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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization  
MERCY HOSPITAL SPRINGFIELD  
% WILLIAM J ROBERTS  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1235 E Cherokee  
City or town, state or province, country, and ZIP or foreign postal code  
Springfield, MO 65804  
F Name and address of principal officer:  
Craig McCoy  
1235 E Cherokee  
Springfield, MO 65804

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶ 0928

D Employer identification number  
44-0552485  
E Telephone number  
(314) 579-6100  
G Gross receipts \$ 1,115,699,805

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527  
J Website: ▶ www.mercy.net

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶  
L Year of formation: 1987  
M State of legal domicile: MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE.

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) . . . . . 10  
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 6  
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . 0  
6 Total number of volunteers (estimate if necessary) . . . . . 111  
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 733,145  
7b Net unrelated business taxable income from Form 990-T, line 39 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 1,786,534  
9 Program service revenue (Part VIII, line 2g) . . . . . 992,282,941  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 4,207,886  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 8,399,997  
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 1,006,677,358

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 258,816  
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 380,604,336  
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0  
b Total fundraising expenses (Part IX, column (D), line 25) ▶0  
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 501,547,025  
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 882,410,177  
19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 124,267,181

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 580,000,472  
21 Total liabilities (Part X, line 26) . . . . . 51,177,851  
22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 528,822,621

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  
CRAIG MCCOY PRESIDENT SPRG COMM  
Type or print name and title

2022-05-13  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ ERNST & YOUNG US LLP  
Firm's address ▶ 221 E 4TH ST STE 2900  
CINCINNATI, OH 45202

Preparer's signature  
Date 2022-05-11  
Check ☐ if self-employed  
Firm's EIN ▶  
Phone no. (513) 612-1400

PTIN  
P01268401

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 (2020)

**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:

AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE.

**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 \$ 90,728,453 including grants of \$ 0 ) (Revenue \$ 502,437,417 )  
See Additional Data






















**4b** (Code: ) (Expenses \$ 88,271,878 including grants of \$ 0 ) (Revenue \$ 653,229,992 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 49,606,410 including grants of \$ 0 ) (Revenue \$ 406,903,184 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 622,211,124 including grants of \$ 720,421 ) (Revenue \$ -465,667,358 )

**4e** Total program service expenses ▶ 850,817,865

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> 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   | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | <b>4</b> Yes   |    |
| <b>5</b> 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    | <b>5</b>       | No |
| <b>6</b> 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   | <b>6</b>       | No |
| <b>7</b> 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    | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | <b>8</b>       | No |
| <b>9</b> 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  | <b>9</b>       | No |
| <b>10</b> 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    | <b>10</b>      | No |
| <b>11</b> 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.  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   | <b>11a</b> Yes |    |
| <b>b</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    | <b>11b</b>     | No |
| <b>c</b> 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   | <b>11c</b>     | No |
| <b>d</b> 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   | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | <b>11e</b> Yes |    |
| <b>f</b> 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   | <b>11f</b>     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | <b>12a</b>     | No |
| <b>b</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    | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b>     | No |
| <b>b</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 . . . . .   | <b>14b</b>     | No |
| <b>15</b> 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 . . . . .   | <b>15</b>      | No |
| <b>16</b> 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 . . . . .   | <b>16</b>      | No |
| <b>17</b> 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) . . . . .  | <b>17</b>      | No |
| <b>18</b> 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 . . . . .   | <b>18</b>      | No |
| <b>19</b> 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 . . . . .   | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .    | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b> Yes |    |
| <b>21</b> 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 . . . . .   | <b>21</b> Yes  |    |

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

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

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

Form **990** (2020)

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

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   |     | No |
| <b>15b</b> | Other officers or key employees of the organization  |     | No |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | Yes |    |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 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:  
 WILLIAM J ROBERTS 1235 E CHEROKEE Springfield, MO 65804 (417) 820-3666

## 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

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.

[illegible]

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

[illegible]

|  |   |            |           |
|--|---|------------|-----------|
| <b>1b Sub-Total</b>  |   |            |           |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |            |           |
| <b>d Total (add lines 1b and 1c)</b>                           | 0 | 20,763,543 | 1,003,468 |

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 ► 0

|          |   | Yes          | No |
|----------|---|--------------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>  | <b>3</b> Yes |    |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i> | <b>4</b> Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>                       | <b>5</b>     | 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)   | (B)                     | (C)          |
|---|-------------------------|--------------|
| Name and business address   | Description of services | Compensation |
| McCarthy Building Companies Inc,<br>12851 Manchester Road<br>ST LOUIS, MO 63131 | Construction            | 20,073,470   |
| QUEST DIAGNOSTICS Inc,<br>500 PLAZA DRIVE<br>SECAUCUS, NJ 07094                 | REFERENCE LAB SVCS      | 6,508,775    |
| AMN HEALTHCARE INC,<br>8840 Cypress Waters Blvd Ste 300<br>COPPELL, TX 75019    | PHYSICIAN SERVICES      | 6,072,622    |
| PHILIPS HEALTHCARE INC,<br>3000 MINUTEMAN ROAD<br>ANDOVER, MA 018101099         | PHYSICIAN SERVICES      | 5,587,231    |
| METRO AVIATION INC,<br>1214 Hawn Ave<br>SHREVEPORT, LA 71107                    | LIFELINE FLIGHTS        | 4,552,839    |

|   |  |
|---|--|
| <p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 83</p> |  |
|---|--|



|   |  |   |  |   |  |           |
|---|--|---|--|---|--|-----------|
| Form 990 (2020)   |  | Page 9  |  |   |  |           |
| Part VIII   |  | Statement of Revenue                              |  |   |  |           |
| Check if Schedule O contains a response or note to any line in this Part VIII <input checked="" type="checkbox"/> |  |   |  |   |  |           |
|   |  | (A)<br>Total revenue                              | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |           |
| Contributions, Gifts, Grants<br>and Other Similar Amounts   | 1a Federated campaigns . . .   | 1a  |  |   |  |           |
|   | b Membership dues . . .  | 1b  |  |   |  |           |
|   | c Fundraising events . . .   | 1c  |  |   |  |           |
|   | d Related organizations  | 1d  | 7,029,193  |   |  |           |
|   | e Government grants (contributions)  | 1e  | 1,790,177  |   |  |           |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above   | 1f  |  |   |  |           |
|   | g Noncash contributions included in<br>lines 1a - 1f:\$  | 1g  |  |   |  |           |
|   | h Total. Add lines 1a-1f . . . . . ▶   |   | 8,819,370  |   |  |           |
| Program Service Revenue   | 2a NET PATIENT SERVICE REVENUE   |   | Business Code<br>621500                            | 1,073,865,481                           | 1,073,132,336  | 733,145   |
|   | b OTHER OPERATING REVENUE  |   | 900099   | 21,013,251                              | 21,013,251   |           |
|   | c CAPITATION BONUS   |   | 531120   | 4,397                                   | 4,397  |           |
|   | d  |   |  |   |  |           |
|   | e  |   |  |   |  |           |
|   | f All other program service revenue.   |   |  |   |  |           |
|   | g Total. Add lines 2a-2f. . . . . ▶  |   | 1,094,883,129                                      |   |  |           |
| Other Revenue   | 3 Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶  |   | 5,460,423  |   |  | 5,460,423 |
|   | 4 Income from investment of tax-exempt bond proceeds ▶   |   | 0  |   |  |           |
|   | 5 Royalties . . . . . ▶  |   | 0  |   |  |           |
|   | 6a Gross rents   | (i) Real  | (ii) Personal                                      |   |  |           |
|   |  | 6a  | 1,061,853  |   |  |           |
|   |  | b Less: rental expenses                           | 6b   |   |  |           |
|   | c Rental income or (loss)  | 6c  | 1,061,853  | 0                                       |  |           |
|   | d Net rental income or (loss) . . . . . ▶  |   | 1,061,853  |   | 1,061,853  |           |
|   | 7a Gross amount from sales of<br>assets other than inventory   | (i) Securities                                    | (ii) Other   |   |  |           |
|   |  | 7a  | 1,803  |   |  |           |
|   |  | b Less: cost or other basis and<br>sales expenses | 7b   |   |  |           |
|   | c Gain or (loss)   | 7c  |  | 1,803                                   |  |           |
|   | d Net gain or (loss) . . . . . ▶   |   | 1,803  |   | 1,803  |           |
|   | 8a Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |   | 8a   | 0                                       |  |           |
|   | b Less: direct expenses . . . . .  |   | 8b   | 0                                       |  |           |
|   | c Net income or (loss) from fundraising events . . . ▶   |   | 0  |   |  |           |
|   | 9a Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  |   | 9a   | 0                                       |  |           |
|   | b Less: direct expenses . . . . .  |   | 9b   | 0                                       |  |           |
|   | c Net income or (loss) from gaming activities . . . ▶  |   | 0  |   |  |           |
| 10a Gross sales of inventory, less<br>returns and allowances . . .  |  | 10a   | 0  |   |  |           |
| b Less: cost of goods sold . . .  |  | 10b   | 0  |   |  |           |
| c Net income or (loss) from sales of inventory . . . ▶  |  | 0   |  |   |  |           |
| Miscellaneous Revenue   |  | Business Code                                     |  |   |  |           |
| 11a CAFE & VENDING  |  | 722320  | 3,453,121  |   | 3,453,121  |           |
| b REGISTRATION FEES   |  | 900099  | 1,334,479  | 1,334,479                               |  |           |
| c TUITION INCOME  |  | 900099  | 412,511  | 412,511                                 |  |           |
| d All other revenue . . . . .   |  |   | 273,116  | 273,116                                 |  |           |
| e Total. Add lines 11a-11d . . . . . ▶  |  | 5,473,227   |  |   |  |           |
| 12 Total revenue. See instructions . . . . . ▶  |  | 1,115,699,805                                     |  | 1,096,170,090                           | 733,145  | 9,977,200 |

Form 990 (2020)

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 510,505                      | 510,505                                |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 209,916                      | 209,916                                |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .   | 0                            |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .   | 0                            |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 0                            |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 196,087                      | 192,648                                | 3,439   |                                    |
| <b>7</b> Other salaries and wages . . . . .  | 344,331,845                  | 338,293,606                            | 6,038,239                                     |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 6,719,033                    | 6,601,207                              | 117,826                                       |                                    |
| <b>9</b> Other employee benefits . . . . .   | 33,492,165                   | 32,904,843                             | 587,322                                       |                                    |
| <b>10</b> Payroll taxes . . . . .  | 20,674,382                   | 20,311,834                             | 362,548                                       |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  | 0                            |  |   |                                    |
| <b>b</b> Legal . . . . .   | 0                            |  |   |                                    |
| <b>c</b> Accounting . . . . .  | 0                            |  |   |                                    |
| <b>d</b> Lobbying . . . . .  | 59,501                       |  | 59,501  |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 0                            |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  | 0                            |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 27,626,633                   | 27,626,633                             |   |                                    |
| <b>12</b> Advertising and promotion . . . . .  | 44,350                       | 44,350                                 |   |                                    |
| <b>13</b> Office expenses . . . . .  | 13,600,315                   | 13,430,344                             | 169,971                                       |                                    |
| <b>14</b> Information technology . . . . .   | 328,401                      | 328,401                                |   |                                    |
| <b>15</b> Royalties . . . . .  | 0                            |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 17,562,930                   | 17,502,059                             | 60,871  |                                    |
| <b>17</b> Travel . . . . .   | 127,112                      | 120,923                                | 6,189   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0                            |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 0                            |  |   |                                    |
| <b>20</b> Interest . . . . .   | 0                            |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   | 0                            |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 35,760,757                   | 32,202,849                             | 3,557,908                                     |                                    |
| <b>23</b> Insurance . . . . .  | 890,147                      | 890,147                                |   |                                    |
| <b>24</b> 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.)  |                              |  |   |                                    |
| <b>a</b> DRUGS & MEDICAL EXPENSES  | 235,526,006                  | 235,526,006                            |   |                                    |
| <b>b</b> SHARED SERVICE FEES   | 138,653,774                  | 51,301,896                             | 87,351,878                                    |                                    |
| <b>c</b> BAD DEBT EXPENSE  | 61,980,272                   | 61,980,272                             |   |                                    |
| <b>d</b> REPAIRS & MAINT   | 10,130,205                   | 8,912,970                              | 1,217,235                                     |                                    |
| <b>e</b> All other expenses  | 1,926,456                    | 1,926,456                              |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 950,350,792                  | 850,817,865                            | 99,532,927                                    | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |  |  |             | (A)<br>Beginning of year |             | (B)<br>End of year |             |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|-------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |             | 22,325,956               | <b>1</b>    | 23,032,838         |             |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |             | 0                        | <b>2</b>    | 0                  |             |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |             | 0                        | <b>3</b>    | 22,534             |             |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |             | 110,117,323              | <b>4</b>    | 121,226,734        |             |
|                                    | <b>5</b>   | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |             | 0                        | <b>5</b>    | 0                  |             |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .  |             | 0                        | <b>6</b>    | 0                  |             |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |             | 0                        | <b>7</b>    | 0                  |             |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |             | 16,466,945               | <b>8</b>    | 16,263,743         |             |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |             | 527,394                  | <b>9</b>    | 437,789            |             |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b>  | 995,831,153              |             |                    |             |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b>  | 647,958,197              | 347,880,995 | <b>10c</b>         | 347,872,956 |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |             | 0                        | <b>11</b>   | 0                  |             |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |             | 19,570,810               | <b>12</b>   | 19,008,799         |             |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |             | 18,714,898               | <b>13</b>   | 18,395,190         |             |
|                                    | <b>14</b>  | Intangible assets . . . . .  |             | 1,665,323                | <b>14</b>   | 1,665,323          |             |
|                                    | <b>15</b>  | Other assets. See Part IV, line 11 . . . . .   |             | 42,730,828               | <b>15</b>   | 0                  |             |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .   |  | 580,000,472 | <b>16</b>                | 547,925,906 |                    |             |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |             | 51,045,401               | <b>17</b>   | 63,214,135         |             |
|                                    | <b>18</b>  | Grants payable . . . . .   |             | 0                        | <b>18</b>   | 0                  |             |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |             | 132,450                  | <b>19</b>   | 103,006            |             |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |             | 0                        | <b>20</b>   | 0                  |             |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D  |             | 0                        | <b>21</b>   | 0                  |             |
|                                    | <b>22</b>  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |             | 0                        | <b>22</b>   | 0                  |             |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .   |             | 0                        | <b>23</b>   | 0                  |             |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .   |             | 0                        | <b>24</b>   | 0                  |             |
|                                    | <b>25</b>  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  |             | 0                        | <b>25</b>   | 2,026,552          |             |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |             | 51,177,851               | <b>26</b>   | 65,343,693         |             |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |  |             |                          |             |                    |             |
|                                    | <b>27</b>  | Net assets without donor restrictions . . . . .  |             | 528,477,348              | <b>27</b>   | 482,343,722        |             |
|                                    | <b>28</b>  | Net assets with donor restrictions . . . . .   |             | 345,273                  | <b>28</b>   | 238,491            |             |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |  |             |                          |             |                    |             |
|                                    | <b>29</b>  | Capital stock or trust principal, or current funds . . . . .   |             |                          | <b>29</b>   |                    |             |
|                                    | <b>30</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |             |                          | <b>30</b>   |                    |             |
|                                    | <b>31</b>  | Retained earnings, endowment, accumulated income, or other funds   |             |                          | <b>31</b>   |                    |             |
|                                    | <b>32</b>  | <b>Total net assets or fund balances</b> . . . . .   |             | 528,822,621              | <b>32</b>   | 482,582,213        |             |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |  | 580,000,472 | <b>33</b>                | 547,925,906 |                    |             |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |  |           |               |
|-----------|--|-----------|---------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,115,699,805 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 950,350,792   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 165,349,013   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 528,822,621   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |               |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |               |
| <b>7</b>  | Investment expenses  | <b>7</b>  |               |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |               |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -211,589,421  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 482,582,213   |

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | Yes |    |
| <b>3a</b> 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>b</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:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

Form 990 (2020)

**Form 990, Part III, Line 4a:**

MERCY HOSPITAL SPRINGFIELD PROVIDES HIGH-QUALITY, COMPASSIONATE, FAITH-BASED HEALTH CARE. THIS ORGANIZATION PROVIDES SERVICES TO THE COMMUNITIES WE SERVE, WITH PARTICULAR CONCERN FOR THE ECONOMICALLY POOR. THE PHARMACY ORDERS, COMPOUNDS, AND DISTRIBUTES MEDICATION FOR BOTH INPATIENT AND OUTPATIENT DEPARTMENTS. THE PHARMACY REDISTRIBUTED 3,866 INDIVIDUAL DRUG PURCHASES FOR 240+ MERCY CLINICS, AND VERIFIED 3,993,309 MEDICATION ORDERS.

**Form 990, Part III, Line 4b:**

MERCY HOSPITAL SPRINGFIELD PROVIDES HIGH-QUALITY, COMPASSIONATE, FAITH-BASED HEALTH CARE. THIS ORGANIZATION PROVIDES SERVICES TO THE COMMUNITIES WE SERVE, WITH PARTICULAR CONCERN FOR THE ECONOMICALLY POOR. THE SURGERY GROUP PERFORM VARIOUS OPERATIONS FOR INPATIENTS AND OUTPATIENTS. IN FY21, THE SURGERY CENTERS PERFORMED 34,580 SURGERIES.

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**Form 990, Part III, Line 4c:**

MERCY HOSPITAL SPRINGFIELD PROVIDES HIGH-QUALITY, COMPASSIONATE, FAITH-BASED HEALTH CARE. THIS ORGANIZATION PROVIDES SERVICES TO THE COMMUNITIES WE SERVE, WITH PARTICULAR CONCERN FOR THE ECONOMICALLY POOR. THE LAB IS RESPONSIBLE FOR RUNNING VARIOUS TESTS ON DIFFERENT TISSUE SAMPLES, TO ASSIST WITH DIAGNOSTICS.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Swope Jon<br>.....<br>Former Officer  | 0.0<br>.....<br>0.0  |   |                       |         |              |                              | X      | 0   | 8,438,629  | 153,221   |
| Scarrow MD Alan<br>.....<br>Former Officer  | 0.0<br>.....<br>0.0  |   |                       |         |              |                              | X      | 0   | 2,388,267  | 35,581  |
| Richmond Jacquelynn<br>.....<br>VP Deputy General Counsel   | 2.0<br>.....<br>53.0   |   |                       | X       |              |                              |        | 0   | 1,294,939  | 83,736  |
| Reynolds Scott<br>.....<br>Former Officer   | 0.0<br>.....<br>0.0  |   |                       |         |              |                              | X      | 0   | 948,096  | 97,853  |
| Hubbard Brent<br>.....<br>President/COO & BOARD MEMBER  | 46.0<br>.....<br>4.0   |   |                       | X       |              |                              |        | 0   | 961,313  | 82,716  |
| McCoy Craig<br>.....<br>President - Springfield Commun  | 3.0<br>.....<br>52.0   | X   |                       | X       |              |                              |        | 0   | 819,408  | 49,299  |
| Merriman David<br>.....<br>Physician & Board Member   | 1.0<br>.....<br>49.0   | X   |                       |         |              |                              |        | 0   | 836,149  | 28,839  |
| Hennessey III William<br>.....<br>VP-Mission  | 25.0<br>.....<br>35.0  |   |                       |         | X            |                              |        | 0   | 671,862  | 53,931  |
| Marion Tanya<br>.....<br>Regional VP - Human Resources  | 1.0<br>.....<br>50.0   |   |                       |         | X            |                              |        | 0   | 623,563  | 61,668  |
| Luria MD Lance<br>.....<br>Former Key Employee  | 0.0<br>.....<br>0.0  |   |                       |         |              |                              | X      | 0   | 497,803  | 21,526  |



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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| McNay MD Jennifer<br>.....<br>Physician VP            | 10.0<br>.....<br>40.0  |   |                       | X       |              |                              |        | 0   | 459,060  | 42,819  |
| Geujen Dea A<br>.....<br>CNO                          | 25.0<br>.....<br>25.0  |   |                       |         | X            |                              |        | 0   | 362,273  | 66,692  |
| Frederick Erik<br>.....<br>CAO                        | 49.0<br>.....<br>1.0   |   |                       |         | X            |                              |        | 0   | 353,006  | 57,774  |
| Stutzman Ted<br>.....<br>COO & BOARD MEMBER           | 5.0<br>.....<br>55.0   | X   |                       |         |              |                              |        | 0   | 326,302  | 21,827  |
| Hannasch Susan<br>.....<br>Former Officer             | 0.0<br>.....<br>0.0  |   |                       |         |              |                              | X      | 0   | 347,134  | 0   |
| Eckhardt Christie<br>.....<br>VP/Ast Gen Counsel      | 1.0<br>.....<br>57.0   |   |                       | X       |              |                              |        | 0   | 252,665  | 13,125  |
| Spencer Samuel<br>.....<br>VP Operations              | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 0   | 213,544  | 23,278  |
| Williams Elizabeth<br>.....<br>Physician              | 50.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 0   | 209,113  | 26,059  |
| Sarte Mark R<br>.....<br>Clinical Pharmacist          | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 0   | 203,594  | 25,451  |
| Whitten Adam D<br>.....<br>VP, Operational Excellence | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 0   | 198,690  | 23,873  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Wolfrath David<br>.....<br>Exec Dir, Pharmacy   | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 0   | 184,127  | 20,666  |
| Heen Robert<br>.....<br>Former Officer  | 0.0<br>.....<br>0.0  |   |                       |         |              |                              | X      | 0   | 174,006  | 13,534  |
| Carron RSM Judith<br>.....<br>Board Member  | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Embree Carol<br>.....<br>Board Member   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Hammerschmidt Jr Robert<br>.....<br>Board Member  | 1.0<br>.....<br>1.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Hammons Brian<br>.....<br>Board Member  | 1.0<br>.....<br>1.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Leonard Gary<br>.....<br>Board Member   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Rankin Thomas<br>.....<br>Board Member  | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number  
44-0552485

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<br>(or fiscal year beginning in) ▶  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020  | (f) Total |
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .  |          |          |          |          |           |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .   |          |          |          |          |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..  |          |          |          |          |           |           |
| <b>4 Total.</b> Add lines 1 through 3   |          |          |          |          |           |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .   |          |          |          |          |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |           |           |
| Section B. Total Support  |          |          |          |          |           |           |
| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020  | (f) Total |
| <b>7</b> Amounts from line 4. . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |           |           |
| Section C. Computation of Public Support Percentage   |          |          |          |          |           |           |
| <b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .  |          |          |          |          | <b>14</b> |           |
| <b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .   |          |          |          |          | <b>15</b> |           |
| <b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |          |          |          |          |           |           |
| <b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |           |           |
| <b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |          |          |          |          |           |           |
| <b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |          |          |          |          |           |           |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |          |          |          |          |           |           |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .  |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

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 lines 11b and 11c below, the governing body of a supported organization? |     |    |
| b A family member of a person described in 11a above?   |     |    |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  |     |    |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  |     |    |

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 lines 2a and 2b below.  |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below.  |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.   |  |  |

|  |  |                |                                |
|--|--|----------------|--------------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>   |  |                |                                |
| <b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |  |                |                                |
| <b>Section A - Adjusted Net Income</b>   |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>   | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>   | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>   | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>   | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>   | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>   | 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) | <b>6</b>       |                                |
| <b>7</b>   | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>   | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>   | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>   | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>   | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>   | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>   | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                                |
| <b>2</b>   | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>   | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                                |
| <b>5</b>   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>   | Multiply line 5 by 0.035   | <b>6</b>       |                                |
| <b>7</b>   | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>   | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b>  |  |                | Current Year                   |
| <b>1</b>   | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>   | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>   | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>   | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>   | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>   | <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   | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | 3            |
| 4                         | Amounts paid to acquire exempt-use assets   | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions   | 6            |
| 7                         | Total annual distributions. Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | 8            |
| 9                         | Distributable amount for 2020 from Section C, line 6  | 9            |
| 10                        | Line 8 amount divided by Line 9 amount  | 10           |

| Section E - Distribution Allocations<br>(see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|--|---|--|---|
| 1  | Distributable amount for 2020 from Section C, line 6  |  |   |
| 2  | Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.   |  |   |
| 3  | Excess distributions carryover, if any, to 2020:  |  |   |
| a  | From 2015. . . . .  |  |   |
| b  | From 2016. . . . .  |  |   |
| c  | From 2017. . . . .  |  |   |
| d  | From 2018. . . . .  |  |   |
| e  | From 2019. . . . .  |  |   |
| f  | Total of lines 3a through e   |  |   |
| g  | Applied to underdistributions of prior years  |  |   |
| h  | Applied to 2020 distributable amount  |  |   |
| i  | Carryover from 2015 not applied (see instructions)  |  |   |
| j  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4  | Distributions for 2020 from Section D, line 7:<br>\$  |  |   |
| a  | Applied to underdistributions of prior years  |  |   |
| b  | Applied to 2020 distributable amount  |  |   |
| c  | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5  | Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.  |  |   |
| 8  | Breakdown of line 7:  |  |   |
| a  | Excess from 2016. . . . .   |  |   |
| b  | Excess from 2017. . . . .   |  |   |
| c  | Excess from 2018. . . . .   |  |   |
| d  | Excess from 2019. . . . .   |  |   |
| e  | Excess from 2020. . . . .   |  |   |

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

|  |  |
|--|--|
| Name of the organization<br>MERCY HOSPITAL SPRINGFIELD | Employer identification number<br>44-0552485 |
|--|--|

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.

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

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|           |   | (a) |    | (b)    |
|-----------|---|-----|----|--------|
|           |   | Yes | No | Amount |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b>  | Volunteers? .....   |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     | No |        |
| <b>c</b>  | Media advertisements? .....   |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....  |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     | No |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b>  | Other activities? .....   | Yes |    | 59,501 |
| <b>j</b>  | Total. Add lines 1c through 1i .....  |     |    | 59,501 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

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

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

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

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

**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   |
|---|---|
| FORM 990, SCHEDULE C, PART II-B, LINE 1 (I) | LOBBYING PORTION OF DUES THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE FOLLOWING HOSPITAL ASSOCIATIONS: AMERICAN HOSPITAL ASSOCIATION, MISSOURI HOSPITAL ASSOCIATION, AND CATHOLIC HEALTH ASSOCIATION. FOR THE YEAR ENDED JUNE 30, 2021, DUES WERE \$71,463, \$106,551, AND \$183,410, RESPECTIVELY. APPROXIMATELY 25.56% OF AMERICAN HOSPITAL ASSOCIATION DUES, 32.4% OF MISSOURI HOSPITAL ASSOCIATION DUES, AND 3.66% OF CATHOLIC HEALTH ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THESE ASSOCIATIONS. |

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number  
44-0552485

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 FASB 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 FASB 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 FASB 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) 2020

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

Term 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 . . . . .   |                                      | 12,636,100                      |                              | 12,636,100     |
| b Buildings . . . . .   |                                      | 646,920,357                     | 384,867,113                  | 262,053,244    |
| c Leasehold improvements  |                                      | 3,704,845                       | 3,338,323                    | 366,522        |
| d Equipment . . . . .   |                                      | 323,142,403                     | 250,511,144                  | 72,631,259     |
| e Other . . . . .   |                                      | 9,427,448                       | 9,241,617                    | 185,831        |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 347,872,956    |

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives . . . . .                                     |                   |  |
| (2) Closely-held equity interests . . . . .                             |                   |  |
| (3) Other _____   |                   |  |
| (B)   |                   |  |
| (C)   |                   |  |
| (D)   |                   |  |
| (E)   |                   |  |
| (F)   |                   |  |
| (G)   |                   |  |
| (H)   |                   |  |
| (I)   |                   |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                   |  |

Part VIII

Investments—Program Related.

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

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market<br>value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ |                |   |

Part IX

Other Assets.

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ |                |

Part X

Other Liabilities.

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

| 1. (a) Description of liability                                     | (b) Book<br>value |
|---|-------------------|
| (1) Federal income taxes  | 0                 |
| (2) DUE TO AFFILIATES   | 2,026,552         |
| (2)   |                   |
| (3)   |                   |
| (4)   |                   |
| (5)   |                   |
| (6)   |                   |
| (7)   |                   |
| (8)   |                   |
| (9)   |                   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 2,026,552         |

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.

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

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

**Supplemental Information**

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| FORM 990, SCHEDULE D, PART X, LINE 2 | ASC 740 FOOTNOTE PRIMARILY ALL OF THE HEALTH SYSTEM ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY. THE HEALTH SYSTEM COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED ON THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2021 OR 2020. |

SCHEDULE H  
(Form 990)

Department of the Treasury

**Name of the organization**  
MERCY HOSPITAL SPRINGFIELD

Hospitals

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Employer identification number**  
44-0552485

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

|           |   |            |           |
|-----------|---|------------|-----------|
|           |   | <b>Yes</b> | <b>No</b> |
| <b>1a</b> | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .   | Yes        |           |
| <b>1b</b> | If "Yes," was it a written policy? . . . . .  | Yes        |           |
| <b>2</b>  | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><br><input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities   |            |           |
| <b>3</b>  | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.<br><br><b>a</b> 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:<br><br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br><b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %<br><br><b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.<br><br><b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .<br><br><b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .<br><br><b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .<br><br><b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .<br><br><b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .<br><br><b>b</b> If "Yes," did the organization make it available to the public? . . . . .<br><br>Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | Yes        |           |
| <b>3a</b> |   | Yes        |           |
| <b>3b</b> |   | Yes        |           |
| <b>4</b>  |   | Yes        |           |
| <b>5a</b> |   | Yes        |           |
| <b>5b</b> |   |            | No        |
| <b>5c</b> |   |            |           |
| <b>6a</b> |   | Yes        |           |
| <b>6b</b> |   | Yes        |           |

**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 |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .  |   |                               | 36,444,262                          |                               | 36,444,262                        | 4.100 %                      |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .  |   |                               | 142,205,886                         | 107,650,029                   | 34,555,857                        | 3.890 %                      |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .             |   |                               |                                     |                               |                                   |                              |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                          |   |                               | 178,650,148                         | 107,650,029                   | 71,000,119                        | 7.990 %                      |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . . | 4   | 308                           | 246,966                             |                               | 246,966                           | 0.030 %                      |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .  | 2   | 188                           | 255,731                             |                               | 255,731                           | 0.030 %                      |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .  | 3   |                               | 4,820,129                           |                               | 4,820,129                         | 0.540 %                      |
| <b>h</b> Research (from Worksheet 7) . . . . .  |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                  | 3   | 1,052                         | 381,575                             |                               | 381,575                           | 0.040 %                      |
| <b>j Total.</b> Other Benefits . . . . .  | 12  | 1,548                         | 5,704,401                           |                               | 5,704,401                         | 0.640 %                      |
| <b>k Total.</b> Add lines 7d and 7j . . . . .   | 12  | 1,548                         | 184,354,549                         | 107,650,029                   | 76,704,520                        | 8.630 %                      |

**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 |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| <b>2</b> Economic development                                      |   |                               |                                      |                               |                                    |                              |
| <b>3</b> Community support   |   |                               |                                      |                               |                                    |                              |
| <b>4</b> Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building  |   |                               |                                      |                               |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| <b>8</b> Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| <b>9</b> Other   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>  |   |                               |                                      |                               |                                    |                              |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|  |          | Yes        | No |
|--|----------|------------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .   | <b>1</b> | Yes        |    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .   | <b>2</b> | 19,984,224 |    |
| <b>3</b> 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. . . . . | <b>3</b> |            |    |
| <b>4</b> 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**

|   |  |                                |  |
|---|--|--------------------------------|--|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .   | <b>5</b>   | 187,312,366                    |  |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .  | <b>6</b>   | 184,709,591                    |  |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .  | <b>7</b>   | 2,602,775                      |  |
| <b>8</b> 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**

|  |           |     |  |
|--|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .  | <b>9a</b> | Yes |  |
| <b>b</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 . . . . . | <b>9b</b> | 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 % |
|---|---|--|--|---|
| <b>1</b>  |   |  |  |   |
| <b>2</b>  |   |  |  |   |
| <b>3</b>  |   |  |  |   |
| <b>4</b>  |   |  |  |   |
| <b>5</b>  |   |  |  |   |
| <b>6</b>  |   |  |  |   |
| <b>7</b>  |   |  |  |   |
| <b>8</b>  |   |  |  |   |
| <b>9</b>  |   |  |  |   |
| <b>10</b>   |   |  |  |   |
| <b>11</b>   |   |  |  |   |
| <b>12</b>   |   |  |  |   |
| <b>13</b>   |   |  |  |   |

**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)  
MERCY HOSPITAL SPRINGFIELD**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  |
|---|------------|-----|
| <b>1</b> 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? . . . . .   | <b>1</b>   | No  |
| <b>2</b> 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. . . . .   | <b>2</b>   | No  |
| <b>3</b> 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. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):   | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b> <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  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b> <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)  |            |     |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>  |            |     |
| <b>5</b> 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 . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</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 . . . . .  | <b>6b</b>  | Yes |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | <b>7</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>   |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>   |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>8</b> 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. . . . .   | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>  |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url): <u>SEE PART V, SECTION C</u>  | <b>10</b>  | Yes |
| <b>a</b>  |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b> 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.  |            |     |
| <b>12a</b> 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)? . . . . .  | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b> 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)**

MERCY HOSPITAL SPRINGFIELD

**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: |   |               |    |
| <b>13</b>   | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP:   | <b>13</b> Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> .%<br>and FPG family income limit for eligibility for discounted care of <u>300</u> .%   |               |    |
| <b>b</b>  | <input type="checkbox"/> Income level other than FPG (describe in Section C)  |               |    |
| <b>c</b>  | <input type="checkbox"/> Asset level  |               |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency   |               |    |
| <b>e</b>  | <input type="checkbox"/> Insurance status   |               |    |
| <b>f</b>  | <input type="checkbox"/> Underinsurance discount  |               |    |
| <b>g</b>  | <input type="checkbox"/> Residency  |               |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Section C)  |               |    |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? . . . . .  | <b>14</b> Yes |    |
| <b>15</b>   | Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):  | <b>15</b> Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |               |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |               |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |               |    |
| <b>d</b>  | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |               |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |               |    |
| <b>16</b>   | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   | <b>16</b> Yes |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br><u>SEE PART V, SECTION C</u>   |               |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br><u>SEE PART V, SECTION C</u>  |               |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br><u>SEE PART V, SECTION C</u>   |               |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |               |    |
| <b>e</b>  | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |               |    |
| <b>f</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |               |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |               |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |               |    |
| <b>i</b>  | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |               |    |
| <b>j</b>  | <input type="checkbox"/> Other (describe in Section C)  |               |    |



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

MERCY HOSPITAL SPRINGFIELD

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

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

**Policy Relating to Emergency Medical Care**

|  |               |  |
|--|---------------|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  | <b>21</b> Yes |  |
| If "No," indicate why:   |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |               |  |

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

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

MERCY HOSPITAL SPRINGFIELD

**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 |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | 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? 20

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

Part VI

Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

| Form and Line Reference               | Explanation  |
|---------------------------------------|--|
| SCHEDULE H, PART VI                   | IMPACT OF COVID-19 PANDEMIC PLEASE SEE SCHEDULE O FOR INFORMATION RELATED TO COVID-19.                                 |
| FORM 990, SCHEDULE H, PART I, LINE 6A | THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS PREPARED BY ITS ULTIMATE PARENT ENTITY, MERCY HEALTH (EIN: 43-1423050). |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                        | Explanation   |
|--|---|
| FORM 990, SCHEDULE H, PART I, LINE 7, COLUMN F | TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN (A) ARE \$950,238,785. INCLUDED IN THIS AMOUNT WAS BAD DEBT EXPENSE (CHARGES) OF \$61,980,272. EXPENSES FOR THE PURPOSE OF CALCULATING LINE 7, COLUMN (F) ARE \$888,258,513. |
| Form 990, Schedule H, Part I, Line 7g          | THE ORGANIZATION DID NOT INCLUDE ANY PHYSICIAN CLINIC COSTS ON LINE 7G.   |

990 Schedule H, Supplemental Information

| Form and Line Reference                           | Explanation  |
|---|--|
| Form 990, Schedule H, Part II                     | <p>COMMUNITY BUILDING ACTIVITIES WORK TOWARD IMPROVING THE HEALTH, WELLNESS AND SAFETY OF THE COMMUNITY. MERCY HOSPITAL SPRINGFIELD'S EFFORTS TO ENHANCE THE OPERATIONAL STRUCTURES OF THE COMMUNITY INCLUDE COLLABORATIONS WITH MANY COMMUNITY ORGANIZATIONS; FOR EXAMPLE: BURRELL BEHAVIORAL HEALTH, COMMUNITY PARTNERSHIP OF THE OZARKS, MISSOURI STATE UNIVERSITY, OZARKS COUNSELING CENTER, SPRINGFIELD PUBLIC SCHOOLS, SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT, AND THE HEALTH COMMISSION. COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE THROUGH COMMUNITY-BASED PARTNERSHIPS, MEETINGS AND EVENTS, AND SERVICE ON COMMUNITY BOARDS. MERCY HOSPITAL SPRINGFIELD'S COMMUNITY INVOLVEMENT INCLUDES VARIOUS BUSINESS AND PUBLIC ORGANIZATIONS SUCH AS THE ONES NAMED ABOVE AS WELL AS THE AMERICAN CANCER SOCIETY, CARE TO LEARN, CHAMBER OF COMMERCE, CITY OF SPRINGFIELD, COMMUNITY FOUNDATION OF THE OZARKS, THE AMERICAN HEART ASSOCIATION, UNITED WAY OF THE OZARKS AND MORE THAN 300 LOCAL NONPROFIT SERVICE ORGANIZATIONS. MERCY HOSPITAL SPRINGFIELD ALSO PROMOTES SMOKE-FREE ENVIRONMENTS BY WORKING WITH PUBLIC OFFICIALS AND GROUPS LIKE ONE AIR ALLIANCE. MERCY HOSPITAL SPRINGFIELD BECAME ONE OF THE FIRST SMOKE-FREE ORGANIZATIONS IN SPRINGFIELD AND CONTINUES TO WORK WITH OTHER COMMUNITY PARTNERS TO FURTHER TOBACCO PREVENTION AND TO CREATE SMOKE-FREE ENVIRONMENTS. MERCY HOSPITAL SPRINGFIELD CONTINUES TO WORK CLOSELY WITH THE HEALTH COMMISSION, A COMMUNITY ORGANIZATION DEDICATED TO WORKING WITH AND FOR MEMBERS OF OUR COMMUNITY WITH LIMITED ECONOMIC RESOURCES AND WHO HAVE LIMITED ACCESS TO HEALTH CARE SERVICES AND RESOURCES. THE COMMISSION PROVIDES A PLATFORM FOR COLLABORATION BETWEEN AREA NONPROFIT HEALTH CARE ORGANIZATIONS. THE COMMISSION DEVELOPED THE COMMUNITY MEDICATION ACCESS PROGRAM, WHICH PROVIDES NEEDED MEDICATIONS FOR PATIENTS WITH LIMITED RESOURCES. MERCY HOSPITAL SPRINGFIELD PARTNERS WITH LOCAL UNIVERSITIES AND NURSING SCHOOLS TO PROVIDE ACCESS TO CLINICAL EDUCATION FOR MULTIPLE HEALTH CARE WORKFORCE SPECIALTIES INCLUDING NURSING, NURSE PRACTITIONER, RADIOLOGY, OCCUPATIONAL THERAPY, SPEECH THERAPY, DIETICIAN, PHYSICIAN ASSISTANT, LABORATORY, SURGICAL TECHNICIAN, SPORTS MEDICINE, AND PHYSICAL THERAPY STUDENTS. MERCY HOSPITAL SPRINGFIELD SUPPORTS THE MERCY COLLEGE OF NURSING AND ALSO A SCHOOL-BASED PROGRAM FOR HEALTH CAREERS CALLED THE HEALTH SCIENCES ACADEMY IN PARTNERSHIP WITH SPRINGFIELD PUBLIC SCHOOLS. MERCY IS PARTICIPATING IN SEVERAL COMMUNITY EFFORTS TO BRING PHYSICIAN TRAINING TO SPRINGFIELD, PARTICULARLY FOR PRIMARY CARE. MERCY HOSPITAL SPRINGFIELD AND MISSOURI STATE UNIVERSITY INITIATED THE DEVELOPMENT OF A NEW FREE CLINIC, MSU CARE, WHICH OPENED IN OCTOBER 2015, SERVING THE SAME POPULATION WITH MORE THAN THREE TIMES THE CAPACITY. THROUGH THIS PARTNERSHIP, WE ARE ABLE TO ADVANCE THE CARE OF THE POPULATION BY MONITORING THEM THROUGH OUR ELECTRONIC MEDICAL RECORD, ROBUST CARE MANAGEMENT PROGRAMS, AND OFFER APPROPRIATE SPECIALTY CARE THROUGH A CHARITY CARE PROCESS AT MERCY. IN ADDITION, WE ARE CREATING A HANDS ON EDUCATIONAL ENVIRONMENT THAT PROVIDES AWARENESS AROUND THE SOCIAL DETERMINANTS OF HEALTH AS WELL AS RECRUITS CREDENTIALLED STUDENTS TO STAY LOCAL UPON GRADUATING. MERCY HOSPITAL SPRINGFIELD WORKS CLOSELY WITH OUR ONLY FEDERALLY QUALIFIED HEALTH CENTER, JORDAN VALLEY COMMUNITY HEALTH CENTER, TO ENSURE ACCESS TO SERVICES FOR PREGNANT WOMEN AND THEIR INFANTS. MERCY HOSPITAL SPRINGFIELD SUPPORTS THE REGION'S ONLY CHILDREN'S HOSPITAL AND PROVIDES MULTIPLE SPECIALTY SERVICES TO A LARGE RURAL GEOGRAPHIC REGION IN SOUTHWEST MISSOURI. MERCY HOSPITAL SPRINGFIELD ALSO PARTNERS WITH AND SUPPORTS ISABEL'S HOUSE, THE ONLY CRISIS NURSERY IN THE SOUTHWEST MISSOURI AREA FOCUSED ON THE PREVENTION OF CHILD ABUSE AND NEGLECT. THE CRISIS NURSERY ALSO ENSURES FAMILIES THAT ARE IN CRISIS HAVE APPROPRIATE AND NEEDED HEALTH CARE SERVICES FOR THEIR INFANTS AND YOUNG CHILDREN. ACCESS TO SERVICES FOR PREGNANT WOMEN AND THEIR INFANTS. MERCY HOSPITAL SPRINGFIELD SUPPORTS THE REGION'S ONLY CHILDREN'S HOSPITAL AND PROVIDES MULTIPLE SPECIALTY SERVICES TO A LARGE RURAL GEOGRAPHIC REGION IN SOUTHWEST MISSOURI. MERCY HOSPITAL SPRINGFIELD ALSO PARTNERS WITH AND SUPPORTS ISABEL'S HOUSE, THE ONLY CRISIS NURSERY IN THE SOUTHWEST MISSOURI AREA FOCUSED ON THE PREVENTION OF CHILD ABUSE AND NEGLECT. THE CRISIS NURSERY ALSO ENSURES FAMILIES THAT ARE IN CRISIS HAVE APPROPRIATE AND NEEDED HEALTH CARE SERVICES FOR THEIR INFANTS AND YOUNG CHILDREN.</p> |
| FORM 990, SCHEDULE H, PART III, SECTION A, LINE 2 | <p>TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE, AT COST, BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENT ACCOUNTS WAS MULTIPLIED BY A RATIO OF COST TO CHARGES. THE RATIO OF COST TO CHARGES USED WAS BASED ON DETAILED COST ACCOUNT, WHERE AVAILABLE. WHERE COST ACCOUNTING IS NOT AVAILABLE, COST REPORT COST TO CHARGE RATIOS WERE UTILIZED.</p>   |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                           | Explanation   |
|---|---|
| Form 990, Schedule H, Part III, SECTION A, Line 3 | THE FILING ORGANIZATION DETERMINED THAT THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS \$0. ALTHOUGH THE CHARITY CARE POLICY REQUIRES THE PARTICIPATION OF THE PATIENT REQUESTING ASSISTANCE, WE HAVE A PROCESS UNDER PRESUMPTIVE CHARITY TO ADDRESS ACCOUNTS FOR PATIENTS WHO DO NOT PROVIDE THE INFORMATION. WE BELIEVE THAT OUR CHARITY POLICY IS COMPREHENSIVE ENOUGH TO CAPTURE ALMOST ALL PATIENTS WHO QUALIFY FOR CHARITY CARE.  |
| FORM 990, SCHEDULE H, PART III, SECTION A, LINE 4 | IN MAY 2014, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) AND INTERNATIONAL ACCOUNTING STANDARDS BOARD ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606). THE HEALTH SYSTEM ADOPTED ASU 2014-09 ON JULY 1, 2018 USING A FULL RETROSPECTIVE BASIS. UPON ADOPTION, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR UNCOLLECTIBLE ACCOUNTS AND PRESENTED AS A REDUCTION TO PATIENT SERVICE REVENUE ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS IS TREATED A PRICE CONCESSION THAT REDUCES THE TRANSACTION PRICE, WHICH IS REPORTED AS PATIENT SERVICE REVENUE. AS SUCH, BAD DEBT EXPENSE IS NOT REFERENCED IN MERCY HEALTH AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS. BAD DEBT EXPENSE IS TRACKED FOR FORM 990 REPORTING AS FOLLOWS: PATIENT ACCOUNTS RECEIVABLE THAT ARE DEEMED UNCOLLECTIBLE, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET THE HEALTH SYSTEM'S CHARITY CARE POLICY. THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES BASED UPON THE PAYOR COMPOSITION AND AGING OF RECEIVABLES WITH CONSIDERATION OF THE HISTORICAL PAYMENT AND WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES. |



**990 Schedule H, Supplemental Information**

| Form and Line Reference                            | Explanation   |
|--|---|
| FORM 990, SCHEDULE H, PART III, SECTION B, LINE 8  | IT IS THE POSITION OF MERCY THAT 100% OF ANY SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS AMOUNT REPRESENTS COST OF PROVIDING SERVICES THAT REMAIN UNCOMPENSATED TO THE PROVIDER. THE UNREIMBURSED COSTS OF MEDICARE IS CALCULATED BY THE GROSS CHARGES NET OF THE COST TO CHARGE RATIO LESS ANY PAYMENTS, DEDUCTIONS OR REIMBURSEMENTS USING THE ANNUAL MEDICARE COST REPORT (CMS FORM 2552-96).   |
| FORM 990, SCHEDULE H, PART III, SECTION C, LINE 9B | MERCY'S COLLECTION POLICY PROVIDES THAT MERCY WILL PERFORM A REASONABLE COMMUNICATION AND/OR REVIEW OF PATIENT ACCOUNTS AS IT RELATES TO ANY SERVICE PROVIDED AT OUR FACILITIES BEFORE TURNING THE ACCOUNT TO BAD DEBT OR TAKING LEGAL ACTION FOR NONPAYMENT. MERCY ACTIVELY SCRUBS ACCOUNTS FOR PAYOR PLAN COVERAGE, INCLUDING MEDICAID. IN THE EVENT AN ACCOUNT IS TURNED TO COLLECTIONS AND IS IDENTIFIED IN NEED OF FINANCIAL ASSISTANCE DUE TO CIRCUMSTANCE CHANGES, OR IS NOW REQUESTING ASSISTANCE, THE ACCOUNTS ARE RETURNED BY THE AGENCY AND CONSIDERED FOR CHARITY IF THE PATIENT PROVIDES THE REQUESTED INFORMATION. IF THE PATIENT FAILS TO RETURN THE INFORMATION, THE ACCOUNT WILL QUALIFY FOR COLLECTIONS. MERCY UTILIZES THE EXPERIAN TOOL TO ENHANCE THE ABILITY TO DETERMINE THE CHARITY QUALIFICATION PRIOR TO TURNING TO BAD DEBT, A PROCESS KNOWN AS PRESUMPTIVE CHARITY FOR ALL COMMUNITIES EXCEPT JOPLIN, MAUDE NORTON, CARTHAGE AND SOUTHEAST KANSAS. THIS PRESUMPTIVE SCREENING PROCESS DETAILS EVALUATIONS THAT TAKE PLACE PRIOR TO PATIENT BILLING AND ADDITIONALLY PRIOR TO BAD DEBT PLACEMENT. THE PRESUMPTIVE SCREENING WAS PER ENCOUNTER AND DID NOT PROMOTE ANY LOOK-BACK ADJUSTMENTS. MERCY WILL GRANT CHARITY IN SITUATIONS WHERE THERE HAS BEEN AN INABILITY TO OBTAIN INFORMATION FROM PATIENTS OR THE INFORMATION PROVIDED IS NOT COMPLETE ENOUGH TO MAKE A CHARITY DETERMINATION WHEN A PATIENT HAS SUBMITTED AN APPLICATION. MERCY WILL PURSUE APPROPRIATE MEANS IN THE COLLECTION OF DELINQUENT ACCOUNTS FROM PATIENTS WITH AN ESTABLISHED ABILITY TO PAY OR AN UNWILLINGNESS TO COOPERATE IN VALIDATING ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE APPROPRIATE MEANS MAY INCLUDE LEGAL ACTION CONSISTENT WITH MERCY MISSION AND VALUES AFTER SENDING 3 MONTHLY STATEMENTS WITH THE FINAL INCLUDING NOTIFICATION; IF NO RESOLUTION THEY WILL BE TURNED TO COLLECTIONS. ADDITIONALLY, THEY MAY INCLUDE LIENS UPON REAL PROPERTY AND REASONABLE WAGE GARNISHMENTS. LEGAL ACTIONS WILL GENERALLY NOT INCLUDE BANK GARNISHMENTS, REPOSSESSION OF ASSETS OR FORECLOSURES TO ENSURE SATISFACTION OF A LIEN. MERCY HAS POLICIES AND PROCEDURES ESTABLISHED TO ADDRESS THE INITIATION OF LEGAL ACTION AND ANNUALLY REVIEW COMPLIANCE WITH POLICIES BUT ENSURE 120 DAYS OF BILLING AND COLLECTIONS OCCUR PRIOR TO ANY EXTRAORDINARY COLLECTIONS ARE PURSUED. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference               | Explanation  |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART VI, LINE 2 | <p>MERCY HOSPITAL SPRINGFIELD BELIEVES THAT ITS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IS COMPREHENSIVE ENOUGH TO CAPTURE SUBSTANTIALLY ALL OF THE COMMUNITY'S NEEDS. THEREFORE, NO FURTHER STEPS WERE TAKEN TO IDENTIFY ADDITIONAL NEEDS. MERCY HOSPITAL SPRINGFIELD MEASURES ALL COMMUNITY HEALTH INDICATORS AS SET FORTH BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND MEASURES ALL UTILIZATION ACTIVITY (PARTICULARLY FOR VULNERABLE POPULATIONS) TO FIRST UNDERSTAND THE STATUS OF THE COMMUNITY'S HEALTH ON AN ANNUAL BASIS. BASED ON THESE FINDINGS, MERCY REFINES ITS IMPLEMENTATION STRATEGIES TO MEET THE NEEDS OF THE COMMUNITY AND MONITORS PROGRESS THROUGH A COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF DIRECTORS. THE DIRECTOR OF COMMUNITY BENEFIT ALSO SERVES ON A COMMUNITY HEALTH COLLABORATION BOARD WITH OTHER AREA NONPROFIT HEALTH SYSTEM AND ORGANIZATIONAL LEADERS TO MAKE SURE OUR UNDERSTANDING OF COMMUNITY NEEDS ARE CORRECT AND TO DEVELOP ALIGNED STRATEGIES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES AND SUBSEQUENT IMPROVEMENT STRATEGIES.</p> |
| FORM 990, SCHEDULE H, PART VI, LINE 3 | <p>MERCY 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 THROUGH SEVERAL MEANS. IF AT ANY TIME A PATIENT EXPRESSES HARDSHIP AND INABILITY TO PAY, THE ACCOUNT IS PLACED FOR REVIEW. IN ADDITION, PATIENTS HAVE SIGNAGE ABOUT THE POLICY AT THE ACCESS POINTS, AND ALL STAFF WORKING WITH THE PATIENT AT POINT OF SERVICE, SCHEDULING, CUSTOMER SERVICE, AND EVEN THROUGH THE MEDICAID ELIGIBILITY SCREENING HAVE THE MEANS TO SEND THE ACCOUNT FOR REVIEW. THERE IS THE PLAIN LANGUAGE SUMMARY THAT IS BEING PROVIDED TO ALL WHOM EXPRESS HARDSHIP, IN ADDITION TO THE WEB ADDRESS PROVIDING THE APPLICATION, POLICIES, AND EVEN HOW UNINSURED ACCOUNTS ARE HANDLED. LASTLY, THE STATEMENTS MESSAGE TO THE PATIENT THAT MERCY DOES HAVE A FINANCIAL ASSISTANCE PROGRAM AND TO CALL TO SEE IF THEY ARE ELIGIBLE. MERCY STAFF'S INTERNAL RESOURCES CERTIFIED TO ASSIST PATIENTS WITH MEDICAID APPLICATIONS AS WELL.</p>   |

**990 Schedule H, Supplemental Information**

| Form and Line Reference               | Explanation   |
|---------------------------------------|---|
| FORM 990, SCHEDULE H, PART VI, LINE 4 | THE PRIMARY SERVICE AREA FOR MERCY HOSPITAL SPRINGFIELD INCLUDES 120 ZIP CODES ACROSS MISSOURI. THE FOLLOWING INFORMATION IS DERIVED FROM THE ADVISORY BOARD DEMOGRAPHICS AND 2020-2021 MO/HIDI INFORMATION. THE AREA'S POPULATION IS 746,535. THE MEDIAN HOUSEHOLD INCOME IS \$51,000. 43.3% OF THE POPULATION IS 45 AND OLDER. 90% OF THE POPULATION IS A HIGH SCHOOL GRADUATE OR GREATER AND THE MEDIAN AGE IS 42. 20.8% OF THE HOUSEHOLDS ARE ON MEDICARE, 17.7% ON MEDICAID, AND 12.1% UNINSURED.  |
| FORM 990, SCHEDULE H, PART VI, LINE 5 | MERCY HOSPITAL SPRINGFIELD PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. MERCY IS A CATHOLIC HEALTH CARE CORPORATION THAT, PURSUANT TO THE ORGANIZATIONAL CORE BELIEF THAT HEALTH CARE SERVICES ARE A VITAL AND INTEGRAL PART OF THE CHURCH'S HEALING MISSION, ENGAGES IN A MINISTRY WHICH PROVIDES GENERAL ACUTE CARE, AMBULATORY, LONG-TERM AND HOME CARE HEALTH SERVICES TO INDIVIDUALS AND FAMILIES IN ITS COMMUNITIES. MERCY OFFERS SERVICES AND PROGRAMS WHICH FURTHER HEALTH PROMOTION, MAINTENANCE AND CARE TO THE COMMUNITY. PROGRAMS PROVIDED TO MEET THE COMMUNITY INCLUDE SUPPORT GROUPS FOR VARIOUS SITUATIONS, OUTREACH PROGRAMS, EDUCATIONAL PROGRAMS, HEALTH RESOURCE COORDINATION, COMMUNITY BLOOD DRIVES AND HEALTH FAIRS, ETC. MERCY SPRINGFIELD IS GOVERNED BY A BOARD OF DIRECTORS WHICH INCLUDES REPRESENTATION FROM COMMUNITY LEADERS IN THE ORGANIZATION'S PRIMARY SERVICE AREAS. ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY. ANY POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY BOARD MEMBERS ARE REVIEWED AND RESOLVED. THIS PROCESS ENSURES THAT PUBLIC, RATHER THAN PRIVATE, INTERESTS ARE SERVED BY MERCY. SURPLUS FUNDS AND UNRESTRICTED ASSETS HELD BY MERCY SPRINGFIELD ARE REINVESTED IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH INITIATIVES WHICH SUPPORT THE ORGANIZATION'S MISSION TO DELIVER COMPASSIONATE CARE AND EXCEPTIONAL HEALTH CARE SERVICES TO THE COMMUNITIES IT SERVES. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                  | Explanation   |
|--|---|
| FORM 990, SCHEDULE H, PART VI,<br>LINE 6 | <p>AFFILIATED HEALTH CARE SYSTEM THE FILING ORGANIZATION IS PART OF MERCY HEALTH ("MERCY"). MERCY IS A MISSOURI NON-PROFIT CORPORATION WITH ITS HEADQUARTERS ("MINISTRY OFFICE") IN ST. LOUIS, MISSOURI. MERCY PROVIDES HEALTH CARE SERVICES IN FOUR STATES - ARKANSAS, KANSAS, MISSOURI, AND OKLAHOMA - AND HAS OUTREACH MINISTRIES LOCATED IN ARKANSAS, LOUISIANA, MISSISSIPPI, AND TEXAS. MERCY'S MISSION IS "AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE." AS OF JUNE 30, 2021, MERCY FACILITIES INCLUDED 30 ACUTE CARE HOSPITALS, 5 HEART HOSPITALS, 5 REHAB HOSPITALS, 2 CHILDREN'S HOSPITALS, 2 ORTHOPEDIC HOSPITALS, AND 1 VIRTUAL CARE COMMAND CENTER. FOR THE FISCAL YEAR ENDED JUNE 30, 2021, MERCY HAD MORE THAN 10.9 MILLION OUTPATIENT AND PHYSICIAN OFFICE VISITS, APPROXIMATELY 2,300 EMPLOYED PHYSICIANS, AND APPROXIMATELY 43,000 FULL-TIME EQUIVALENT EMPLOYEES, MAKING MERCY THE SIXTH LARGEST CATHOLIC HEALTH SYSTEM IN THE UNITED STATES. MERCY IS SPONSORED BY MERCY HEALTH MINISTRY, WHICH IS GOVERNED BY MEMBERS THAT INCLUDE SISTERS OF MERCY. MANY SERVICES THAT ARE ESSENTIAL TO FULFILLING MERCY'S MISSION ARE CENTRALIZED AT THE MINISTRY OFFICE. SUCH CENTRALIZED SERVICES INCLUDE: FINANCE (INCLUDING TREASURY, FINANCIAL ACCOUNTING AND REPORTING, REVENUE MANAGEMENT, INTERNAL AUDIT, ACCOUNTS PAYABLE AND PAYROLL OPERATIONS, ANALYTICS AND DECISION SUPPORT); ENVIRONMENTAL SERVICES SUPPORT; CLINICAL INTEGRATION; CARE MANAGEMENT; CLINICAL PERFORMANCE ACCELERATION; CLINICAL ENGINEERING; CLINICAL QUALITY MANAGEMENT; COMPLIANCE; GRANTS AND RESEARCH SERVICES; LEGAL AND COMPLIANCE COUNSEL; MARKETING AND COMMUNICATIONS; PLANNING, DESIGN AND CONSTRUCTION; PRODUCT DEVELOPMENT INFORMATICS; REAL ESTATE; SUPPLY CHAIN MANAGEMENT; MANAGED CARE STRATEGY SUPPORT; HUMAN RESOURCES (INCLUDING COMPENSATION, BENEFITS AND RECRUITING); MISSION SERVICES AND ETHICS; PHILANTHROPY SUPPORT; INFORMATION TECHNOLOGY; AND, COMMUNITY RELATIONS. THE CENTRALIZATION OF SUCH SUPPORT SERVICES ENABLES MERCY TO ENSURE THAT EACH OF ITS COMMUNITIES, WHETHER LARGE OR SMALL, HAS THE SERVICES IT NEEDS.</p> |
| FORM 990, SCHEDULE H, PART VI,<br>LINE 7 | STATE FILING OF COMMUNITY BENEFIT REPORT: MO  |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

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

| Section A. Hospital Facilities  |   | 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 |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| Name, address, primary website address, and state license number  |   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 1   | Mercy Hospital Springfield<br>1235 E Cherokee Street<br>Springfield, MO 65804<br>WWW.MERCY.NET<br>38-58 | X                 | X                          | X                   |                   |                          |                   | X           |          |                  |                          |

**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  |
|--|--|
| FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3E | THE HOSPITAL FACILITY DID INCLUDE A PRIORITIZED LIST OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IN ITS MOST RECENT CHNA REPORT.   |
| FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5  | THE HOSPITAL GATHERED DATA FOR ITS COMMUNITY HEALTH NEEDS ASSESSMENT BY SENDING OUT A COMMUNITY WIDE SURVEY FROM 12/1/2018 THROUGH 3/1/2019. IN THE MOST RECENT CHNA, MERCY HOSPITAL SPRINGFIELD DID 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. MERCY HOSPITAL SPRINGFIELD HOSTED SEVERAL ROUND TABLE EVENTS IN WHICH LOCAL PUBLIC HEALTH, BEHAVIORAL HEALTH, AND AREA NONPROFIT LEADERS REPRESENTING HEALTH-RELATED SERVICES WERE INVITED TO PARTICIPATE IN COMPREHENSIVE CONVERSATIONS WITH MERCY HOSPITAL SPRINGFIELD ABOUT OUR COMMUNITY HEALTH NEEDS, RESOURCE GAPS AND OPPORTUNITIES TO COLLABORATE AND IMPROVE OUR COMMUNITY'S HEALTH AND INCREASE ACCESS TO SERVICES. THE PRIORITIES FOR EACH COMMUNITY EMERGED AS A RESULT OF DATA AND FEEDBACK COLLECTION FROM A VARIETY OF SOURCES INCLUDING: -A SURVEY OPEN TO MEMBERS OF THE PUBLIC AND PARTNER AGENCIES IN ALL COMMUNITIES; -SECONDARY DATA COLLECTED FROM COMMUNITYCOMMONS.ORG AND OTHER SOURCES; -FOCUS GROUPS TARGETING UNDERSERVED, CHRONICALLY ILL AND LOW-INCOME POPULATIONS IN EACH COMMUNITY; AND; -EMERGENCY DEPARTMENT DATA FROM HOSPITAL PARTNERS. THESE SOURCES WERE COMBINED AND COMPARED TO DEVELOP COMMUNITY PRIORITIES WHICH WEIGHED MORBIDITY, MORTALITY AND A VARIETY OF OTHER FACTORS. |

**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  |
|--|--|
| FORM 990, SCHEDULE H, PART V, SECTION B, LINE 6A | THE CHNA WAS CONDUCTED IN CONJUNCTION WITH THE FOLLOWING HOSPITAL FACILITIES: MERCY HOSPITAL AURORA, MERCY HOSPITAL CASSVILLE, CITIZENS MEMORIAL HEALTHCARE, COXHEALTH, FREEMAN HEALTH SYSTEM AND POLK COUNTY HEALTH CENTER.   |
| FORM 990, SCHEDULE H, PART V, SECTION B, LINE 6B | THE CHNA WAS CONDUCTED IN CONJUNCTION WITH THE FOLLOWING NON-HOSPITAL FACILITIES: BURRELL BEHAVIORAL HEALTH, JASPER COUNTY HEALTH DEPARTMENT, JOPLIN HEALTH DEPARTMENT, SPRINGFIELD-GREEN COUNTY HEALTH DEPARTMENT AND TANEY COUNTY HEALTH DEPARTMENT. FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7A <a href="https://www.mercy.net/about/our-communities/community-benefits/">https://www.mercy.net/about/our-communities/community-benefits/</a> FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7B <a href="http://OZARKSHEALTHCOMMISSION.ORG/WP-CONTENT/2019/FULL%20REPORTS/SPRINGFIELD%20COMMUNITY.PDF">HTTP://OZARKSHEALTHCOMMISSION.ORG/WP-CONTENT/2019/FULL%20REPORTS/SPRINGFIELD%20COMMUNITY.PDF</a> FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A <a href="https://www.mercy.net/about/our-communities/community-benefits/">https://www.mercy.net/about/our-communities/community-benefits/</a> |

**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  |
|--|--|
| FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11               | MERCY HOSPITAL SPRINGFIELD IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA BY FOCUSING PROGRAMMING, SERVICES AND EDUCATION OR AWARENESS AROUND: (1) REDUCE THE INCIDENCE OF CARDIOVASCULAR DISEASE (2) REDUCE THE INCIDENCE OF LUNG DISEASE (3) AWARENESS OF MENTAL HEALTH ISSUES. THE FIRST IDENTIFIED NEED OR PRIORITY IS TO REDUCE THE INCIDENCE OF CARDIOVASCULAR DISEASE (1) INCREASING THE NUMBER OF UNINSURED ADULTS WHO ARE MANAGING THEIR HIGH BLOOD PRESSURE OR HYPERTENSION BY FINDING THEM PRIMARY HEALTH CARE. (2) INCREASING THE AMOUNT OF ADULTS EDUCATED ABOUT RISK FACTORS FOR CARDIOVASCULAR DISEASE. THE SECOND IDENTIFIED NEED OR PRIORITY IS TO REDUCE THE INCIDENCE OF LUNG DISEASE. MERCY SPRINGFIELD ADOPTED IMPLEMENTATION STRATEGIES FOR (1) INCREASING THE AMOUNT OF ADULTS EDUCATED ABOUT SYMPTOMS OF MILD OR UNDIAGNOSED LUNG DISEASE. (2) ENCOURAGE BREAST FEEDING AFTER DELIVERY TO DECREASE LUNG DISEASE IN CHILDREN. (3) PROMOTE EVIDENCE BASED CARE TO MANAGE CHRONIC DISEASE. THE THIRD IDENTIFIED NEED OR PRIORITY IS TO INCREASE AWARENESS FOR MENTAL HEALTH ISSUES. MERCY SPRINGFIELD ADOPTED IMPLEMENTATION STRATEGIES FOR (1) PROVIDE COMMUNITY EDUCATION ON SUBSTANCE ABUSE. (2) PROVIDE EDUCATION TO THE COMMUNITY REGARDING RESOURCES IN THE GEOGRAPHIC AREA THAT ASSIST WITH MENTAL AND BEHAVIORAL HEALTH ISSUE. FOR ALL OF THESE IDENTIFIED NEEDS AND PRIORITIES, MERCY SPRINGFIELD CONTINUES TO WORK CLOSELY WITH ITS LOCAL PUBLIC SCHOOL SYSTEM, NONPROFIT ORGANIZATIONS, THE CHAMBER OF COMMERCE, AND PUBLIC OFFICIALS TO ENSURE WE ARE COLLABORATIVELY ADDRESSING THE NEEDS OF OUR COMMUNITY IN A MEASURABLE WAY. MERCY SPRINGFIELD REMAINS ACTIVELY ENGAGED IN ITS REPRESENTATION ON THE HEALTH COMMISSION AS A WAY TO STAY ATTACHED TO KEY LEADERS IN OUR COMMUNITY AIMING TO ACHIEVE SIMILAR WORK AND OUTCOMES, PARTICULARLY FOR PATIENTS AND OUR VULNERABLE POPULATIONS. AS WELL, MERCY SPRINGFIELD OPENED A FREE CLINIC FOR LOW-INCOME UNINSURED ADULT PATIENTS IN COLLABORATION WITH MISSOURI STATE UNIVERSITY THIS YEAR AS THE ONLY OTHER FREE CLINIC, WHICH MERCY SPRINGFIELD SUPPORTED FOR MANY YEARS, CLOSED DOWN. Two health issues identified - diabetes and cancer - were not chosen as priority focus areas due to Mercy's current lack of resources available to address these needs and the intention to focus on the four prioritized health needs. These issues will be addressed indirectly in implementation strategies developed to meet the prioritized needs in areas that may overlap. For example, efforts to reduce the incidence of heart disease in the community may also reduce the incidence of diabetes. Mercy Springfield will consider focusing on these issues should resources become available. Until then, Mercy Springfield will support, as able, the efforts of partner agencies and organizations currently working to address these needs within the community. |
| FORM 990, SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, & 16C | THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY ARE AVAILABLE ONLINE AT <a href="https://www.mercy.net/patients-visitors/billing/financial-assistance/">HTTPS://WWW.MERCY.NET/PATIENTS-VISITORS/BILLING/FINANCIAL-ASSISTANCE/</a>   |



**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  |
|---|--|
| FORM 990, SCHEDULE H, PART V, SECTION B, LINE 20E | OTHER AREAS FROM A NOTICE PERSPECTIVE: FAP IS POSTED IN ALL REGISTRATION AREAS, FULL POLICY AND PLAIN LANGUAGE DOCUMENT POSTED ON WEBSITE, PLAIN LANGUAGE DOCUMENT IS AVAILABLE WHEN REQUESTED, THERE IS A NOTICE ON STATEMENT, AND ALL PATIENTS GET THREE STATEMENTS BEFORE THEY CAN GO TO A COLLECTION AGENCY. |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 MERCY EMS HEADQUARTERS<br>1407 ST LOUIS STREET<br>SPRINGFIELD, MO 65803        | EMERGENCY MEDICAL SERVICES  |
| 1 MERCY EMS LEBANON<br>535 TOWER ROAD<br>LEBANON, MO 65536                       | EMERGENCY MEDICAL SERVICES  |
| 2 MERCY EMS CARTHAGE<br>3111 S DR RUSSELL SMITH WAY<br>CARTHAGE, MO 64836        | EMERGENCY MEDICAL SERVICES  |
| 3 MERCY EMS CASSVILLE<br>73 SMITHSON DRIVE<br>CASSVILLE, MO 65625                | EMERGENCY MEDICAL SERVICES  |
| 4 MERCY EMS BUFFALO<br>216 W DALLAS<br>BUFFALO, MO 65622                         | EMERGENCY MEDICAL SERVICES  |
| 5 MERCY EMS AURORA<br>502 SPRUCE STREET<br>AURORA, MO 65605                      | EMERGENCY MEDICAL SERVICES  |
| 6 MERCY EMS MT VERNON<br>1315 S LANDRUM<br>MOUNT VERNON, MO 65712                | EMERGENCY MEDICAL SERVICES  |
| 7 MERCY EMS MOUNTAIN GROVE<br>1503 N MAIN STREET<br>MOUNTAIN GROVE, MO 65711     | EMERGENCY MEDICAL SERVICES  |
| 8 MERCY EMS BRANSON WEST<br>59 MEADOW LARK ROAD<br>BRANSON WEST, MO 65737        | EMERGENCY MEDICAL SERVICES  |
| 9 MERCY EMS MOUNTAIN VIEW<br>102 E USHIGHWAY 60<br>MOUNTAIN VIEW, MO 65548       | EMERGENCY MEDICAL SERVICES  |
| 10 MERCY LIFE LINE BRANSON WEST<br>59 MEADOW LARK ROAD<br>BRANSON WEST, MO 65737 | EMERGENCY MEDICAL SERVICES  |
| 11 MERCY LIFE LINE ST ROBERT<br>608 CITY ROUTE 66<br>ST ROBERT, MO 65584         | EMERGENCY MEDICAL SERVICES  |
| 12 MERCY LIFE LINE FORT SMITH<br>5800 AIRPORT ROAD BLG 10<br>FT SMITH, AR 72903  | EMERGENCY MEDICAL SERVICES  |
| 13 MERCY LIFE LINE ROGERS<br>2710 RIFE MEDICAL LANE<br>ROGERS, AR 72758          | EMERGENCY MEDICAL SERVICES  |
| 14 MERCY EMS CAMDENTON<br>675 N BUSINESS ROUTE 5<br>CAMDENTON, MO 65020          | EMERGENCY MEDICAL SERVICES  |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>16</b> MERCY EMS CLIMAX SPRINGS<br>13808 N HWY 7<br>CLIMAX SPRINGS, MO 65324 | EMERGENCY MEDICAL SERVICES  |
| <b>1</b> MERCY EMS LINN CREEK<br>123 N MIDWAY DR<br>LINN CREEK, MO 65052        | EMERGENCY MEDICAL SERVICES  |
| <b>2</b> MERCY EMS MACKS CREEK<br>1434 W HWY 54<br>MACKS CREEK, MO 65786        | EMERGENCY MEDICAL SERVICES  |
| <b>3</b> MERCY EMS MONTREAL<br>6349 S HWY 7<br>MONTREAL, MO 65591               | EMERGENCY MEDICAL SERVICES  |
| <b>4</b> MERCY EMS E KEARNEY<br>1664 E KEARNEY STREET<br>SPRINGFIELD, MO 65802  | EMERGENCY MEDICAL SERVICES  |

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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number  
44-0552485

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)<br>Mercy Health Foundation<br>Springfield<br>1235 E Cherokee Street<br>Springfield, MO 65804 | 32-0195818 | 501c3                           | 510,505                  |                                   |   |                                       | SUPPORT MISSION                    |

- 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 . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) CO-WORKER CRISIS FUND       | 144                      | 209,916                  |                                  |   |                                       |
| (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  |
|--------------------------------------|--|
| FORM 990, SCHEDULE I, PART I, LINE 2 | DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE ASISTANCE PROVIDED IS INTENDED TO BE USED FOR THE GENERAL OPERATING PURPOSES OF THE DONEE. THE USE OF GRANT FUNDS IS NOT MONITORED AFTER GRANTS ARE GIVEN. THE FOUNDATION COLLECTS DONATIONS FROM THE COWORKERS THROUGH MERCY WAY CAMPAIGN AND THOSE DONATIONS GO INTO A COWORKER CRISIS FUND. IN ADDITION, FLEX SPENDING OVERTURES FROM THE MINISTRY ARE ALSO PUT INTO THIS FUND. A COWORKER IN CRISIS FILLS OUT AN APPLICATION, SENDS BILLS NEEDED HELP WITH AND A PAYSTUB AND A BOARD OF COWORKERS ON THE CRISIS FUND COMMITTEE REVIEW THE APPLICATION. IF A CRISIS IS NOTED, THE BOARD WILL DETERMINE WHICH BILLS TO PAY DIRECTLY TO THE VENDOR. |

|  |   |  |
|--|---|--|
| Schedule J<br>(Form 990)                               | Compensation Information  | OMB No. 1545-0047                            |
|  |   | 2020   |
|  |   | Open to Public Inspection                    |
| Department of the Treasury<br>Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |
| Name of the organization<br>MERCY HOSPITAL SPRINGFIELD |   | Employer identification number<br>44-0552485 |

| 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   |
|---|---|
| FORM 990, SCHEDULE J, PART I, QUESTION 3  | MERCY HOSPITAL SPRINGFIELD RELIES ON A RELATED ORGANIZATION; REFER TO SCHEDULE O, PART VI, QUESTIONS 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS.  |
| FORM 990, SCHEDULE J, PART I, QUESTION 4A | THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT AS NOTED: JON SWOPE - \$385,280 SCOTT REYNOLDS - \$275,218 SUSAN HANNASCH - \$347,134 LANCE LURIA - \$230,231  |
| FORM 990, SCHEDULE J, PART I, QUESTION 4B | MERCY HEALTH OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON VESTING DATE BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES AND LENGTH OF TENURE IN THE PLAN. THE PLANS ARE CLOSED TO NEW ENTRANTS AND THE PLAN TERMINATED EFFECTIVE AS OF 11/1/2020. THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE: Dea Geujen, Susan Hannasch, Craig McCoy, Jennifer McNay, Scott Reynolds, Jacquelynn Richmond, Alan Scarrow, BRENT HUBBARD, WILLIAM HENNESSEY III, TANYA MARION AND JON SWOPE. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). THE FOLLOWING INDIVIDUAL RECEIVED PAYOUTS FROM THE PLAN DURING THE YEAR: -JON SWOPE - \$5,144,518 |
| FORM 990, SCHEDULE J, PART II             | THE AMOUNTS REPORTED FOR JON SWOPE, JACQUELYNN RICHMOND, SCOTT REYNOLDS, BRENT HUBBARD, AND TANYA MARION IN COLUMN (F) ARE EITHER INCLUDED IN B(I) BASE COMPENSATION, B(II) AS BONUS AND INCENTIVE COMPENSATION, OR B(III) AS OTHER REPORTABLE COMPENSATION. THESE AMOUNTS ARE A PAYOUT OF THE SUPPLEMENTAL RETIREMENT PLAN AND EXECUTIVE RETENTION PLAN AND WERE INCLUDED IN COLUMN (C) OF PREVIOUSLY FILED FORMS 990.   |



Additional Data

Software ID:  
Software Version:  
EIN: 44-0552485  
Name: MERCY HOSPITAL SPRINGFIELD

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 |  |                         |                                 |   |
| 1Swope Jon<br>Former Officer                      | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 394,020  | 2,376,256                           | 5,668,353                           | 144,559  | 8,662                   | 8,591,850                       | 5,727,225   |
| 1Scarrow MD Alan<br>Former Officer                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 1,097,336  | 6,029                               | 1,284,902                           | 22,836   | 12,745                  | 2,423,848                       | 0   |
| 2Richmond Jacquelynn<br>VP Deputy General Counsel | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 451,004  | 293,850                             | 550,085                             | 77,497   | 6,239                   | 1,378,675                       | 212,243   |
| 3Reynolds Scott<br>Former Officer                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 155,479  | 359,912                             | 432,705                             | 92,903   | 4,950                   | 1,045,949                       | 284,503   |
| 4Hubbard Brent<br>President/COO & BOARD MEMBER    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 492,599  | 371,434                             | 97,280                              | 66,798   | 15,918                  | 1,044,029                       | 198,101   |
| 5McCoy Craig<br>President - Springfield Commun    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 613,793  | 61,879                              | 143,736                             | 34,185   | 15,114                  | 868,707                         | 0   |
| 6Merriman David<br>Physician & Board Member       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 799,307  | 16,802                              | 20,040                              | 12,600   | 16,239                  | 864,988                         | 0   |
| 7Hennessey III William<br>VP-Mission              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 183,479  | 49,398                              | 438,985                             | 38,630   | 15,301                  | 725,793                         | 0   |
| 8Marion Tanya<br>Regional VP - Human Resources    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 277,995  | 195,306                             | 150,262                             | 49,098   | 12,570                  | 685,231                         | 140,147   |
| 9Luria MD Lance<br>Former Key Employee            | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 133,379  | 11,214                              | 353,210                             | 21,194   | 332                     | 519,329                         | 0   |
| 10McNay MD Jennifer<br>Physician VP               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 322,888  | 31,548                              | 104,624                             | 32,796   | 10,023                  | 501,879                         | 0   |
| 11Geujen Dea A<br>CNO                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 275,826  | 59,736                              | 26,711                              | 51,150   | 15,542                  | 428,965                         | 0   |
| 12Frederick Erik<br>CAO                           | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 287,814  | 45,475                              | 19,717                              | 41,470   | 16,304                  | 410,780                         | 0   |
| 13Stutzman Ted<br>COO & BOARD MEMBER              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 296,015  | 14,003                              | 16,284                              | 5,815  | 16,012                  | 348,129                         | 0   |
| 14Hannasch Susan<br>Former Officer                | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 0  | 0                                   | 347,134                             | 0  | 0                       | 347,134                         | 0   |
| 15Eckhardt Christie<br>VP/Ast Gen Counsel         | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 232,443  | 12,107                              | 8,115                               | 6,935  | 6,190                   | 265,790                         | 0   |
| 16Spencer Samuel<br>VP Operations                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 183,771  | 10,084                              | 19,689                              | 7,473  | 15,805                  | 236,822                         | 0   |
| 17Williams Elizabeth<br>Physician                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 168,779  | 14,869                              | 25,465                              | 16,512   | 9,547                   | 235,172                         | 0   |
| 18Sarte Mark R<br>Clinical Pharmacist             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 183,342  | 640                                 | 19,612                              | 10,486   | 14,965                  | 229,045                         | 0   |
| 19Whitten Adam D<br>VP, Operational Excellence    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 171,232  | 9,197                               | 18,261                              | 8,506  | 15,367                  | 222,563                         | 0   |

| 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 |  |                         |                                 |   |
| 21Wolfrath David<br>Exec Dir, Pharmacy  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 159,851  | 5,779                               | 18,497                              | 5,202  | 15,464                  | 204,793                         | 0   |
| 1Heen Robert<br>Former Officer  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 162,947  | 0                                   | 11,059                              | 5,218  | 8,316                   | 187,540                         | 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number  
44-0552485

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) Lynda Luria               | Family member of former officer                                 | 127,950                   | Employment                     |   | No |
| (2) Brian Harter              | Family member of officer  | 29,282                    | Employment                     |   | No |
| (3) Kole Stutzman             | Family member of board member                                   | 10,678                    | Employment                     |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

**Employer identification number**

44-0552485

**990 Schedule O, Supplemental Information**

| Return Reference            | Explanation   |
|-----------------------------|---|
| FORM 990, PART III, LINE 4D | MERCY HOSPITAL SPRINGFIELD PROVIDES HIGH-QUALITY, COMPASSIONATE, FAITH-BASED HEALTH CARE. THIS ORGANIZATION PROVIDES SERVICES TO THE COMMUNITIES WE SERVE, WITH PARTICULAR CONCERN FOR THE ECONOMICALLY POOR, IN THE WAY OF INPATIENT HOSPITAL SERVICES, OUTPATIENT SERVICES, EMERGENCY ROOM CARE, HOME HEALTH SERVICES, AND PHYSICIAN CLINIC OFFICE VISITS. IN FY21, MERCY HOSPITAL SPRINGFIELD HAD A TOTAL OF 48,376 VISITS TO THE ER AND 122,617 PATIENT DAYS. FORM 990, PART V, QUESTION 1A FORM 1099/1096 FILING VENDORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY HEALTH (EIN 43-1423050). AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE ENTIRE MERCY HEALTH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                    | Explanation   |
|--|---|
| FORM 990,<br>PART V,<br>QUESTION<br>2A | W-3 FILING MOST EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT. AS SUCH, REQUIRED PAYROLL FILING (INCLUDING W-2 AND W-3S) WAS REPORTED UNDER THE RELATED ORGANIZATION, MHM SUPPORT SERVICES, EIN 20-2553101. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                              | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>LINE 6A,<br>LINE 7A, 7B | <p>CLASSES OF MEMBERS OR STOCKHOLDERS THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, ME RCY HEALTH SPRINGFIELD COMMUNITIES. SUBJECT TO CONSULTATION WITH THE BOARD OF DIRECTORS, THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED SOLELY TO THE CORPORATE MEMBER: -TO APPROVE THE MISSION AND ESTABLISH THE PHILOSOPHY ACCORDING TO WHICH THE CORPORATION SHALL OPERATE; -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS IN ACCORDANCE WITH ARTICLE XII OF THESE BYLAWS; -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, A MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION; -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT OF THE CORPORATION AFTER CONSULTATION WITH THE SYSTEM; -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, AND HEALTH MANPOWER DEVELOPMENT PLANS, GOALS AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION; -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING, CAPITAL, AND CONSTRUCTION BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY HEALTH; -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER; -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT; -TO MERGE, DISOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO CHAPTER 355 OF THE REVISED STATUTES OF MISSOURI FOR GENERAL NOT-FOR PROFIT CORPORATIONS ("THE ACT"); -TO APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION; AND, -TO APPROVE CONTRACTS IN WHICH THE CORPORATION ASSUMES FINANCIAL RISK, INCLUDING BUT NOT LIMITED TO MANAGED CARE CONTRACTS.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                      | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>QUESTION<br>11B | DSCR OF PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE FILING ORGANIZATION. A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S FINANCE TEAM, INCLUDING THE DIRECTOR OF FINANCE AND THE VICE-PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS ALSO REVIEWED BY MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORMS 990. AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS MADE AVAILABLE TO BOTH THE FILING ORGANIZATION'S LEADERSHIP TEAM AND THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                      | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>QUESTION<br>12C | DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 2021. THIS PROCESS IS ADMINISTERED AT THE MERCY HEALTH LEVEL BY MERCY'S CORPORATE COMPLIANCE DEPARTMENT. THE QUESTIONNAIRES ARE REVIEWED WITH LEADERSHIP AT THE LOCAL LEVEL AND POTENTIAL CONFLICTS DISCUSSED AND RESOLVED. THE CONFLICTS AND THEIR RESPECTIVE RESOLUTIONS ARE SHARED AT THE MERCY LEVEL WITH A TEAM INCLUDING MERCY'S CHIEF FINANCIAL OFFICER, CHIEF COMPLIANCE OFFICER AND OTHER MEMBERS OF FINANCE, LEGAL AND HR. SUMMARY RESULTS ARE REVIEWED WITH MERCY'S STEWARDSHIP COMMITTEE OF THE BOARD OF DIRECTORS. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>QUESTIONS<br>15A & 15B | FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH. FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT. COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR. |

## 990 Schedule O, Supplemental Information

| Return Reference               | Explanation  |
|--------------------------------|--|
| FORM 990, PART VI, QUESTION 19 | AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMT TO GEN PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BUT ARE NOT PUBLISHED PUBLICLY. FORM 990, PART VII, SECTION A FORMER EMPLOYEE COMPENSATION IS REPORTED FOR THE CALENDAR YEAR ENDING WITHIN THE ORGANIZATION'S FISCAL YEAR WHILE AVERAGE HOURS ARE BASED ON THE FISCAL YEAR PERIOD FROM JULY 1, 2020 THROUGH JUNE 30, 2021. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                 | Explanation  |
|-------------------------------------|--|
| FORM 990,<br>PART VII,<br>SECTION B | IT IS POSSIBLE THAT A PORTION OF THE AMOUNTS REPORTED FOR MCCARTHY BUILDING COMPANIES, INC<br>. WERE RELATED TO MATERIALS IN ADDITION TO AMOUNTS PAID FOR SERVICES. HOWEVER, THE AMOUNTS<br>ARE NOT DISTINGUISHABLE. |

**990 Schedule O, Supplemental Information**

| Return Reference    | Explanation  |
|---------------------|--|
| FORM 990, PART VIII | <p>IMPACT OF COVID-19 PANDEMIC Early in 2020, the Mercy Health System was called to serve as the COVID-19 pandemic swept across the world. During FY 2021, it continued to be a difficult time for all healthcare providers. All Mercy facilities adjusted operations for the impacts of the pandemic which meant making changes to patient care areas and cancelling most of our outpatient procedures for periods of time. In addition, Mercy foundations and outreach ministries experienced limitations in fundraising for program and capital support efforts that assist the underserved in our communities. Mercy's total system net patient revenues were reduced during the year due to surges in the communities we serve. Mercy did receive funding from the Coronavirus Aid Relief and Economic Security Act ("CARES Act"). Mercy received CARES Act funding across various entities for the year ended June 30, 2021 and recognized a portion of this funding in other operating revenue. These funds helped to offset revenue losses and additional expenses incurred due to the pandemic; however, these funds fell short of the system losses experienced since the start of the pandemic. The impact of COVID-19 was significant to our communities and coworkers as unemployment rates soared and Mercy acted quickly to provide continuous care to patients and the community. Mercy continues to monitor the impacts of the pandemic both to the health system and the communities served as we continue to provide assistance and maintain access to care within our communities.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation   |
|---------------------------------|---|
| FORM 990,<br>PART XI,<br>LINE 9 | OTHER CHANGES IN NET ASSETS NET TRANSFERS (TO)/FROM AFFILIATES \$ (211,594,645) OTHER \$ 5,224 TOTAL \$ (211,589,421) |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                      | Explanation  |
|--|--|
| FORM 990,<br>PART XII,<br>QUESTION<br>2C | AUDIT OF FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT. MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2021 (THE TAX YEAR CURRENTLY BEING REPORTED). HOWEVER, NO SEPARATE AUDIT OPINION WAS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION. THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE STEWARDSHIP COMMITTEE OF THE MERCY HEALTH BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE. |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART XII, QUESTION 3A AND 3B | SINGLE AUDIT ACT AND 2 CFR 200 AUDIT MERCY HEALTH UNDERGOES A CONSOLIDATED 2 CFR 200 AUDIT EVERY YEAR. THIS AUDIT IS UNDERWAY FOR THE FISCAL YEAR ENDING JUNE 30, 2021 AND WILL BE COMPLETED BY SEPTEMBER 30, 2022. EACH ENTITY THAT RECEIVES FEDERAL FUNDS DURING THE YEAR IS INCLUDED ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (SEFA) AND IS ALSO INCLUDED IN THE POPULATION INCLUDED IN THE AUDIT. IF THE FILING ENTITY RECEIVED FEDERAL FUNDS DURING THE YEAR ENDED JUNE 30, 2021, IT WILL BE INCLUDED ON THE MERCY HEALTH CONSOLIDATED SEFA, AND THEREFORE, ALSO INCLUDED IN THE POPULATION INCLUDED IN THE AUDIT. |



|  |  |                 |  |  |                           |
|--|--|-----------------|--|--|---------------------------|
| efile GRAPHIC print - DO NOT PROCESS                   |  | As Filed Data - |  | DLN: 93493133101072                          |                           |
| SCHEDULE R<br>(Form 990)                               | Related Organizations and Unrelated Partnerships   |                 |  |  | OMB No. 1545-0047         |
|  |  |                 |  |  | 2020                      |
|  | ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |                 |  |  | Open to Public Inspection |
| Department of the Treasury<br>Internal Revenue Service |  |                 |  |  |                           |
| Name of the organization<br>MERCY HOSPITAL SPRINGFIELD |  |                 |  | Employer identification number<br>44-0552485 |                           |

| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |  |                     |                           |                                  |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |  |                            |   |                                  |  |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| See Additional Data Table  |                         |  |                            |   |                                  |  |    |
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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.

| (a)<br>Name, address, and EIN of<br>related organization                                   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> FORT SMITH EMS<br>1701 S Greenwood<br>FT SMITH, AR 72901<br>71-0416615          | EMERGENCY<br>MEDICAL    | AR  | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(2)</b> PLAZA SURG SVCS CO<br>12700 SOUTHFORK RD<br>St Louis, MO 63128<br>20-4709312    | Inactive                | MO  | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(3)</b> ST ED MER MED MOB<br>7301 ROGERS<br>FT SMITH, AR 72903<br>71-0554050            | Office Building         | AR  | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(4)</b> MERCY AMBU SURG CTR<br>7301 ROGERS<br>FT SMITH, AR 72903<br>71-0827721          | Ambul Surg Ctr          | AR  | NA                                     |  |                                 |  |   |    |  |   |    |                                |
| <b>(5)</b> PLATINUM CPS HLDNGS<br>14528 S OUTER 40<br>Chesterfield, MO 63017<br>84-2493007 | Holding Company         | MO  | NA                                     |  |                                 |  |   |    |  |   |    |                                |
|  |                         |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |   |  |  |                                 |  |   |    |  |   |    |                                |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>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 . . . . .

1a

No

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

1b

No

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

No

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

1s

No

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

See Additional Data Table

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

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   |
|-------------------------------|---|
| FORM 990, SCHEDULE R, PART II | MERCY HOSPITALS EAST COMMUNITIES MERCY HOSPITALS EAST COMMUNITIES CONSISTS OF MERCY HOSPITAL ST. LOUIS, EIN 43-0653493, AND MERCY HOSPITAL WASHINGTON, EIN 43-1066883. FORM 990, SCHEDULE R, PART V LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES. THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES. WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON. DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES P AND Q. |

Additional Data

Software ID:  
Software Version:  
EIN: 44-0552485  
Name: MERCY HOSPITAL SPRINGFIELD

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

| (a)<br>Name, address, and EIN of related organization                 | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|--|----------------------------|---|-------------------------------------|--|----|
|   |                         |  |                            |   |                                     | Yes  | No |
| 1000 Mier St<br>Laredo, TX 78040<br>74-2912461                        | SHELTER                 | TX   | 501c3                      | 7   | MM LAREDO                           | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>26-1708048 | PORT MGMT               | MO   | 501c3                      | 12b   | Mercy Health                        | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>46-4504901 | VIRTUAL CARE            | MO   | 501c3                      | 3   | Mercy Health                        | Yes  |    |
| 645 MARYVILLE CTR STE 100<br>St Louis, MO 63141<br>43-1771217         | PHYS GROUP              | MO   | 501c3                      | 10  | MH EAST COMM                        | Yes  |    |
| 7301 Rogers Avenue<br>Fort Smith, AR 72903<br>26-1318597              | PHYS CLINIC             | AR   | 501c3                      | 3   | MH FS COMM                          | Yes  |    |
| 4300 W Memorial Road<br>Oklahoma City, OK 73120<br>27-0473057         | PHYS GROUP              | OK   | 501c3                      | 3   | MH OK COMM                          | Yes  |    |
| 1965 Fremont St Suite 2950<br>Springfield, MO 65804<br>43-1560263     | PHYS GROUP              | MO   | 501c3                      | 3   | MH SF COMM                          | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, LA 63017<br>72-1069468 | COUNSELING              | LA   | 501c3                      | 7   | Mercy Health                        | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>43-1423050 | CORP OFFICE             | MO   | 501c3                      | 1   | NA                                  |  | No |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>43-1718408 | HLTH SYSTEM             | MO   | 501c3                      | 12a   | Mercy Health                        | Yes  |    |
| 7301 Rogers Avenue<br>Fort Smith, AR 72917<br>26-1318515              | HOLDING CO              | AR   | 501c3                      | 12b   | Mercy Health                        | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>20-0901499 | Foundation              | MO   | 501c3                      | 12b   | Mercy Health                        | Yes  |    |
| 430 N Monte Vista Street<br>Ada, OK 74820<br>46-3596274               | Foundation              | OK   | 501c3                      | 12a   | MH ADA INC                          | Yes  |    |
| 1011 14th Avenue NW<br>Ardmore, OK 73401<br>71-0962525                | Foundation              | OK   | 501c3                      | 12a   | MH ARDMORE                          | Yes  |    |
| 214 Carter Street<br>Berryville, AR 72616<br>71-0759301               | Foundation              | AR   | 501c3                      | 12a   | MH BERRYVILL                        | Yes  |    |
| 401 Woodland Hills Blvd<br>Fort Scott, KS 66701<br>48-1077073         | Foundation              | KS   | 501c3                      | 7   | M KS COMM                           | Yes  |    |
| 7301 Rogers Avenue<br>Fort Smith, AR 72917<br>23-7330425              | Foundation              | AR   | 501c3                      | 7   | MH FS COMM                          | Yes  |    |
| 1400 US Highway 61 South<br>Festus, MO 63028<br>46-2797051            | Foundation              | MO   | 501c3                      | 12b   | MH JEFFERSON                        | Yes  |    |
| 100 Mercy Way<br>Joplin, MO 64804<br>27-0906136                       | Foundation              | MO   | 501c3                      | 7   | MH SW MOKS                          | Yes  |    |
| 100 Hospital Drive<br>Lebanon, MO 65536<br>82-2514567                 | Foundation              | MO   | 501c3                      | 12b   | MH LEBANON                          | Yes  |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| 1000 East Cherry Street<br>Troy, MO 63379<br>81-1477159                            | Foundation              | MO   | 501c3                      | 12b   | MH EAST COMM                     | Yes   |    |
| 2710 Rife Medical Lane<br>Rogers, AR 72758<br>71-0601687                           | Foundation              | AR   | 501c3                      | 7   | MH ROGERS                        | Yes   |    |
| 4300 W Memorial Road<br>Oklahoma City, OK 73120<br>45-4732301                      | Foundation              | OK   | 501c3                      | 12a   | MH OK COMM                       | Yes   |    |
| 4300 W Memorial Road<br>Oklahoma City, OK 73120<br>46-3184231                      | Foundation              | OK   | 501c3                      | 12a   | MH OK CITY                       | Yes   |    |
| 1235 E Cherokee Street<br>Springfield, MO 65804<br>32-0195818                      | Foundation              | MO   | 501c3                      | 12b   | MH SF COMM                       | Yes   |    |
| 100 W Highway 60<br>Mountain View, MO 65548<br>43-1873914                          | Foundation              | MO   | 501c3                      | 12a   | M ST FRANCIS                     | Yes   |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>56-2410020              | Foundation              | MO   | 501c3                      | 12b   | MH EAST COMM                     | Yes   |    |
| 901 E Fifth Street<br>Washington, MO 63090<br>56-2410022                           | Foundation              | MO   | 501c3                      | 12b   | MH EAST COMM                     | Yes   |    |
| 2710 Rife Medical Lane<br>Rogers, AR 72758<br>62-1684203                           | PHYS GROUP              | AR   | 501c3                      | 10  | Mercy Health                     | Yes   |    |
| 4300 W Memorial Road<br>Oklahoma City, OK 73120<br>73-1453048                      | HLTH SYSTEM             | OK   | 501c3                      | 12a   | Mercy Health                     | Yes   |    |
| 3265 S National Avenue<br>Springfield, MO 65807<br>32-0481419                      | HMO                     | MO   | 501c4                      | N/A   | Mercy Health                     | Yes   |    |
| 3265 S National Avenue<br>Springfield, MO 65807<br>32-0486150                      | PPO                     | MO   | 501c4                      | N/A   | MH PLANS MO                      | Yes   |    |
| 100 Mercy Way<br>Joplin, MO 64804<br>30-0584463                                    | HLTH SYSTEM             | MO   | 501c3                      | 12b   | Mercy Health                     | Yes   |    |
| 1235 E Cherokee Street<br>Springfield, MO 65804<br>43-1856028                      | HLTH SYSTEM             | MO   | 501c3                      | 12b   | Mercy Health                     | Yes   |    |
| 430 N Monte Vista Street<br>Ada, OK 74820<br>46-2288155                            | Hospital                | OK   | 501c3                      | 3   | MH OK COMM                       | Yes   |    |
| 1011 14th Avenue NW<br>Ardmore, OK 73401<br>73-1500629                             | Hospital                | OK   | 501c3                      | 3   | MH OK COMM                       | Yes   |    |
| 500 Porter Avenue<br>Aurora, MO 65605<br>43-1936696                                | Hospital                | MO   | 501c3                      | 3   | MH SF COMM                       | Yes   |    |
| 214 Carter Street<br>Berryville, AR 72616<br>71-0759299                            | Hospital                | AR   | 501c3                      | 3   | MH NW AK COM                     | Yes   |    |
| 880 West Main Street<br>Booneville, AR 72927<br>46-3851119                         | Hospital                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes   |    |
| 3125 Dr Russell Smith Way<br>Carthage, MO 64836<br>45-3808607                      | Hospital                | MO   | 501c3                      | 3   | MH SW MOKS                       | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| 94 Main Street<br>Cassville, MO 65625<br>43-1936699                                | Hospital                | MO   | 501c3                      | 3   | MH SF COMM                       | Yes   |    |
| 220 Pennsylvania Avenue<br>Columbus, KS 66725<br>27-0842031                        | Hospital                | KS   | 501c3                      | 3   | MH SW MOKS                       | Yes   |    |
| 2115 Parkview Drive<br>El Reno, OK 73036<br>27-2716065                             | Hospital                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |
| 7301 Rogers Avenue<br>Fort Smith, AR 72903<br>71-0240352                           | Hospital                | AR   | 501c3                      | 3   | MH FS COMM                       | Yes   |    |
| 3462 Hospital Rd<br>Healdton, OK 73438<br>26-3173902                               | Hospital                | OK   | 501c3                      | 3   | MH ARDMORE                       | Yes   |    |
| 1400 Highway 61 South<br>Festus, MO 63028<br>43-0687077                            | Hospital                | MO   | 501c3                      | 3   | MH EAST COMM                     | Yes   |    |
| 100 Mercy Way<br>Joplin, MO 64804<br>27-0814858                                    | Hospital                | MO   | 501c3                      | 3   | MH SW MOKS                       | Yes   |    |
| 1000 KINGFISHER REG HOSP<br>Kingfisher, OK 73750<br>46-3433074                     | Hospital                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |
| 100 Hospital Drive<br>Lebanon, MO 65536<br>43-1767432                              | Hospital                | MO   | 501c3                      | 3   | MH FS COMM                       | Yes   |    |
| 1000 East Cherry Street<br>Troy, MO 63379<br>47-2219204                            | Hospital                | MO   | 501c3                      | 3   | MH EAST COMM                     | Yes   |    |
| 200 South Academy<br>Guthrie, OK 73044<br>45-2998842                               | Hospital                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |
| 4300 W Memorial Road<br>Oklahoma City, OK 73120<br>73-0579285                      | Hospital                | OK   | 501c3                      | 3   | MH OK COMM                       | Yes   |    |
| 801 W River Street<br>Ozark, AR 72949<br>71-0689680                                | Hospital                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes   |    |
| 500 E Academy<br>Paris, AR 72855<br>71-0655753                                     | Hospital                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes   |    |
| 2710 Rife Medical Lane<br>Rogers, AR 72758<br>71-0294390                           | Hospital                | AR   | 501c3                      | 3   | MH NW AK COM                     | Yes   |    |
| 1000 South Byrd<br>Tishomingo, OK 73460<br>27-4433830                              | Hospital                | OK   | 501c3                      | 3   | MH ADA INC                       | Yes   |    |
| 1341 W 6th Street<br>Waldron, AR 72958<br>71-0557895                               | Hospital                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes   |    |
| 500 Clarence Nash Blvd<br>Watonga, OK 73772<br>45-5199762                          | Hospital                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |
| 615 S New Ballas Road<br>St Louis, MO 63141<br>43-0653493                          | Hospital                | MO   | 501c3                      | 3   | MH EAST COMM                     | Yes   |    |
| 401 Woodland Hills Blvd<br>Ft Scott, KS 66701<br>48-0956045                        | Hospital                | KS   | 501c3                      | 3   | MH SW MOKS                       | Yes   |    |



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

| (a)<br>Name, address, and EIN of related organization                 | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|--|----------------------------|---|-------------------------------------|--|----|
|   |                         |  |                            |   |                                     | Yes  | No |
| 2500 Zacatecas<br>Laredo, TX 78046<br>20-0198462                      | Outreach                | TX   | 501c3                      | 7   | Mercy Health                        | Yes  |    |
| 524 North Booneville Avenue<br>Springfield, MO 65802<br>87-0796305    | Research                | MO   | 501c3                      | 4   | Mercy Health                        | Yes  |    |
| 100 W Highway 60<br>Mountain View, MO 65548<br>44-0607149             | Hospital                | MO   | 501c3                      | 3   | MH FS COMM                          | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>20-2553101 | CTRL SYS FUNC           | MO   | 501c3                      | 12a   | Mercy Health                        | Yes  |    |
| 300 Werner Street<br>Hot Springs, AR 71913<br>13-4239691              | CHILD ADVOC             | AR   | 501c3                      | 3   | Mercy Health                        | Yes  |    |
| 10010 Kennerly Road<br>St Louis, MO 63128<br>26-1516789               | Fundraising             | MO   | 501c3                      | 12a   | MH SOUTH                            | Yes  |    |
| 10010 Kennerly Road<br>St Louis, MO 63128<br>43-0980256               | Hospital                | MO   | 501c3                      | 3   | MH EAST COMM                        | Yes  |    |
| 10010 Kennerly Road<br>St Louis, MO 63128<br>43-1784536               | Health care             | MO   | 501c3                      | 3   | MH SOUTH                            | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>73-0614655 | Inactive                | OK   | 501c3                      | 3   | MH OK COMM                          | Yes  |    |
| 14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>43-1861745 | Inactive                | MO   | 501c3                      | 12c   | MH EAST COMM                        | Yes  |    |
| 14528 S OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>84-3730625 | Hospital                | KS   | 501c3                      | 3   | MH SW MOKS                          | Yes  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| Frontenac Properties Inc<br>14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>52-1914421          | HOLDING CO              | DE  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| Inveno Health Inc<br>1235 E Cherokee Street<br>Springfield, MO 65804<br>26-4509571                         | Product Commerce        | MO  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| Mercy Commercial Services Inc<br>14528 South Outer Forty Suite 100<br>Chesterfield, MO 63017<br>46-4953543 | PARENT OF VCC           | MO  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| Mercy Health Center Condominium Inc<br>4300 W Memorial Rd<br>Oklahoma City, OK 73120<br>68-0640970         | Real estate             | OK  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| Mercy Managed Care Corporation<br>14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>73-1441665    | Holding co              | OK  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| UHL Corp Inc<br>645 Maryville Centre Drive Suite 1<br>St Louis, MO 63141<br>74-2499535                     | Holding co              | MO  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| Unity Support Services Inc<br>645 Maryville Centre Drive Suite 1<br>St Louis, MO 63141<br>43-1797042       | Inactive                | MO  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| ST ANTHONY'S PHYSICIAN ORG OF ILLINOIS<br>10010 Kennerly Road<br>St Louis, MO 63128<br>32-0457168          | Health Care             | MO  | NA                                  | C-CORP   |                                 |   |                                |  |    |
| McAuley Insurance Company Ltd<br>Aon House 30 Woodbourne Avenue<br>Pembroke HM 08<br>BD 000000000          | Inactive                | BD  | NA                                  | C-Corp   |                                 |   |                                |  |    |

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

| (a)<br>Name of related organization       | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
|---|---------------------------------|------------------------|--|
| MHM Support Services                      | P                               | 212,524,379            | FMV  |
| Mercy Health Springfield Communities      | Q                               | 106,992,626            | FMV  |
| Mercy ACO Clinical Services               | Q                               | 11,512,039             | FMV  |
| Mercy Kansas Communities                  | Q                               | 693,713                | FMV  |
| Mercy Research                            | Q                               | 564,236                | FMV  |
| Mercy Clinic Springfield Communities      | P                               | 536,551                | FMV  |
| Mercy Specialty Hospital Southeast Kansas | P                               | 402,681                | FMV  |
| Mercy Hospital Lebanon                    | P                               | 302,636                | FMV  |
| Mercy Health East Communities             | Q                               | 237,668                | FMV  |
| Mercy Health SW MOKAN Communities         | P                               | 115,684                | FMV  |
| Mercy Hospital Rogers                     | P                               | 91,085                 | FMV  |
| Mercy Hospital Fort Smith                 | Q                               | 89,291                 | FMV  |
| Mercy Hospitals East Communities          | Q                               | 77,690                 | FMV  |
| Mercy Health NW Arkansas Communities      | P                               | 68,631                 | FMV  |
| Mercy Health Foundation Springfield       | Q                               | 59,614                 | FMV  |
| Mercy Hospital Carthage                   | P                               | 50,212                 | FMV  |