HEALTH SYSTEM SERVING RESIDENTS IN CLINTON, IOWA AND SURROUNDING COMMUNITIES IN EASTERN IOWA AND NORTHWESTERN ILLINOIS. WITH A HISTORY DATING BACK MORE THAN 130 YEARS, MERCYONE CLINTON IS PROUD TO OFFER THE LATEST IN HEALTH AND MEDICAL SERVICES WITH A CARING, COMPASSIONATE AND PERSONAL TOUCH. MERCYONE CLINTON PROVIDES A BROAD RANGE OF SERVICES TO MEET THE HEALTH CARE NEEDS OF RESIDENTS IN THE BI-STATE AREA. WITH TWO MAIN CAMPUSES, MERCYONE CLINTON OPERATES 163 LICENSED BEDS. SERVICES INCLUDE A RADIATION ONCOLOGY CENTER IN AFFILIATION WITH THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS, TWO CARDIAC CATHETERIZATION LABS, RENAL DIALYSIS AND A TRAUMA CENTER. RESIDENTS ALSO HAVE ACCESS TO THE SKILL OF MERCYONE CLINTON'S HOME HEALTH AND HOSPICE CARE, AS WELL AS QUALITY EQUIPMENT AND SUPPLIES THROUGH MERCY HOME MEDICAL EQUIPMENT. IN FISCAL YEAR 2020 THE HOSPITAL PROVIDED OVER 10,000 PATIENT DAYS OF HEALTH CARE SERVICES TO THE COMMUNITY. RECOGNIZING THE IMPORTANCE OF MAINTAINING HEALTH, MERCYONE CLINTON CREATES OPPORTUNITIES TO PROMOTE WELLNESS AND ASSIST PEOPLE TO TAKE RESPONSIBILITY FOR THEIR OWN HEALTH AND WELL-BEING. IN ADDITION, MERCYONE CLINTON SUPPORTS COMMUNITY PROGRAMS AND ACTIVITIES THAT ENHANCE THE CULTURAL AND ECONOMIC PROSPERITY OF ITS ASSOCIATES AND THE COMMUNITY AT LARGE. PLEASE VISIT SCHEDULE H AND OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS: WWW.MERCYONE.ORG/CLINTON/

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
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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

The organization is not a private foundation because it is: (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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. <input type="checkbox"/>						

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1		<input type="checkbox"/> 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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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 MERCY MEDICAL CENTER - CLINTON INC	Employer identification number 42-1336618
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		13,548
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?		No	
j	Total. Add lines 1c through 1i			13,548
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
PART II-B, LINE 1:	MERCY MEDICAL CENTER - CLINTON HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED MERCY MEDICAL CENTER - CLINTON WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES.

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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
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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		905,281		905,281
b Buildings		53,855,290	43,614,470	10,240,820
c Leasehold improvements		277,218	61,648	215,570
d Equipment		77,248,679	61,006,119	16,242,560
e Other		4,918,354	102,118	4,816,236
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				32,420,467

Schedule D (Form 990) 2019

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) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	6,670,374	F
(B) HEDGE FUNDS	4,168,984	F
(C) EQUITY METHOD INVESTMENTS	12,506,951	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	23,346,309	

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) MISCELLANEOUS RECEIVABLES	70,167
(2) INTERCOMPANY RECEIVABLES	358,150
(3) INTERCOMPANY LONG-TERM ASSETS	6,191,015
(4) OPERATING LEASE RIGHT-OF-USE ASSETS	6,417,861
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	13,037,193

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LONG-TERM LIABILITIES	21,700
(3) INTERCOMPANY NOTES PAYABLE	16,319,928
(4) INTERCOMPANY PAYABLES	4,695,263
(5) ASSET RETIREMENT OBLIGATION	1,026,085
(6) OPERATING LEASE LIABILITIES	6,262,639
(7) MEDICARE CASH ADVANCES	13,462,263
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	41,787,878

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

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	MERCY LIVING CENTER, A LONG TERM CARE FACILITY, HAS A CUSTODIAL ACCOUNT THAT IS FOR LONG TERM CARE RESIDENTS' PERSONAL USE.

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	ENDOWMENTS HELD BY MERCY HEALTHCARE FOUNDATION - CLINTON FOR THE BENEFIT OF MERCY MEDICAL CENTER - CLINTON ARE REPORTED ON THE FORM 990 OF MERCY HEALTHCARE FOUNDATION - CLINTON.

SCHEDULE H (Form 990)	Hospitals	OMB No. 1545-0047
Department of the Treasury		2019
Internal Revenue Service		Open to Public Inspection
Name of the organization MERCY MEDICAL CENTER - CLINTON INC		Employer identification number 42-1336618
► 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.		

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	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		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,136,626		1,136,626	0.840 %
b Medicaid (from Worksheet 3, column a)			18,867,291	11,974,685	6,892,606	5.090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			20,003,917	11,974,685	8,029,232	5.930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	21	3,116	300,875		300,875	0.220 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	5	2,210	5,768,702	3,580,617	2,188,085	1.610 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	16	146	64,380		64,380	0.050 %
j Total. Other Benefits	42	5,472	6,133,957	3,580,617	2,553,340	1.880 %
k Total. Add lines 7d and 7j	42	5,472	26,137,874	15,555,302	10,582,572	7.810 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	3	426	213,407		213,407	0.160 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	3	426	213,407		213,407	0.160 %

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	Yes	
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	3,253,952	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	36,106,220
6 Enter Medicare allowable costs of care relating to payments on line 5	6	37,747,757
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,641,537
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 CLINTON IMAGING SERVICES LLC	MRI SERVICES	65.000 %		35.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (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)
MERCYONE CLINTON MEDICAL CENTER**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):** _____**1****Community Health Needs Assessment**

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a		
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)

MERCYONE CLINTON MEDICAL CENTER

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? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

Part V Facility Information (continued)**Billing and Collections**

MERCYONE CLINTON MEDICAL CENTER

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCYONE CLINTON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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.

[illegible]

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? **8**

Name and address	Type of Facility (describe)
1 1 - MERCY LIVING CENTER - NORTH 600 14TH AVE NORTH CLINTON, IA 52732	LONG TERM CARE
2 2 - MERCY SPECIALTY CLINIC 1410 NORTH 4TH STREET CLINTON, IA 52732	OUTPATIENT CLINIC
3 3 - CLINTON IMAGING SERVICES 1410 NORTH 4TH STREET CLINTON, IA 52732	MRI DIAGNOSTIC SERVICES
4 4 - MERCYONE CLINTON NORTH HEALTH PLAZA 915 13TH AVE NORTH CLINTON, IA 52732	OUTPATIENT CLINIC
5 5 - MERCYONE FULTON FAMILY MEDICINE 1705 16TH AVE FULTON, IL 61252	OUTPATIENT CLINIC
6 6 - MERCYONE DEWITT FAMILY MEDICINE 1021 11TH ST DEWITT, IA 52742	OUTPATIENT CLINIC
7 7 - MERCYONE MORRISON FAMILY MEDICINE 635 E LINCOLNWAY MORRISON, IL 61270	OUTPATIENT CLINIC
8 8 - MERCYONE CLINTON URGENT CARE 2400 LILLIAN WAY CLINTON, IA 52732	URGENT CARE CLINIC AND OCCUPATIONAL MEDICINE
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
PART I, LINE 3C:	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	THE FOLLOWING NUMBER, \$3,253,952, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>THE COMMUNITY BUILDING PROGRAMS SUPPORTED BY MERCYONE CLINTON ARE INTENDED TO PROMOTE THE OVERALL HEALTH OF OUR COMMUNITY. MANY ARE AIMED AT IMPROVING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, CHALLENGING FAMILY SITUATIONS, FINANCIAL CHALLENGES, AND ENVIRONMENTAL PROBLEMS. THE FOLLOWING COMMUNITY BUILDING ACTIVITIES OCCURRED IN FISCAL YEAR 2020:COMMUNITY CHILDCARE: THE CLINTON COUNTY REGION HAS APPROXIMATELY 1,900 CHILD CARE SPACES AVAILABLE AND 7,800 CHILDREN AGES 0 TO 12. CLINTON IS CONSIDERED A CHILD CARE DESERT; AS A RESULT, MERCYONE CLINTON IS ONE OF 5 FACILITIES THAT PROVIDES AND SUBSIDIZES CHILDCARE TO SUPPORT THIS COMMUNITY NEED. DRUG ENDANGERED CHILD TASK FORCE: IN FISCAL YEAR 2020, MERCYONE CLINTON SERVED ON THIS TASK FORCE TO REDUCE THE RISK FOR DRUG-ENDANGERED CHILDREN BORN IN OUR FACILITY. CLINTON AND LOCAL SCHOOLS: MERCYONE CLINTON PROVIDES COMMUNITY HEALTH EDUCATION FOR SCHOOLS IN CLINTON AND WHITESIDE COUNTY. THE GOAL OF THIS EDUCATION IS TO TEACH STUDENTS THE BENEFITS OF EXERCISE AND HEALTHY EATING TO SUPPORT ONE OF THE TOP HEALTH PRIORITIES IN THE AREA - NUTRITION, OBESITY, AND PHYSICAL ACTIVITY HEALTH NEED IN THE COMMUNITY.</p>

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

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Form and Line Reference	Explanation
PART III, LINE 3:	<p>MERCYONE CLINTON USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MERCYONE CLINTON IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCYONE CLINTON IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.</p>

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Form and Line Reference	Explanation
PART III, LINE 4:	<p>MERCYONE CLINTON IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE. THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED." PART III, LINE 5: TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION FOR THE PERIOD JULY 1, 2019 THROUGH APRIL 30, 2020.</p>

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

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

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Form and Line Reference	Explanation
PART VI, LINE 2:	NEEDS ASSESSMENT - MERCYONE CLINTON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND CONTINUED EFFORTS TO IMPROVE PATIENT CARE. THE HEALTH OF THE COMMUNITY IS REGULARLY ASSESSED USING HOSPITAL PATIENT DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

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Form and Line Reference	Explanation
PART VI, LINE 3:	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCYONE CLINTON COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. MERCYONE CLINTON OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL. MERCYONE CLINTON HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MERCYONE CLINTON MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4:	<p>COMMUNITY INFORMATION - MERCYONE CLINTON SERVES AN AREA CONSISTING OF 16 ZIP CODES ALONG THE MISSISSIPPI RIVER IN EASTERN IOWA AND WESTERN ILLINOIS. ITS PRIMARY AND SECONDARY SERVICE AREAS HAVE A TOTAL POPULATION OF APPROXIMATELY 52,762. WHILE THE OVERALL POPULATION IS DECLINING, THE NUMBER OF RESIDENTS 65 YEARS OF AGE AND OLDER IS PROJECTED TO INCREASE. THE ETHNICITY OF MERCYONE CLINTON'S SERVICE AREA IS PRIMARILY WHITE. CLINTON AND JACKSON COUNTIES REGISTER 94.2% AND 97.4% OF RESIDENTS, RESPECTIVELY, AS WHITE, WHILE 96.6% OF CARROLL COUNTY RESIDENTS AND 94.9% OF WHITESIDE COUNTY RESIDENTS IDENTIFY AS WHITE. CLINTON COUNTY HAS THE HIGHEST PERCENTAGE OF BLACK OR AFRICAN-AMERICAN POPULATION, AT 2.8%. JACKSON, CARROLL, AND WHITESIDE COUNTY ALL REPORTED LESS THAN 2% OF RESIDENTS AS BLACK OR AFRICAN-AMERICAN. WHITESIDE COUNTY HAS THE HIGHEST PERCENTAGE OF RESIDENTS WITH A HISPANIC ETHNICITY, AT 11.6%. CLINTON COUNTY REPORTS 2.9%, CARROLL COUNTY REPORTS 3.3%, AND JACKSON COUNTY REPORTS 1.3% HISPANIC OR LATINO. ACCORDING TO THE US CENSUS BUREAU IN 2015, THE MEDIAN HOUSEHOLD INCOME FOR ILLINOIS AND IOWA WAS \$59,590 AND \$54,843 RESPECTIVELY. THE MEDIAN HOUSEHOLD INCOME FOR THE UNITED STATES WAS \$55,775. WHEN COMPARED TO STATE AND NATIONAL DATA, ALL FOUR COUNTIES IN THE SERVICE AREA HAVE MEDIAN HOUSEHOLD INCOMES THAT ARE SIGNIFICANTLY LOWER. WHITESIDE COUNTY HAS THE LOWEST HOUSEHOLD INCOME AT \$45,463, FOLLOWED BY JACKSON COUNTY AT \$49,956, CARROLL COUNTY AT \$50,432, AND CLINTON COUNTY AT \$52,945. MERCYONE CLINTON MEDICAL CENTER IS THE ONLY FULL-SERVICE COMMUNITY HEALTH SYSTEM SERVING RESIDENTS IN CLINTON, IOWA, AND SURROUNDING COMMUNITIES IN EASTERN IOWA AND NORTHWESTERN ILLINOIS. MERCYONE CLINTON PROVIDES A BROAD RANGE OF SERVICES TO MEET THE HEALTH CARE NEEDS OF RESIDENTS IN THE BI-STATE AREA. SERVICES INCLUDE A RADIATION ONCOLOGY CENTER IN AFFILIATION WITH THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS, TWO CARDIAC CATHETERIZATION LABS, RENAL DIALYSIS AND A TRAUMA CENTER. RESIDENTS ALSO HAVE ACCESS TO THE SKILL OF MERCYONE'S HOME HEALTH AND HOSPICE CARE, AS WELL AS QUALITY EQUIPMENT AND SUPPLIES THROUGH MERCYONE HOME MEDICAL EQUIPMENT. THE CITY OF CLINTON HAS A FEDERALLY QUALIFIED HEALTH CARE FACILITY TO PROVIDE SERVICES IN UNDERSERVED URBAN AND RURAL COMMUNITIES. THIS INCLUDES PATIENTS WITH AND WITHOUT HEALTH INSURANCE, MEDICARE AND MEDICAID PATIENTS, VETERANS, HOMELESS PERSONS, AND PRIVATE PAY PATIENTS.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>OTHER INFORMATION - AS A SOLE COMMUNITY PROVIDER, MERCYONE CLINTON OFFERS MANY SERVICES TO THE COMMUNITY THAT WOULD OTHERWISE BE UNAVAILABLE. IN ADDITION TO TRADITIONAL ACUTE CARE SERVICES, EMERGENCY SERVICES, RADIATION ONCOLOGY, RENAL DIALYSIS, HOME CARE, HOSPICE CARE, WOUND CARE AND INPATIENT BEHAVIORAL HEALTH ARE OFFERED REGARDLESS OF ABILITY TO PAY. IN-KIND BOARD MEMBER: MERCYONE CLINTON OFFERS IN-KIND TIME SPENT ON COMMUNITY BOARDS. SPECIFICALLY, MERCYONE CLINTON EMPLOYEES HAVE A PRESENCE SERVING ON ROTARY, UNITED WAY EXECUTIVE BOARD, CLINTON REGIONAL DEVELOPMENT CORPORATION, CLINTON CHAMBER OF COMMERCE, YWCA AND RIVER BLUFF COMMUNITY FOUNDATION. IN-KIND DONATIONS AND FINANCIAL SUPPORT: MERCYONE CLINTON PROVIDED FINANCIAL SUPPORT IN FISCAL YEAR 2020 TO GATEWAY IMPACT, INFORMATION REFERRAL SERVICES, SUICIDE AWARENESS, PREGNANCY CENTER, AMERICAN HEART ASSOCIATION AND MS. TO ADDRESS THE CHALLENGES IN OUR COMMUNITY AT THE ROOT OF MANY HEALTH PROBLEMS. MAJOR COMMUNITY BENEFIT PROGRAMS ARE LISTED BELOW ALONG WITH THE DESCRIPTION OF THEIR IMPACT ON IMPROVING HEALTH IN THE COMMUNITY. PRENATAL EDUCATION: MERCYONE CLINTON PROVIDED EDUCATION TO LOW INCOME FAMILIES TO PROMOTE HEALTHY OUTCOMES FOR MOTHER AND BABY. THE MAJORITY OF DELIVERIES AT OUR HOSPITAL ARE WITH MOTHERS WHO ARE AT OR BELOW THE POVERTY LEVEL. EVIDENCE HAS DOCUMENTED THAT EDUCATION HAS AN IMPACT ON HEALTHY PREGNANCIES AND HEALTHY BABIES. MERCYONE CLINTON IS ACTIVELY MOVING TO BECOME A CERTIFIED BABY FRIENDLY SITE. BABY FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS. AMBULANCE AND CAB SERVICE: MERCYONE CLINTON WORKED WITH LOCAL CAB SERVICES AND AMBULANCE PROVIDERS TO ASSURE TRANSPORTATION FOR MEDICAL CARE OR TRANSPORTATION HOME. ACCESS TO CARE CONTINUES TO BE A GAP IN OUR COMMUNITY. IN FISCAL YEAR 2020, PARATRANSIT WAS PROVIDED FOR PATIENTS IN THE ED, RENAL DIALYSIS, CARDIAC REHAB, BEHAVIORAL MEDICAL UNIT AND OUTPATIENT NUTRITION EDUCATION AND PEOPLE IN THE COMMUNITY SEEKING HEALTH EDUCATION PROGRAMS. DUE TO THE COVID-19 PANDEMIC, MTA PROVIDED TRANSPORTATION FREE IN APRIL AND MAY 2020 FOR PATIENTS SEEKING CARE. PRESCRIPTION ASSISTANCE: DURING FISCAL YEAR 2020, MERCYONE CLINTON PROVIDED 140 PATIENTS WITH FREE PRESCRIPTIONS WORTH \$8,617 TO LOW INCOME INDIVIDUALS BEING DISCHARGED FROM THE HOSPITAL. WHILE THE INITIAL FOCUS OF THIS PROGRAM WAS ON CONGESTIVE HEART FAILURE PATIENTS, WHICH STARTED IN FISCAL YEAR 2016, MERCYONE CLINTON EXPANDED THE PROGRAM TO INCLUDE A BROADER RANGE OF INPATIENTS. DIABETES & HEALTH EDUCATION: DIABETES IS CLEARLY A SIGNIFICANT ISSUE FOR OUR SERVICE AREA RESIDENTS. THERE ARE SEVERAL WAYS THAT MERCYONE CLINTON ADDRESSED THIS ISSUE IN FISCAL YEAR 2020. MERCYONE CLINTON HAS TWO LIFESTYLE COACHES TO FACILITATE THE PREVENT T2 CLASSES. PREVENT T2 IS A CENTERS FOR DISEASE CONTROL RECOGNIZED DIABETES PREVENTION PROGRAM (DPP). THE CERTIFIED DIABETES EDUCATOR AND COMMUNITY WELLNESS COORDINATOR HAVE PROVIDED THREE YEARLONG CLASSES IN FISCAL YEAR 2020. THE PREVENT T2 PROGRAM WAS OFFERED FOR FREE. A PROCESS WAS DEVELOPED WITH THE LOCAL COMMUNITY CLINIC AND PRIMARY CARE PHYSICIANS TO INITIATE REFERRALS FOR THE PREVENT T2 PROGRAM. IN FISCAL YEAR 2020, MERCYONE CLINTON WORKED WITH 37 PARTICIPANTS IN THE YEARLONG CLASSES. AS A RESULT OF THE COVID-19 PANDEMIC, CLASSES WERE OFFERED VIRTUALLY FROM MARCH TO JUNE 2020. SUBSIDIZED PROGRAMS: BRIDGEVIEW MENTAL HEALTH, A FINANCIAL SUBSIDY, PROVIDED MENTAL HEALTH SERVICES TO COUNTY FUNDED AND OTHER LOW INCOME AND/OR UNINSURED PATIENTS IN OUR COMMUNITY. SPECIALTY CLINIC SUBSIDY PROVIDES GI, ENT AND ORTHOPEDIC SERVICES TO PATIENTS IN THE COMMUNITY, OPERATING AT A LOSS, DUE IN PART TO ACCEPTANCE OF MEDICAID AND CHARITY CARE PATIENTS. COMMUNITY HEALTH TASK FORCE: MERCYONE CLINTON ACTIVELY LED A HEALTHY LIFESTYLE COALITION CALLED LET'S LIVE HEALTHY CLINTON (LLHC) FOCUSING ON EAT WELL, MOVE MORE, AND FEEL BETTER. KEY STAKEHOLDERS ON THE TASK FORCE WERE CLINTON SCHOOLS, PUBLIC HEALTH, CITY OF CLINTON, IOWA STATE EXTENSION OFFICE, YWCA, CLINTON COMMUNITY COLLEGE, CLINTON VISITOR BUREAU, AND HY-VEE. MERCYONE CLINTON SERVED ON THE GATEWAY IMPACT COALITION (ANTI-DRUG) AND CRUSH - "COMMUNITY RESOURCES UNITED TO STOP HEROIN." MERCYONE CLINTON WORKED WITH A WORKGROUP CALLED BREATHE EASY TO COMBAT TOBACCO AND NICOTINE IN THE COMMUNITY. STEPPING ON: DUE TO A HIGH INCIDENCE OF FALLS AND/OR FALL RISKS, MERCYONE CLINTON PROVIDED A PROGRAM FOR PEOPLE 65 AND OLDER CALLED STEPPING ON. THE PROGRAM TEACHES PARTICIPANTS ON FALL PREVENTION BEHAVIORS, STRENGTHENING AND BALANCE EXERCISE. THIS IS AN EVIDENCE-BASED PROGRAM AND IS OFFERED FREE AS A COMMUNITY BENEFIT TO IMPROVE THE FALL RISKS OF THE ELDERLY POPULATION IN OUR COMMUNITY. FREEDOM FROM SMOKING: AS NOTED IN THE CLINTON COUNTY HEALTH RANKINGS, 17% OF CLINTON COUNTY'S ADULT POPULATION ARE SMOKERS. FREEDOM FROM SMOKING, SUPPORTED BY THE A</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>MERICAN LUNG ASSOCIATION, WAS OFFERED FREE AS A COMMUNITY BENEFIT PROGRAM. DURING THE COVI D-19 PANDEMIC, A VIRTUAL OPTION WAS OFFERED. MERCYONE CLINTON WILL APPLY FOR BABY FRIENDLY DESIGNATION IN FEBRUARY 2021. IN FISCAL YEAR 2020, MERCYONE CLINTON CONTINUED TO WORK WIT H MERCYONE HEALTH PLAZA, WOMEN'S HEALTH SERVICES AND INFINITY MEDICAL GROUP TO PROVIDE CON SISTENT PRENATAL PATIENTS EDUCATIONAL MATERIAL. ALL PRENATAL PATIENTS ARE OFFERED A FREE Z OOM PRENATAL CLASS AS WELL AS BREASTFEEDING CLASS REGARDLESS OF PRENATAL CARE OR DELIVERY LOCATION. HEALTHY VENDING: OUR HEALTH SYSTEM IS COMPLIANT WITH THE LIVE YOUR LIFE GREEN LO GO SNACK CRITERIA, AND 60% OF THE SNACKS IN THE CAMPUS VENDING MACHINES MEET THE SNACK CR I TERIA.TOBACCO-FREE CAMPUS: MERCYONE CLINTON IS A TOBACCO FREE CAMPUS AND UPDATED ITS POLIC Y TO BE A "NICOTINE" FREE CAMPUS, WHICH INCLUDES E-CIGARETTES.MERCYONE CLINTON WORKED WITH CRUSH, GATEWAY IMPACT, CLINTON SUBSTANCE ABUSE COUNCIL AND OTHER KEY STAKEHOLDERS ON EFFO RTS TO ELIMINATE OPIOID USE, AMPHETAMINES, AND ALCOHOL IN FISCAL YEAR 2020. AMY BERENTES, COO, SERVED ON THE BOARDS FOR THE CLINTON REGIONAL DEVELOPMENT CORPORATION AND THE CHAMBER OF COMMERCE, WHERE MANY LOCAL ISSUES ARE DISCUSSED. SHE ALSO HAD REGULAR CONVERSATIONS WI TH THE MAYOR AND CITY ADMINISTRATOR ON PRESSING ISSUES. SHE PRESENTED ON THE STATE OF HEAL TH CARE TO A GROUP OF CITY LEADERS WHEN US SENATOR CHARLES GRASSLEY CAME TO CLINTON. MERCY ONE CLINTON BEGAN WORKING WITH THE POPULATION HEALTH SERVICES ORGANIZATION IN FISCAL YEAR 2020 TO IDENTIFY PATIENTS IN NEED OF SOCIAL INFLUENCERS OF HEALTH. CASE MANAGERS ASK PATIE NTS QUESTIONS REGARDING FOOD ACCESS, TRANSPORTATION NEEDS, HOUSING, AND ACCESS TO PRIMARY CARE PHYSICIANS. IF A PATIENT IS IDENTIFIED AS NEEDING SOCIAL CARE, THEY ARE REFERRED TO T HE COMMUNITY HEALTH AND WELL-BEING DEPARTMENT SO THE PATIENT CAN BE CONNECTED WITH COMMUNI TY RESOURCES. MERCYONE CLINTON IS COLLABORATING WITH SERVICE ORGANIZATIONS IN THE COMMUNIT Y TO SUPPORT PATIENTS IN NEED OF SOCIAL CARE. IN FISCAL YEAR 2020, MERCYONE CLINTON PROVID ED SOCIAL CARE SUPPORT FOR PATIENTS IN NEED OF TRANSPORTATION TO AND FROM DIALYSIS, CARDIA C REHAB, PHYSICAL THERAPY, AND COMMUNITY HEALTH EDUCATION PROGRAMS. PATIENTS IN FINANCIAL NEED LEAVING THE HOSPITAL MAY UTILIZE THE FREE TRANSPORTATION SERVICE THROUGH THE MTA PARA TRANSIT PROGRAM. GROCERIES WITH GRACE WAS DESIGNED TO MAKE SURE PATIENTS DO NOT LEAVE OUR FACILITY IN NEED OF FOOD. HIGH NEED AREAS FOR GROCERIES WITH GRACE ARE THE ED, HOMECARE, B EHAVORAL MEDICAL UNIT, AND DIABETES AND/OR NUTRITION EDUCATION OUTPATIENTS. FROM JULY 201 9 TO MARCH 2020, SIGNIFICANT ENERGY WENT INTO PLANNING FOR A MOBILE MEDICAL UNIT, WHICH WO ULD STAFF A COMMUNITY HEALTH WORKER AND MAKE HEALTH CARE MORE ACCESSIBLE TO POPULATIONS WH O ARE POOR AND UNDERSERVED IN THE SERVICE AREA OF MERCYONE CLINTON BY TAKING HEALTH CARE T O THOSE WHO NEED IT. THE MOBILE CLINIC WAS TO ADDRESS INEQUITIES IN HEALTH CARE ACCESS BY PROVIDING PREVENTATIVE, PRIMARY CARE, AND WELLNESS EDUCATION TO PEOPLE WHO DO NOT CURRENTL Y HAVE ACCESS TO HEALTH SCREENINGS AND EDUCATION. A PRESERVING OUR LEGACY GRANT WAS APPLIE D FOR AND \$250,000 WAS AWARDED, HOWEVER OUR EFFORTS WERE HALTED IN LATE MARCH 2020 WHEN OU R GRANT AWARD WAS FROZEN SECONDARY TO PANDEMIC. WE CONTINUED WITH OUR WORK ON THIS STREET MEDICINE CONCEPT AND ARE HOPEFUL WE WILL BE ABLE TO SECURE ALTERNATIVE FUNDING STREAM(S) T O SUPPORT THIS MUCH NEEDED OUTREACH. CONTINUED AFTER PART VI, LINE 6.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>MERCYONE CLINTON IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2020, EVERY TRINITY HEALTH ENTITY FOCUSED ON: 1. REDUCING TOBACCO USE 2. REDUCING OBESITY PREVALENCE3. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH 4. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENTADDITIONALLY, IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS MOBILIZED NATIONAL INFRASTRUCTURE TO ASSESS THE MOST URGENT NEEDS IN THEIR COMMUNITIES. TRINITY HEALTH MEMBER HOSPITALS STRENGTHENED PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS AND COLLABORATED WITH MEDICAL GROUPS AND CLINICALLY INTEGRATED NETWORKS PROVIDING DIRECT PATIENT CARE TO ENSURE THAT PATIENT SOCIAL NEEDS WERE MET IN THE COMMUNITY. LIKEWISE, MEMBER HOSPITALS ACCELERATED THEIR SOCIAL SERVICES RESPONSE BY ESTABLISHING SOCIAL CARE PROGRAMS TO CONNECT PATIENTS, COLLEAGUES AND COMMUNITY MEMBERS TO LOCAL SOCIAL SERVICES SUCH AS: FOOD, HOUSING, FINANCIAL ASSISTANCE AND ACCESS TO HEALTH CARE. FROM MARCH THROUGH JUNE, SOCIAL CARE MADE OVER 103,000 CONNECTIONS, AND TRINITY HEALTH PROVIDED OVER 44,000 MEDICAL SERVICES TO THOSE WHO ARE HOMELESS AND THROUGH COMMUNITY TESTING EVENTS. SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF COMMUNITIES. IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH INVESTED \$3.7 MILLION IN THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), WHICH INITIALLY LAUNCHED IN FISCAL YEAR 2016. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS, AND THEIR COMMUNITY PARTNERS, TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN ADDITION TO TRINITY HEALTH'S INVESTMENT, TCI HAS LEVERAGED OVER \$12.4 MILLION IN COMMUNITY MATCH FUNDING TO DATE. IN FISCAL YEAR 2020, IN RESPONSE TO COVID-19, TCI SWIFTLY SHIFTED THEIR FOCUS IN MARCH TO ADDRESSING FOOD INSECURITY, HEALTHCARE WORKER PROTECTIVE EQUIPMENT, SUPPORTING CLOSED SCHOOLS TO EFFECTIVELY REACH CHILDREN, MENTAL HEALTH INTERVENTIONS AND EMERGENCY AID/FINANCIAL ASSISTANCE DIRECTLY TO INDIVIDUALS IN NEED. OVERALL TCI COMMUNITIES REDIRECTED NEARLY \$520,000 TO SUPPORT COVID-19 RELATED NEEDS.TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HELPED 2,374 PARTICIPANTS COLLECTIVELY LOSE 15,382 POUNDS FROM JANUARY 2018 THROUGH SEPTEMBER 2020. IN MARCH 2020, WITH THE SURGE OF COVID-19 SPREADING ACROSS THE COUNTRY, TRINITY HEALTH MEMBER HOSPITALS TRANSITIONED NEARLY 90% OF ALL IN-PERSON NDPP COHORTS TO AN ONLINE VERSION OF THE LIFESTYLE CHANGE PROGRAM.TRINITY HEALTH DEPLOYED \$5.1 MILLION IN NEW AND RENEWED LOANS FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATIONAL SCHOLARSHIPS, AND ECONOMIC DEVELOPMENT. ADDITIONALLY, TRINITY HEALTH WORKED WITH ALL OF ITS BORROWERS THAT HAD LOANS COMING DUE IN THE MIDST OF THE SPRING COVID-19 SURGE TO EXTEND THEIR LOANS FOR SIX MONTHS. THIS ACTION ALLOWED MORE THAN \$2.9 MILLION IN INVESTMENTS TO REMAIN IN THE FIELD AND PROVIDED BREATHING ROOM TO OUR COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION PARTNERS THAT WERE SERVING OUR COMMUNITIES DURING THE CRISIS. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$9.6 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2020, TRINITY HEALTH INVESTED OVER \$1.3 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. COVID-19 ACCOUNTED FOR NEARLY \$4.9 MILLION IN PROGRAMMATIC COMMUNITY BENEFIT EXPENSES AND ACTIVITIES, INCLUDING COMMUNITY TESTING AND EDUCATION, INCIDENT COMMAND CENTERS, SUPPORT FOR LOCAL ORGANIZATIONS (I.E. PROVIDING PPE, OTHER SUPPLIES, STAFF TIME), SOCIAL SUPPORTS (FOOD, HOUSING, MENTAL HEALTH, CHILDCARE), AND OTHER COMMUNITY DISASTER PREPAREDNESS EFFORTS.FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 CONTINUED:	<p>IN MARCH 2020, MERCYONE CLINTON FORMED AN INCIDENT COMMAND CENTER AND MET DAILY TO MITIGATE THE SURGE RISK OF COVID-19 PATIENTS WITHIN THE HOSPITAL AND COMMUNITY. THE COMMAND CENTER WORKED COLLABORATIVELY WITH PUBLIC HEALTH, EMERGENCY MANAGEMENT OFFICERS, AND MERCYONE CLINTON KEY PLAYERS TO DEVELOP STRATEGIES TO PREPARE FOR PERSONAL PROTECTIVE EQUIPMENT, HOSPITAL BEDS, STAFFING, AND COMMUNITY DONATIONS. AS A RESULT, A CALL CENTER WAS INITIATED FOR COMMUNITY MEMBERS TO CALL WITH COVID-19 RELATED QUESTIONS. MANY HOURS WERE SPENT SUPPORTING THE COMMUNITY ASSURING SAFETY MEASURES WERE TAKEN, SOCIAL CARE SUPPORTED, AND PATIENTS AND FAMILIES IN THE COMMUNITY WERE TAKEN CARE OF DURING THE PANDEMIC. SCREENING STATIONS WERE SET UP AT ENTRANCES TO SCREEN COLLEAGUES, PATIENTS, AND VISITORS FOR FEVER AND COVID-19 SYMPTOMS. ALL ENTERING THE MEDICAL CENTER WERE PROVIDED A FACE MASK. AMBASSADORS WERE SCHEDULED TO STAFF THE ENTRANCES WHICH INCLUDED COLLEAGUES FROM ALL DIFFERENT DEPARTMENTS. MERCYONE CLINTON PREPARED A LARGE TENT OUTSIDE OF THE COMMUNITY MEDICAL CLINIC AND MOST RECENTLY MOVED THE TENT TO THE URGENT CARE CENTER TO SUPPORT VOLUME OF PATIENTS PRESENTING WITH COVID-19 SYMPTOMS. MERCYONE CLINTON'S EMERGENCY MANAGEMENT COORDINATOR AND INFECTION CONTROL NURSE WORKED WITH LOCAL NURSING HOMES AND THE FEDERAL PRISON IN ILLINOIS TO ADVISE ON DIRECTION OF TESTING, PROVIDED TESTING SUPPLIES, SAFETY MEASURES AND SUPPORT DURING HIGH NUMBER OF COVID-19 CASES. MERCYONE CLINTON WORKED WITH LOCAL SCHOOLS TO DEVELOP A RETURN TO SCHOOL PLAN AND SAFETY MEASURES FOR STUDENTS AND STAFF TO FOLLOW. MERCYONE CLINTON QUICKLY IMPLEMENTED TELEHEALTH OPPORTUNITIES IN SEVERAL SERVICE AREAS TO ASSURE THE CONTINUUM OF CARE DURING THE PANDEMIC. DEPARTMENTS THAT PROVIDED THESE SERVICES WERE: CARDIOLOGY, FAMILY PRACTICE, HOSPITALISTS WITH INPATIENTS, INTERNAL MEDICINE, UROLOGY, PODIATRY, AND SURGICAL. MERCYONE CLINTON'S COMMUNITY HEALTH COORDINATOR PROVIDED ALL HEALTH EDUCATION CLASSES VIRTUALLY DURING THE PANDEMIC SO CLASSES WERE NOT INTERRUPTED AND COULD BE PROVIDED IN A SAFE MANNER. MERCYONE CLINTON WORKED WITH ESSENTIAL WORKERS IN THE COMMUNITY AND PROVIDED RAPID TESTING. SPECIFICALLY, POLICE AND FIRE DEPARTMENTS WERE GIVEN RAPID TESTING SO THE WORKERS COULD GET BACK TO WORK SAFELY AND QUICKLY TO CONTINUE PROTECTING AND SUPPORTING THE COMMUNITY. MERCYONE CLINTON CREATED A TRIAGE TEAM OF FIVE ANONYMOUS PHYSICIANS TO TRIAGE SCARCE RESOURCES (VENTILATORS, CRITICAL CARE BEDS, THERAPEUTICS) IN THE EVENT OF A COVID-19 SURGE. THE MISSION LEADER FACILITATED MULTIPLE ZOOM MEETINGS WITH THIS TEAM TO REVIEW TRIAGE GUIDELINES AND SOLIDIFY PROCESS FOR TRIAGING SCARCE RESOURCES IN THE EVENT OF A COVID-19 SURGE. THE CLINICAL INFORMATICS TEAM WORKED DILIGENTLY WITH TRINITY HEALTH INFORMATICS TO CREATE A DISCREET FIELD IN THE ELECTRONIC MEDICAL RECORD TO CHART SEQUENTIAL ORGAN FAILURE ASSESSMENT "SOFA" SCORES, SO TIMELY REPORTS COULD BE GENERATED FOR TRIAGE PHYSICIANS.</p>

Additional Data

Software ID:

Software Version:

EIN: 42-1336618

Name: MERCY MEDICAL CENTER - CLINTON INC

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? 1		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	MERCYONE CLINTON MEDICAL CENTER 1410 N 4TH STREET CLINTON, IA 52732 WWW.MERCYONE.ORG/CLINTON/ 230056H	X	X					X		LAB, RADIOLOGY	

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
MERCYONE CLINTON MEDICAL CENTER	PART V, SECTION B, LINE 3J: N/A PART V, SECTION B, LINE 3E: MERCYONE CLINTON MEDICAL CENTER (MERCYONE CLINTON) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED TO BE SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS: 1. MENTAL HEALTH 2. SUBSTANCE ABUSE, INCLUDING ALCOHOL, HEROIN, AND OPIOID ABUSE 3. ACCESS TO HEALTH SERVICES, PRIMARY CARE PROVIDERS AND TRANSPORTATION 4. NUTRITION, PHYSICAL ACTIVITY, AND OBESITY, INCLUDING COMMUNITY RESOURCES AND PARTNERSHIPS AND PROGRAM IMPLEMENTATION 5. SUICIDE 6. EDUCATION/POVERTY LEVELS 7. COMMUNITY ENGAGEMENT

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
MERCYONE CLINTON MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: MERCYONE CLINTON, WORKING IN CONJUNCTION WITH THE GENESIS VISITING NURSES ASSOCIATION (VNA), HELD A SERIES OF MEETINGS WITH VARIOUS COMMUNITY AGENCIES AND ELECTED OFFICIALS TO REVIEW DATA AND PRIORITIZE LOCAL HEALTH ISSUES. THE VNA SERVES AS THE PUBLIC HEALTH NURSING AGENCY FOR CLINTON COUNTY AND IS CONTRACTED TO HANDLE MOST OF THE COUNTY'S PUBLIC HEALTH FUNCTIONS. AS A RESULT, THE HEALTH ISSUES IDENTIFIED AS A PART OF THIS PROCESS BECAME THE PRIORITIES FOR CLINTON COUNTY, THE GEOGRAPHIC AREA WHERE MOST OF THE POPULATION THAT MERCYONE CLINTON SERVES RESIDE. MEETINGS WERE CONDUCTED WITH PUBLIC HEALTH ON DECEMBER 11, 2017 AND JANUARY 10, 2018. MEETINGS WERE CONDUCTED WITH OTHER AGENCIES AND ELECTED OFFICIALS ON DECEMBER 7, 2017 AND JANUARY 24, 2018. SURROUNDING COUNTIES: INPUT WAS SOUGHT FROM JACKSON, CARROLL, AND WHITESIDE COUNTIES AND WAS INCORPORATED BY REVIEWING COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT MATERIAL AND INCLUDING INPUT FROM KEY STAKEHOLDERS REPRESENTING EACH OF THE COUNTIES. FEEDBACK WAS RECEIVED FROM JACKSON AND WHITESIDE COUNTIES. CARROLL COUNTY DID NOT PROVIDE INPUT FOR THE CHNA. SURVEY OF THOSE WHO ARE POOR: MERCYONE CLINTON CONDUCTED FOCUS GROUPS WITH STAYING AHEAD, A GROUP OF INDIVIDUALS THAT ARE WORKING TO IMPROVE THEIR LIFE BY UNDERSTANDING THE ROOT CAUSES OF POVERTY AND WORK TOWARDS DEVELOPING ACTION PLANS TO MAINTAIN SELF-SUFFICIENCY. THE MISSION OF STAYING AHEAD IS TO IMPROVE LIVES, HELP WITH SELF-SUFFICIENCY, AND CONTINUE THE MOMENTUM OF SUSTAINABILITY, WHICH HELPS MEMBERS OF THE COMMUNITY GET OUT OF POVERTY. SURVEYS WERE COLLECTED FROM THIS GROUP TO IDENTIFY THEIR HEALTH NEEDS. SURVEYING OCCURRED ON DECEMBER 6 AND DECEMBER 13, 2017. MINORITY FOCUS GROUPS: MERCYONE CLINTON CONDUCTED SURVEYS WITH INFORMATION REFERRAL, A GROUP THAT REPRESENTS LOWER INCOME LEVELS AND AFRICAN AMERICAN AND HISPANIC GROUPS. THE SURVEYS WERE COLLECTED DURING FOOD PANTRY DAYS AND WHEN INDIVIDUALS WERE COMING IN FOR FINANCIAL ASSISTANCE FOR MEDICATIONS, HOUSING AND UTILITIES. THE SURVEYS COLLECTED WERE COMPRISED OF 21% AFRICAN AMERICAN, 11% HISPANIC, 58% CAUCASIAN AND 11% OTHER. SURVEYS WERE COLLECTED FOR TWO WEEKS IN DECEMBER 2017 AND TWO WEEKS IN JANUARY 2018.</p>

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
MERCYONE CLINTON MEDICAL CENTER	PART V, SECTION B, LINE 6B: CLINTON COUNTY COMMUNITY FOCUS GROUP: AS A WAY TO GAIN INSIGHT INTO THE UNDERSERVED POPULATION, GENESIS VNA AND MERCYONE CLINTON CONVENED A SERIES OF MEETINGS WITH REPRESENTATIVES FROM VARIOUS ORGANIZATIONS WITHIN THE SERVICE AREA INCLUDING THE FOLLOWING:-BRIDGEVIEW COMMUNITY MENTAL HEALTH CENTER-CLINTON COUNTY BOARD OF HEALTH-CLINTON COUNTY BOARD OF SUPERVISORS-EASTERN IOWA COMMUNITY COLLEGE - CLINTON-GATEWAY IMPACT (SUBSTANCE ABUSE) COUNCIL-CLINTON COUNTY SHERIFF DEPARTMENT-CLINTON FIRE DEPARTMENT-FULTON SUPERINTENDENT (WHITESIDE COUNTY)-SISTERS OF SAINT FRANCIS-HILLCREST FAMILY SERVICES - WIC-HY-VEE GROCERY STORE-COMMUNITY HEALTH CLINIC-CLINTON SCHOOL DISTRICT-WOMEN'S HEALTH SERVICES-IOWA STATE EXTENSION SERVICE-IOWA STATE SENATE OFFICE-LUTHERAN SOCIAL SERVICES-UNITED WAY OF CLINTON COUNTY-VISITING NURSES OF IOWA (I-SMILE) DENTAL PROGRAM -YWCA

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
MERCYONE CLINTON MEDICAL CENTER	PART V, SECTION B, LINE 7D: MERCYONE CLINTON COMMUNICATED ITS CHNA TO THE BROADER COMMUNITY IN THE FOLLOWING WAYS: BY DISTRIBUTING COPIES AT NO CHARGE TO INDIVIDUALS WHO SERVED ON THE CHNA STEERING COMMITTEE, BY DISTRIBUTING COPIES TO INDIVIDUALS WHO PARTICIPATED IN THE SOCIAL SERVICES FOCUS GROUP, AND BY PUBLISHING ARTICLES IN THE HOSPITAL'S NEWSLETTERS.

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
MERCYONE CLINTON MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: MAJOR PRIORITIES (IN ORDER OF PRIORITY):MENTAL HEALTH SERVICE: IN FISCAL YEAR 2020, THE HOSPITAL CONTINUED ITS SUPPORT FOR BRIDGEVIEW COMMUNITY MENTAL H EALTH CENTER'S OUTPATIENT BEHAVIORAL HEALTH SERVICES AND ITS OWN INPATIENT MENTAL HEALTH U NIT. MAINTAINING AN INPATIENT UNIT WAS SEEN AS CRITICAL SINCE THE NEXT NEAREST UNIT IS OVE R 35 MILES AWAY AND MANY OF THOSE WHO HAVE CHRONIC MENTAL ILLNESSES HAVE TRANSPORTATION CH ALLENGES. THE ANNUAL RENT SUBSIDY FOR BRIDGEVIEW IN FISCAL YEAR 2020 WAS \$103,040, BASED O N THE MOST RECENT MEDICARE COST REPORT. THE ESTIMATED ANNUAL SUBSIDY TO THE MENTAL HEALTH UNIT CAN BE REFLECTED IN OTHER PARTS OF THE HOSPITAL'S FORM 990. HOWEVER, WHAT WOULD NOT B E INCLUDED IN THAT NUMBER IS THE SUBSIDY THE HOSPITAL PROVIDES FOR PROFESSIONAL CARE. DUE TO A SHORTAGE OF PSYCHIATRISTS IN THE COMMUNITY, THE HOSPITAL'S INPATIENT BEHAVIORAL HEALT H UNIT IS STAFFED BY A TELE-PSYCHIATRIST SERVICE. THE SUBSIDY TO MAINTAIN THAT SERVICE DUR ING FISCAL YEAR 2020 WAS \$266,255.SUBSTANCE ABUSE: MERCYONE CLINTON PROVIDED MEETING SPACE TO COMMUNITY RESOURCES UNITED TO STOP HEROIN (CRUSH), AND MULTIPLE MERCYONE CLINTON EMPLO YEES ACTIVELY SERVED ON THAT COALITION. IN FISCAL YEAR 2020, MERCYONE CLINTON COMPLETED OP IOID USE DISORDER AND "STAMP OUT STIGMA" EDUCATION WITH THE HOSPITAL AND CLINIC'S EMPLOYEE S, EMERGENCY ROOM PROVIDERS, COMMUNITY PHYSICIANS, AND MULTIPLE COMMUNITY ORGANIZATIONS. E DUCATION IN THE COMMUNITY IS ONGOING AND CONTINUES TO EVOLVE BASED ON THE NEEDS OF "JUST I N TIME" TRAINING AND PROBLEM RESOLUTION IN THE ER AND THE LOCAL COMMUNITY. WITH A PROJECTE D INCREASE OF 126% FOR FATAL OPIOID OVERDOSES IN IOWA FROM 2019 TO 2020, THIS ISSUE HAS RI SEN TO THE TOP ON THE MOST RECENT CHNA, AND MERCYONE CLINTON IS CURRENTLY DEVELOPING NEW A CTION PLANS TO CONTINUE TO PROACTIVELY ADDRESS THIS IMPORTANT COMMUNITY ISSUE. COMMUNITY S TAKEHOLDERS, INCLUDING MERCYONE CLINTON, ARE AWAITING RESULTS ON THE MOST RECENT GRANT APP LICATION SUBMITTED TO CONTINUE TO ASSIST PEOPLE WITH OPIOID USE DISORDER WITH THE MERCYONE CLINTON MEDICATION-ASSISTED TREATMENT (MAT) CLINIC THAT OPENED IN OCTOBER 2019. PLANS ARE BEING EXPLORED TO SECURE THE NEEDED FUNDING TO EXPAND THE NUMBER OF HOURS AVAILABLE TO PA TIENTS IN ADDITION TO ADDING SERVICES FOR PATIENTS SUFFERING FROM STIMULANT USE DISORDER. THE ORIGINAL GRANT TO START THE MAT PROGRAM WAS RECEIVED IN OCTOBER 2018 WITH A PROJECTED PATIENT ROSTER OF 10 PATIENTS IN THE FIRST YEAR AFTER OPENING. SINCE OPENING IN OCTOBER 20 19, MERCYONE CLINTON HAS PROVIDED SERVICES TO 44 PATIENTS WITH 27 STILL ACTIVELY ENGAGED I N SERVICES. SEVERAL OF THOSE PATIENTS HAVE BEEN ACTIVELY ENGAGED IN THEIR RECOVERY FOR ALM OST 12 MONTHS. WITH THE COLLABORATION OF MULTIPLE COMMUNITY PARTNERS INCLUDING MENTAL HEAL TH, SUBSTANCE ABUSE, PEER SUPPORT, THE CITY OF CLINTON, CLINTON FIRE, AND CLINTON POLICE, THE EFFORTS HAVE DRAMATICALLY REDUCED VISITS TO THE ER FOR SUBSTANCE ABUSE ASSOCIATED HEAL TH CARE PROBLEMS IN ADDITION T</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
MERCYONE CLINTON MEDICAL CENTER	<p>O SAVING LIVES BY REDUCING THE NUMBER OF FATAL OVERDOSES. ACCESS TO CARE: MERCYONE CLINTON SUPPORTED IMPROVED ACCESS TO CARE IN A VARIETY OF WAYS IN FISCAL YEAR 2020. MERCYONE CLIN TON SERVED OUR COMMUNITY WITH ENT, GASTROENTEROLOGY AND ORTHOPEDIC SERVICES AT THE MERCY S PECIALTY CLINIC. IN CONJUNCTION WITH THE CLINIC, CHARITY CARE AND FREE HEALTH SCREENINGS W ERE PROVIDED. THE HOSPITAL ALSO ACTIVELY EXPANDED PRIMARY CARE AND SPECIALTY SERVICES BY R ECRUITING MORE PROVIDERS. IN FISCAL YEAR 2020 WE ADDED AN INTERNAL MEDICINE PHYSICIAN, PED IATRICIAN, PEDIATRIC NURSE PRACTITIONER, URGENT CARE NURSE PRACTITIONER, URGENT CARE PHYSI CIAN ASSISTANT, CARDIOLOGY NURSE PRACTITIONER, GASTROENTEROLOGIST AND GENERAL SURGEON. THE RATIO OF RESIDENTS TO PROVIDERS, AS EVIDENCED BY THE 2020 COUNTY HEALTH RANKINGS, IS 2,77 0:1 IN JACKSON COUNTY, 1,960:1 IN CLINTON COUNTY, 2,900:1 IN CARROLL COUNTY, AND 1,700:1 I N WHITESIDE COUNTY. THIS SUPPORTS THE NEED TO RECRUIT PHYSICIANS TO THE AREA. DURING FISCA L YEAR 2020, \$114,782 WAS SPENT ON RECRUITING PHYSICIANS/PROVIDERS TO PURSUE EMPLOYMENT OP PORTUNITIES AND IMPROVE THE PROVIDER PATIENT RATIO IN OUR SERVICE AREA. IN ADDITION, TRANS PORTATION WAS A FOCUS TO IMPROVE ACCESS TO HEALTH CARE WITHIN OUR COMMUNITY. THE HOSPITAL HELPED PATIENTS WITH A FINANCIAL NEED ACCESS HEALTHCARE BY PROVIDING TRANSPORTATION TO AND FROM THE HOSPITAL OR TO OTHER MEDICAL PROVIDERS. IN FISCAL YEAR 2020, THE TOTAL CONTRIB UTION FOR TRANSPORTATION WITH MEDIC, AN AMBULANCE SERVICE, CAB, OR BUS VOUCHERS WAS \$44,570.</p> <p>NUTRITION, PHYSICAL ACTIVITY AND OBESITY: BASED ON THE RWJ FOUNDATION COUNTY HEALTH RANKI NGS FROM 2020, CLINTON COUNTY SAW A 33% INCREASE IN ADULT OBESITY, AND A 28% INCREASE IN P HYSICAL INACTIVITY COMPARED TO THE NATIONAL RANKINGS OF 26% AND 20% RESPECTIVELY. WWW.COUN TYHEALTHRANKINGS.ORGTHE HOSPITAL ADDRESSED WEIGHT LOSS AND PHYSICAL ACTIVITY THROUGH EFFOR TS WITH THE LOCAL LET'S LIVE HEALTHY CLINTON INITIATIVE, PROVIDED EDUCATION IN AREA SCHOOL S ON NUTRITION AND PHYSICAL ACTIVITY PROGRAMS, OFFERED CLASSES ON DIABETES PREVENTION (PRE VENT T2), AND A CLASS ON LIFESTYLE MEDICINE CALLED COMPLETE HEALTH IMPROVEMENT PROGRAM (CH IP). PREVENT T2 WAS PROVIDED FREE TO THE COMMUNITY; CHIP WAS PROVIDED AT A COST, BUT THOSE WITH A FINANCIAL NEED COULD APPLY FOR A SCHOLARSHIP. THE CLINTON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED A GOAL TO "DECREASE OR MAINTAIN THE PERCENTAGE OF ADULTS OVER TH E AGE OF 18 IN CLINTON COUNTY WHO REPORT NO PHYSICAL ACTIVITY ON THE COUNTY HEALTH RANKING S." IN CONJUNCTION WITH THE COUNTY'S HEALTH GOAL, THE HEALTHY LIFESTYLE COALITION DEVELOPE D A MASTER STRATEGIC PLAN. THE MASTER PLAN TARGETED THREE AREAS - EAT WELL, MOVE MORE, AND FEEL BETTER. THE EAT WELL SUBCOMMITTEE WORKED TO EXPAND THE DONATION GARDEN PROGRAM, A SC HOOL GREENHOUSE, AND HEALTHY CONCESSIONS AT SCHOOL SPORTING EVENTS. THE MOVE MORE SUBCOMMI TTEE WORKED TO EXPAND THE BIKE SHARE PROGRAM, SEMI-STRUCTURED RECESS, CAMPAIGNS TO REDUCE SCREEN TIME IN THE SCHOOLS, EX</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
MERCYONE CLINTON MEDICAL CENTER	<p>PANDING THE WALKING SCHOOL BUS PROGRAM, AND EDUCATION ON THE 5-2-1-0 HEALTHIEST STATE INIT IATIVE IN THE SCHOOLS. THE FEEL BETTER SUBCOMMITTEE BEGAN REORGANIZING THE TOBACCO COALITI ON, BREATHE EASY, AND DEVELOPING A NEW MISSION AND VISION WITH INITIATIVES THAT FOCUS ON P OLICY, SYSTEM, AND ENVIRONMENT TO REDUCE NICOTINE. IN ADDITION, THE FEEL BETTER GROUP CONT INUED WORKING ON EXPANDING THE ADVERSE CHILDHOOD EXPERIENCES (ACES) TRAINING TO MORE CHILD CARE PROVIDERS. THE PARTNERSHIP OF THESE COMMITTEES INCLUDE BUT ARE NOT LIMITED TO MERCYO NE, YWCA, PUBLIC HEALTH, CITY MANAGER, ASSISTANT ENGINEER, LOCAL AREA SUPERINTENDENTS, IOW A STATE EXTENSION OFFICE, COUNTY BOARD OF HEALTH, CHAMBER OF COMMERCE, CLINTON COMMUNITY C OLLEGE, CLINTON HERALD, AND MEDICAL ASSOCIATES.SECONDARY PRIORITIES: WHILE NOT THE TOP ARE AS OF FOCUS IN FISCAL YEAR 2020 FOR MERCYONE CLINTON'S COMMUNITY BENEFIT PROGRAM, THE HOSP ITAL ALSO WORKED ON A VARIETY OF OTHER HEALTH ISSUES INCLUDING THE FOLLOWING: TOBACCO USE, FOOD INSECURITY, PRESCRIPTION ASSISTANCE, TRANSPORTATION, EXERCISE, DIABETES, HEART DISEA SE/HIGH BLOOD PRESSURE, SENIOR SERVICES, FALL PREVENTIONS, CANCER AWARENESS/PREVENTION, AN D LOW BIRTH WEIGHT BABIES.MERCYONE CLINTON CANNOT REALISTICALLY ADDRESS, EITHER DIRECTLY O R INDIRECTLY, ALL THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA. TIME, MONEY, AND OT HER RESOURCES ARE TOO LIMITED. HOWEVER, MERCYONE CLINTON DOES LOOK FOR OPPORTUNITIES TO PA RTNER WITH, SUPPORT, OR ENCOURAGE OTHER ORGANIZATIONS IN THE COMMUNITY WHO CAN MORE EFFECT IVELY AND/OR TIMELY ADDRESS OTHER HEALTH NEEDS IN THE COMMUNITY. LISTED BELOW ARE THE REMA INING NEEDS THAT WERE NOT ADDRESSED IN FISCAL YEAR 2020 AND THE CORRESPONDING ALTERNATIVE PROVIDER. SUICIDE: COMPETING PRIORITIES EXCLUDED THIS NEED FROM BEING DIRECTLY ADDRESSED I N THE IMPLEMENTATION STRATEGIES. MERCYONE CLINTON DID KEEP THIS HEALTH NEED IN MIND WHEN D EVELOPING THE MENTAL HEALTH AND SUBSTANCE ABUSE IMPLEMENTATION STRATEGY. A HIGH INCIDENCE OF SUICIDE MAY BE ATTRIBUTED TO THE MENTAL HEALTH AND SUBSTANCE ABUSE IN THE AREA. EDUCATI ON/POVERTY LEVELS: COMPETING PRIORITIES EXCLUDED THIS NEED FROM BEING DIRECTLY ADDRESSED I N THE IMPLEMENTATION STRATEGIES BUT IS INDIRECTLY ADDRESSED WITH SYSTEMIC INITIATIVES OF S OCIAL CARE AND COMMUNITY HEALTH EDUCATION PROGRAMS. COMMUNITY ENGAGEMENT: COMPETING PRIORI TIES EXCLUDED THIS NEED FROM BEING DIRECTLY ADDRESSED IN THE IMPLEMENTATION STRATEGIES, BU T MERCYONE CLINTON SUPPORTED COMMUNITY EVENTS/PROGRAMS AND SERVED ON COALITIONS AND COMMUN ITY BOARDS THAT RELATE TO THE TOP HEALTH NEEDS.</p>

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
MERCYONE CLINTON MEDICAL CENTER	PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

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
MERCYONE CLINTON MEDICAL CENTER	PART V, SECTION B, LINE 15E: THE HOSPITAL PROVIDES ASSISTANCE WITH SIGNING UP FOR MEDICARE OR MEDICAID.

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
MERCYONE CLINTON MEDICAL CENTER	PART V, SECTION B, LINE 20E: IF AN INDIVIDUAL REGISTERS AS SELF-PAY, INDIVIDUAL MEETS WITH A FINANCIAL COUNSELOR.

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
MERCYONE CLINTON MEDICAL CENTER - PART V, SECTION B, LINE 7A:	WWW.MERCYONE.ORG/CLINTON/ABOUT-US/COMMUNITY-BENEFIT/

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
MERCYONE CLINTON MEDICAL CENTER - PART V, SECTION B, LINE 10A:	WWW.MERCYONE.ORG/CLINTON/ABOUT-US/COMMUNITY-BENEFIT/

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
MERCYONE CLINTON MEDICAL CENTER - PART V, SECTION B, LINE 9:	AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

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
MERCYONE CLINTON MEDICAL CENTER, PART V, LINE 16A, FAP WEBSITE:	WWW.MERCYONE.ORG/CLINTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/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
MERCYONE CLINTON MEDICAL CENTER, PART V, LINE 16B, FAP APPLICATION WEBSITE:	WWW.MERCYONE.ORG/CLINTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/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
MERCYONE CLINTON MEDICAL CENTER, PART V, LINE 16C:	FAP PLAIN LANGUAGE SUMMARY WEBSITE:WWW.MERCYONE.ORG/CLINTON/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE

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Schedule I
(Form 990)

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to 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) CLINTON REGIONAL DEVELOPMENT CORPORATION 144 8TH AVENUE SOUTH CLINTON, IA 52732	42-0738495	501(C)(4)	20,000				COMMUNITY SUPPORT
(2) GATEWAY IMPACT COALITION 250 20TH AVE NORTH CLINTON, IA 52732	42-1349205	501(C)(3)	10,000				COMMUNITY SUPPORT

2

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

1

3

Enter total number of other organizations listed in the line 1 table

1

Part III **Grants and Other Assistance to 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) TRANSPORTATION ASSISTANCE	287	22,380	0		
(2) PRESCRIPTION ASSISTANCE	140	8,617			
(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
PART I, LINE 2:	DONATIONS MADE BY MERCY MEDICAL CENTER - CLINTON TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	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	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	MERCY MEDICAL CENTER - CLINTON IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MERCY MEDICAL CENTER - CLINTON'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MERCY MEDICAL CENTER - CLINTON'S CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2019. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: WILLIAM MURDOCK - \$138,942 MARCIA SMITH - \$48,886 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/19: WILLIAM MURDOCK - \$57,389 (PAID IN 2020) MARCIA SMITH - \$362,701 (PAID IN 2020) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2019. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2019, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2019. THE FOLLOWING PAYOUTS FOR 2019 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: SALLY JEFFCOAT - \$238,926 LINDA ROSS - \$310,671 KAY TAKES - \$53,866 THE FOLLOWING ACCRUAL FOR 2019 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II: RODNEY SCHLADER - \$25,861 THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$280,000 FOR 2019). THE FOLLOWING PAYOUTS FOR 2019 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: RODNEY SCHLADER - \$3,617 MARCIA SMITH - \$3,918

Additional Data

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

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

(A) Name 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				
1SALLY JEFFCOAT DIR/EVP GROWTH/STRATEGY TH THR 12/19	(i)	0	0	0	0	0	0	0
	(ii)	936,984	441,598	288,350	12,600	67,442	1,746,974	0
1LINDA ROSS DIR AS OF 1/20; CHIEF LEGAL OFFCR TH	(i)	0	0	0	0	0	0	0
	(ii)	667,438	296,794	347,407	12,600	53,172	1,377,411	0
2ABDULLAH FOAD MD PHYSICIAN, ORTHOPEDIC SURGERY	(i)	865,158	0	2,288	8,400	37,509	913,355	0
	(ii)	0	0	0	0	0	0	0
3MARCIA SMITH SEC/ASSOC COUNSEL MERCYONE THR 10/19	(i)	0	0	0	0	0	0	0
	(ii)	354,216	0	59,525	375,301	28,999	818,041	0
4ROBERT MAGNUS MD PHYSICIAN, ORTHOPEDIC SURGERY	(i)	735,233	0	5,544	12,600	38,293	791,670	0
	(ii)	0	0	0	0	0	0	0
5MOHAMMED IRSHAD MD PHYSICIAN, GASTROENTEROLOGY	(i)	625,000	0	4,554	16,800	1,179	647,533	0
	(ii)	0	0	0	0	0	0	0
6RICKY MADDOX MD PHYSICIAN, GENERAL SURGERY	(i)	578,904	0	2,208	12,600	1,018	594,730	0
	(ii)	0	0	0	0	0	0	0
7SAADI ALBAGHDADI MD PHYSICIAN, CARDIOLOGY	(i)	532,171	0	11,075	8,400	1,047	552,693	0
	(ii)	0	0	0	0	0	0	0
8KAY TAKES PRESIDENT EASTERN IOWA REGION	(i)	0	0	0	0	0	0	0
	(ii)	385,467	27,983	64,885	21,000	30,752	530,087	0
9RODNEY SCHLADER FORMER OFFICER; PRES MERCYONE N IOWA	(i)	0	0	0	0	0	0	0
	(ii)	408,941	18,971	11,756	46,861	38,311	524,840	0
10WILLIAM MURDOCK FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	49,204	0	150,326	58,250	25,216	282,996	0
11KIM DUWE VP FINANCE EASTERN IOWA REGION	(i)	0	0	0	0	0	0	0
	(ii)	202,017	8,609	2,607	9,971	28,513	251,717	0
12AMY BERENTES EVP, COO EASTERN IOWA REGION	(i)	0	0	0	0	0	0	0
	(ii)	207,526	0	1,116	12,673	10,344	231,659	0

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
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	252,242	DONOR PROVIDED GOODS/SERVICES TO MERCY MEDICAL CENTER - CLINTON		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

Name of the organization
MERCY MEDICAL CENTER - CLINTON INC**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**Open to Public
Inspection****Employer identification number**

42-1336618

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, ITEM C	DBA: MERCYONE CLINTON MEDICAL CENTER DBA: MERCY MEDICAL CENTER - CLINTON DBA: MERCY HOME C ARE & HOSPICE - CLINTON DBA: MERCY LIVING CENTER - NORTH DBA: MERCY SPECIALTY CLINIC - CLI NTON DBA: MERCY HOME MEDICAL EQUIPMENT DBA: MERCY WOUND CARE CENTER DBA: MERCYONE MEDICAL GROUP CLINTON

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SYSTEM PARENT, TRINITY HEALTH CORPORATION, APPOINTS THE DIRECTORS OF MERCYONE CLINTON. THE BOARD OF DIRECTORS ELECTS THE BOARD OFFICERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>MERCY HEALTH SERVICES-IOWA, CLASS B MEMBER, AND TRINITY HEALTH CORPORATION, SYSTEM PARENT, MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET. MERCY HEALTH SERVICES-IOWA MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS. AS CLASS A MEMBER, MERCY HEALTHCARE FOUNDATION - CLINTON MUST APPROVE THE SALE OF SUBSTANTIALLY ALL ASSETS TO, OR MERGER OF MERCYONE CLINTON WITH, AN ENTITY NOT AFFILIATED WITH TRINITY HEALTH CORPORATION. MERCY HEALTHCARE FOUNDATION - CLINTON MUST ALSO APPROVE ANY MODIFICATIONS TO GOVERNING DOCUMENTS THAT WOULD CHANGE THE VOTING OR APPROVAL RIGHTS OF THE CLASS A MEMBER. AS THE PARENT OF THE NATIONAL TRINITY HEALTH SYSTEM, CERTAIN POWERS ARE RESERVED TO TRINITY HEALTH CORPORATION. THESE INCLUDE THE AUTHORITY TO ADOPT OR MODIFY THE ORGANIZATION'S GOVERNING DOCUMENTS, TO APPROVE MAJOR CHANGES SUCH AS A MERGER OR DISSOLUTION, AND TO APPROVE SIGNIFICANT FINANCE MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH CORPORATION.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MERCYONE CLINTON HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF MERCYONE CLINTON, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MERCYONE CLINTON AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF MERCYONE CLINTON (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MERCYONE CLINTON OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF MERCYONE CLINTON (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MERCYONE CLINTON. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MERCYONE CLINTON IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND VICE PRESIDENT FINANCE COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO AND VICE PRESIDENT FINANCE OF MERCYONE CLINTON ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS. FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR: PROGRAM SERVICE EXPENSES 7,115,238. MANAGEMENT AND GENERAL EXPENSES 282,858. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,398,096. MEDICAL SPECIALIST FEES: PROGRAM SERVICE EXPENSES 5,439,358. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,439,358. MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 1,277,721. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,277,721. LAUNDRY AND LINEN SERVICES: PROGRAM SERVICE EXPENSES 241,139. MANAGEMENT AND GENERAL EXPENSES 1,646. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 242,785. MISCELLANEOUS PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 995,486. MANAGEMENT AND GENERAL EXPENSES 1,188,275. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,183,761. CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 94,280. MANAGEMENT AND GENERAL EXPENSES 18,466. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 112,746. BILLING SERVICES: PROGRAM SERVICE EXPENSES 103,398. MANAGEMENT AND GENERAL EXPENSES 37,888. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 141,286. RECRUITING SERVICES: PROGRAM SERVICE EXPENSES 159,766. MANAGEMENT AND GENERAL EXPENSES 22,286. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 182,052.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS TO AFFILIATES -3,023,258. ASSET IMPAIRMENT -102,710.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2:	MERCYONE CLINTON'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY20 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

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
MERCY MEDICAL CENTER - CLINTON INC

Employer identification number
42-1336618

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MERCY-CLINTON ANESTHESIA GROUP LLC 1410 NORTH 4TH STREET CLINTON, IA 52732 46-1906752	ANESTHESIOLOGISTS	IA	0	0	MERCY MEDICAL CENTER - CLINTON INC

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	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) Disproportionate 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	

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	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.

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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.

See Additional Data Table

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

Schedule R (Form 990) 2019

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTH CARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	Yes	
2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHELTER	PA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
5315 ELLIOTT DR 102 YPSILANTI, MI 48197 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTH CARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 83-2256461	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
4900 RAEFORD ROAD FAYETTEVILLE, NC 28304 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORTATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1449 NW 128TH ST BLDG 5 CLIVE, IA 50325 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12C, III-FI	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY MEDICAL CENTER - CLINTON INC	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
318 RIVER RIDGE DR NW SUITE 100 WALKER, MI 49544 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	

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						Yes	No
200 HILLSIDE CIRCLE WEST SPRINGFIELD, MA 01089 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP		No
801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-1422704	MEDICARE HMO	ID	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-3278543	MEDICARE HMO	NY	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-4208896	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1938 CURRY ROAD SCHENECTADY, NY 12303 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 3349 SIOUX CITY, IA 51102 42-1185707	MEDICAL TRANSPORTATION SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 83-2199054	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
775 S MAIN ST CHELSEA, MI 48118 82-4757260	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 7	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 20-3018640	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC	Yes	
2215 BURDETT AVE TROY, NY 12180 27-2153849	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	SAMARITAN HOSPITAL	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 83-3546613	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	

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

[illegible]

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

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

[illegible]

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
CALIFORNIA HEALTHCARE MANAGEMENT PARTNERS INC 1303 E HERNDON AVE FRESNO, CA 93720 82-0961647	MANAGEMENT SERVICES	CA	N/A	C				Yes	
CATHERINE HORAN BUILDING CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CENTRAL VALLEY HEALTH PLAN INC 1303 E HERNDON AVE FRESNO, CA 93720 61-1846844	HEALTH INSURANCE	CA	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
FRANKLIN MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	

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
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DRIVE SUITE 216 WESTMONT, IL 60059 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
MEDNOW INC 4300 E FLAMINGO AVE NAMPA, ID 83687 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PROVIDENCE HOMECARE INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
SJPMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	N/A	C				Yes	
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CLINTON IMAGING SERVICES LLC	A	74,217	PER BOOKS
CLINTON IMAGING SERVICES LLC	C	65,000	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	A	1,320	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	M	651,602	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	Q	54,526	PER BOOKS
TRINITY CONTINUING CARE SERVICES	P	60,799	PER BOOKS
TRINITY SENIOR SERVICES MANAGEMENT INC	C	75,134	PER BOOKS
TRINITY HOME HEALTH SERVICES	M	57,090	PER BOOKS
TRINITY HOME HEALTH SERVICES	P	185,786	PER BOOKS
TRINITY HEALTH CORPORATION	B	3,155,093	PER BOOKS
TRINITY HEALTH CORPORATION	M	9,959,578	PER BOOKS
TRINITY HEALTH CORPORATION	P	3,601,820	PER BOOKS
TRINITY HEALTH CORPORATION	Q	481,546	PER BOOKS
TRINITY HEALTH CORPORATION	R	668,870	PER BOOKS
TRINITY HEALTH CORPORATION	S	876,262	PER BOOKS