

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

C Name of organization: MERCY MEMORIAL HOSPITAL CORPORATION
 Doing business as: PROMEDICA MONROE REGIONAL HOSPITAL
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 100 MADISON AVE ATTN TAX DEPT
 City or town, state or province, country, and ZIP or foreign postal code: TOLEDO, OH 43604

D Employer identification number: 38-1984289
E Telephone number: (419) 252-5772
G Gross receipts \$ 165,495,818

F Name and address of principal officer:
 TERRENCE METZGER
 100 MADISON AVE ATTN TAX DEPT
 TOLEDO, OH 43604

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 ▶

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

J Website: ▶ WWW.PROMEDICA.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1971 **M** State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 WE PROVIDE HIGH QUALITY, COMPREHENSIVE SERVICES TO THE PEOPLE AND COMMUNITY WE SERVE.

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)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	1,263
6 Total number of volunteers (estimate if necessary)	68
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,150,706
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	11,998

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,614,630	151,254
9 Program service revenue (Part VIII, line 2g)	148,855,018	157,612,407
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,050,720	2,700,429
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,926,165	5,031,728
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	158,446,533	165,495,818
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,300	13,880
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	72,588,930	65,122,004
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	92,458,525	114,904,293
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	165,051,755	180,040,177
19 Revenue less expenses. Subtract line 18 from line 12	-6,605,222	-14,544,359

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	246,882,136	242,625,809
21 Total liabilities (Part X, line 26)	80,349,344	61,005,803
22 Net assets or fund balances. Subtract line 21 from line 20	166,532,792	181,620,006

Part II Signature Block

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

Sign Here

 Signature of officer: _____ Date: 2023-11-10
 TERRENCE METZGER CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2023-11-10
 Check if self-employed PTIN: P00796388
 Firm's name ▶ PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951
 Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040

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:

WE PROVIDE HIGH QUALITY, COMPREHENSIVE SERVICES TO THE PEOPLE AND COMMUNITY WE SERVE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 143,786,946 including grants of \$ 13,880) (Revenue \$ 159,829,741)
See Additional Data

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

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

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

4e Total program service expenses ▶ 143,786,946

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question/Section, Input field, Yes/No, and other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	139,331				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,923				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			151,254			
Program Service Revenue	2a NET PATIENT SERVICES	Business Code					
		621110	157,084,443	157,084,443			
	b AFFIL. ORG. RENT REV.	531120	527,964	527,964			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			157,612,407				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,693,509			2,693,509	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	565,126				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	565,126				
	d Net rental income or (loss)		565,126			565,126	
	7a Gross amount from sales of assets other than inventory	(i) Securities			6,920		
		(ii) Other					
		b Less: cost or other basis and sales expenses			0		
		c Gain or (loss)			6,920		
	d Net gain or (loss)		6,920			6,920	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a PHARMACY/DRUGS		456110	3,348,297	2,217,334	1,130,963		
b AUXILIARY OTHER DEPART		900099	1,098,562			1,098,562	
c SPECIMEN LAB		621500	19,743		19,743		
d All other revenue							
e Total. Add lines 11a-11d			4,466,602				
12 Total revenue. See instructions			165,495,818	159,829,741	1,150,706	4,364,117	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,880	13,880		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	55,256,203	38,113,617	17,142,586	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	477,818	329,581	148,237	
9 Other employee benefits	5,332,414	3,678,096	1,654,318	
10 Payroll taxes	4,055,569	2,797,377	1,258,192	
11 Fees for services (non-employees):				
a Management	105,614		105,614	
b Legal	96,540		96,540	
c Accounting				
d Lobbying	16,590		16,590	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,247,657	25,155,367	8,092,290	
12 Advertising and promotion	8,714	1,199	7,515	
13 Office expenses	2,778,586	382,189	2,396,397	
14 Information technology	12,979	10,574	2,405	
15 Royalties				
16 Occupancy	3,464,000	40,505	3,423,495	
17 Travel	303,407	41,733	261,674	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	662,775	662,775		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,645,738	5,041,974	603,764	
23 Insurance	100,576		100,576	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INTERCOMPANY EXPENSES	31,015,258	31,015,258		
b MEDICAL SUPPLIES	12,619,725	12,619,725		
c DRUGS	12,378,929	12,378,929		
d PROVISION FOR BAD DEBT	6,382,478	6,382,478		
e All other expenses	6,064,727	5,121,689	943,038	
25 Total functional expenses. Add lines 1 through 24e	180,040,177	143,786,946	36,253,231	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,816,498	1	21,961,465
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,638,411	4	19,282,324
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,099,926	8	3,049,414
	9 Prepaid expenses and deferred charges	165,529	9	119,932
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 112,591,344		
	b Less: accumulated depreciation	10b 58,851,393	57,909,653	10c 53,739,951
	11 Investments—publicly traded securities	149,743,863	11	133,115,644
	12 Investments—other securities. See Part IV, line 11	693,925	12	678,026
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	2,516,917	14	2,483,662
	15 Other assets. See Part IV, line 11	7,297,414	15	8,195,391
16 Total assets. Add lines 1 through 15 (must equal line 33)	246,882,136	16	242,625,809	
Liabilities	17 Accounts payable and accrued expenses	25,148,826	17	12,514,371
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	55,200,518	25	48,491,432
	26 Total liabilities. Add lines 17 through 25	80,349,344	26	61,005,803
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	160,671,024	27	181,284,006
	28 Net assets with donor restrictions	5,861,768	28	336,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	166,532,792	32	181,620,006	
33 Total liabilities and net assets/fund balances	246,882,136	33	242,625,809	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	165,495,818
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,040,177
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,544,359
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	166,532,792
5	Net unrealized gains (losses) on investments	5	-19,307,292
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	48,938,865
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	181,620,006

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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.</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 38-1984289

Name: MERCY MEMORIAL HOSPITAL CORPORATION

Form 990 (2022)

Form 990, Part III, Line 4a:

MERCY MEMORIAL HOSPITAL CORPORATION (D/B/A PROMEDICA MONROE REGIONAL HOSPITAL) IS A MEMBER OF PROMEDICA HEALTH SYSTEM, INC. (PROMEDICA), A MISSION-BASED, LOCALLY OWNED, NONPROFIT HEALTHCARE ORGANIZATION HIGHLY FOCUSED ON ACHIEVING CORE VALUES. HEADQUARTERED IN TOLEDO, OHIO, PROMEDICA SERVES 28 STATES ACROSS THE COUNTRY AND IS ONE OF THE NATION'S LEADING HEALTH SYSTEMS. OUR STEWARDSHIP OF RESOURCES HAS ENABLED US TO WISELY INVEST IN PATIENT-CENTERED CARE, ADVANCED TECHNOLOGY, INNOVATIVE PROGRAMS, AND FAMILY-ORIENTED FACILITIES THAT HELP TO ENSURE PATIENTS AND AREA RESIDENTS HAVE EQUAL ACCESS TO HIGH-QUALITY, SAFE CARE IN THE MOST APPROPRIATE SETTING, REGARDLESS OF PATIENTS' ABILITY TO PAY. A 238-BED FACILITY LOCATED IN MONROE, MICHIGAN, PROMEDICA MONROE REGIONAL HOSPITAL (MRH) PROVIDES A BROAD RANGE OF INPATIENT AND OUTPATIENT SERVICES - SUCH AS EMERGENCY MEDICINE; SURGICAL SERVICES; BEHAVIORAL HEALTH CARE; COMPREHENSIVE WOMEN'S HEALTH SERVICES, CARDIOVASCULAR SERVICES; AN ACCREDITED SLEEP MEDICINE CENTER; AND ORTHOPAEDIC SERVICES. AN EXTENSIVE OUTPATIENT CANCER CENTER IS PART OF THE PROMEDICA CANCER INSTITUTE AND PROVIDES RADIATION AND MEDICAL ONCOLOGY SERVICES WHILE THE HOSPITAL'S CANCER CONNECTION OFFERS NON-TREATMENT SERVICES AND SUPPORT TO MONROE COUNTY RESIDENTS RECEIVING CANCER TREATMENTS. RECENTLY, THE PROMEDICA HEART INSTITUTE OPENED A HEART FAILURE CLINIC ON THE MRH CAMPUS. MRH SERVED 5,815 INPATIENTS AND 161,836 OUTPATIENTS IN 2022. FURTHER, 36,571 INDIVIDUALS SOUGHT EMERGENCY CARE AT MRH. THE HOSPITAL CONTRIBUTED \$41,992,000 IN COMMUNITY BENEFIT THROUGH COMMUNITY BENEFIT EXPENDITURES, FINANCIAL ASSISTANCE AND GOVERNMENT-SPONSORED, MEANS-TESTED HEALTH CARE. THROUGH COMMUNITY HEALTH SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH ACTIVITIES, CASH AND IN-KIND CONTRIBUTIONS, AND OTHER COMMUNITY BENEFIT OPERATIONS, MRH CONTRIBUTED \$5,147,000 TO THE COMMUNITY DURING 2022. INCLUDED IN THIS AMOUNT ARE ACTIVITIES AND PROGRAMS SUCH AS: FREE MAMMOGRAM CLINICS THAT PROVIDE BREAST CANCER SCREENINGS FOR INDIVIDUALS BETWEEN THE AGES OF 40 - 64 WHO HAVE NO INSURANCE OR INSURANCE WITH A HIGH DEDUCTIBLE FOR MAMMOGRAMS. FREE AND LOW-COST HEALTH SCREENINGS FOR UNDERSERVED COMMUNITY MEMBERS. PROJECT SEARCH, WHICH PROVIDES INTERNSHIP OPPORTUNITIES WITHIN THE HOSPITAL FOR HIGH SCHOOL STUDENTS WITH DEVELOPMENTAL DISABILITIES. THE GOAL OF THE PROGRAM IS LONG-TERM EMPLOYMENT FOR INTERNS WITHIN THEIR COMMUNITIES FOLLOWING HIGH SCHOOL GRADUATION. COMMUNITY PARTNERSHIPS WITH GABBY'S GRIEF CENTER AND RIVER RAISIN NATIONAL BATTLEFIELD PARK VISITOR'S CENTER. MRH PROVIDED A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE TO THE COMMUNITY DURING 2022, OF WHICH \$3,055,000 REPRESENTED UNCOMPENSATED AMOUNTS FOR TREATMENT TO THOSE PATIENTS WHO DID NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR HOSPITAL SERVICES. FINANCIAL ASSISTANCE REPRESENTS THE COST TO PROVIDE SERVICE AND DOES NOT INCLUDE THE COSTS FOR ACCOUNTS WRITTEN OFF TO BAD DEBT FOR PATIENTS WHO DO NOT PAY THEIR BILLS. MRH'S COST OF BAD DEBT FOR 2022 WAS \$6,382,000. THIS AMOUNT IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$41,992,000 NOTED ABOVE. FURTHER, MRH PROVIDED \$4,851,000 OF COMMUNITY BENEFIT THROUGH COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICAID PATIENTS. ALSO, IN 2022, THE TOTAL COSTS - NOT REIMBURSED BY THE GOVERNMENT - FOR TREATING MEDICARE PATIENTS WAS \$1,173,000 AND IS NOT INCLUDED IN THE COMMUNITY BENEFIT AMOUNT OF \$41,992,000 NOTED ABOVE. DURING 2022, MRH EXPENDED \$42,121,000 IN NET PAYROLL, PROVIDING 1,263 JOBS. A TOTAL OF \$2,797,000 WAS WITHHELD FROM HOSPITAL EMPLOYEES IN STATE AND LOCAL TAXES. IN SUMMARY, MRH DEMONSTRATES PROMEDICA'S MISSION AND CORE VALUES BY PROVIDING HIGH-QUALITY HEALTH CARE TO ALL PATIENTS, REGARDLESS OF THEIR RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE. AND, WE RECOGNIZE THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL CARE. THEREFORE, WE PROVIDE THESE HEALTHCARE SERVICES; RECRUIT AND TRAIN HEALTHCARE PROFESSIONALS TO SERVE THE BROADER COMMUNITY; PROVIDE APPROPRIATE FINANCIAL ASSISTANCE; OFFER SERVICES AND CONTRIBUTIONS TO OTHER NONPROFIT ORGANIZATIONS THAT ALLOW THEM TO PROVIDE KEY SERVICES TO THEIR CONSTITUENTS; AND PRESENT FREE EDUCATIONAL CLASSES, HEALTH FAIRS AND OTHER ACTIVITIES TO OUR LOCAL COMMUNITY TO HELP ENSURE ALL MEMBERS HAVE EQUAL ACCESS TO CARE.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY E MELONAKOS MD TRUSTEE, PHYSICIAN	1.00 54.00	X						0	387,289	20,805
CELESTE J BATCHEV MD EX OFFICIO, PHYSICIAN	1.00 0.00	X						0	0	0
CHRISTI L ANSBERG TRUSTEE,VP, PHILANTHROPY	1.00 54.00	X						0	300,364	6,313
DARRIN ARQUETTE PRES., EX OFFICIO	1.00 54.00	X		X				0	387,645	35,301
DAVID A KUBISKE PE TRUSTEE	1.00 0.00	X						0	0	0
DEE A BIALECKI-HAASE MD TRUSTEE, CMO PROMEDICA INS	1.00 54.00	X						0	514,277	1,571
GREGORY A APPLIN TRUSTEE	1.00 0.00	X						0	0	0
INDERPAL K DEOL TRUSTEE	1.00 0.00	X						0	0	0
JAMES E PEACE TRUSTEE	1.00 0.00	X						0	0	0
JULIE M EVERLY TRUSTEE	1.00 0.00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH P MASSERANT TRUSTEE	1.00 0.00	X						0	0	0
KENNETH JOSEPH MCNAMEE MD TRUSTEE, PHYSICIAN	1.00 54.00	X						0	649,473	32,194
KENT EDWARD BISHOP MD TRUSTEE, CMO PROMEDICA PHY	1.00 54.00	X						0	768,811	11,829
KEVIN A SHARP TRUSTEE, VP/REVENUE CYCLE	1.00 54.00	X						0	315,991	8,648
KOJO A QUARTEY TRUSTEE, PRESIDENT	1.00 0.00	X						0	0	0
KRISTINE D BRENNER TRUSTEE, PRESIDENT/CFO	1.00 0.00	X						0	0	0
MOLLY A LUEMPert-COY TRUSTEE, REGIONAL MANAGER	1.00 0.00	X						0	0	0
PAUL C LAMARRE III TRUSTEE	1.00 0.00	X						0	0	0
STEPHEN J MCNEW EDD TRUSTEE	1.00 0.00	X						0	0	0
SUSAN J VANISACKER CHAIRMAN	1.00 6.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE M WETZEL TRUSTEE	1.00 0.00	X						0	0	0
THOMAS G MYERS TRUSTEE, REGIONAL PRESIDENT	1.00 54.00	X						0	0	0
TIMOTHY C LAKE TRUSTEE	1.00 0.00	X						0	0	0
ARTURO POLIZZI TRUSTEE	1.00 54.00			X				0	1,605,830	12,750
JEFFREY C KUHN SECRETARY, CHIEF LEGAL OFFICER-PART YEAR	1.00 54.00			X				0	927,467	44,223
LOUIS ROBICHAUX TREASURER, CFO	1.00 54.00			X				0	0	0
RANDALL OOSTRA PHS PRES. & CEO-PART YEAR	1.00 54.00			X				0	5,476,040	3,579
STEPHEN M SADOWSKI CHIEF LEGAL OFFICER	1.00 54.00			X				0	683,615	6,102
STEVEN M CAVANAUGH TREASURER, CFO-PART YEAR	1.00 54.00			X				0	2,435,815	41,525
DEANA SIEVERT SR VP, PAT CARE/CNO, SYSTEM	1.00 54.00				X			0	157,458	2,442

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY W AKENBERGER COO, ACUTE CARE & SVP, DIAG	1.00 50.00				X			0	466,247	33,650
AMANDA MANNO CRNA	40.00 0.00					X		214,011	0	3,297
CHRISTINA LUCAS-VOUGIOUKLAKIS PHYSICIAN	40.00 0.00					X		214,178	0	19,810
DEIRDRE MCQUEEN-YOUNGLOVE RN, ACUTE CARE	40.00 0.00					X		234,765	0	1,761
LAURA GRIMA PHYSICIAN	40.00 0.00					X		221,885	0	10,258
NICHOLAS SCHENK ASSOCIATE PROGRAM DIRECTOR	40.00 0.00					X		368,182	0	32,072

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HOSPITAL CORPORATION

Employer identification number
38-1984289

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. 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—2021. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
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 MERCY MEMORIAL HOSPITAL CORPORATION	Employer identification number 38-1984289
---	--

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		16,590
j	Total. Add lines 1c through 1i			16,590
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	MERCY MEMORIAL HOSPITAL CORPORATION PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND THE OHIO HOSPITAL ASSOCIATION, A PORTION OF WHICH IS ALLOCABLE TO LOBBYING BY THE ORGANIZATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

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

Name of the organization
MERCY MEMORIAL HOSPITAL CORPORATION

Employer identification number
38-1984289

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 July 25, 2006, 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 ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	476,908	412,158	433,728	414,608	4,422,559
b Contributions					
c Net investment earnings, gains, and losses	-119,228	64,750	-21,570	19,120	
d Grants or scholarships					
e Other expenditures for facilities and programs					4,007,951
f Administrative expenses					
g End of year balance	357,680	476,908	412,158	433,728	414,608

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
 - 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:
- | | Yes | No |
|--|--------|-----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 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		9,401,726		9,401,726
b Buildings		54,381,413	19,166,706	35,214,707
c Leasehold improvements		122,265	56,649	65,616
d Equipment		44,803,853	37,268,868	7,534,985
e Other		3,882,087	2,359,170	1,522,917
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				53,739,951

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
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: Cost or end-of-year market 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 value
(1) Federal income taxes	
DUE TO AFFILIATES	39,669,924
ESTIMATED THIRD PARTY SETTLEMENTS PAYABLE	5,263,197
ASSET REMEDIATION OBLIGATION	1,808,092
OPERATING LEASE LIABILITY	886,890
FINANCE LEASE LIABILITY	47,875
PROVIDER TAXES PAYABLE	815,454
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	48,491,432

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1984289

Name: MERCY MEMORIAL HOSPITAL CORPORATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE INVESTED TO GENERATE INCOME TO BE USED TO SUPPORT MERCY MEMORIAL HOSPITAL CORPORATION CONSISTENT WITH DONOR INTENT.

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

Hospitals

OMB No. 1545-0047
2022
 Open to Public Inspection

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

Name of the organization
 MERCY MEMORIAL HOSPITAL CORPORATION

Employer identification number
 38-1984289

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000.0000000000 %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			951,584		951,584	0.550 %
b Medicaid (from Worksheet 3, column a)			35,893,710	31,042,251	4,851,459	2.790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			36,845,294	31,042,251	5,803,043	3.340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			62,200		62,200	0.040 %
f Health professions education (from Worksheet 5)			5,064,357	3,206,570	1,857,787	1.070 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,062		21,062	0.010 %
j Total. Other Benefits			5,147,619	3,206,570	1,941,049	1.120 %
k Total. Add lines 7d and 7j			41,992,913	34,248,821	7,744,092	4.460 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
			6,382,478
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
			256,487
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5		30,461,229
6 Enter Medicare allowable costs of care relating to payments on line 5	6		31,634,678
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7		-1,173,449
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system			
<input checked="" type="checkbox"/> Cost to charge ratio			
<input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 MONROE SURGICAL CO-MANAGEMENT	PHYSICIAN SERVICES	50.000 %	8.960 %	41.040 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

See Additional Data Table	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

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 MEMORIAL HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY MEMORIAL HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

MERCY MEMORIAL HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

MERCY MEMORIAL HOSPITAL CORPORATION

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
23		No
24		No

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? 13

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
PART I, LINE 3C:	IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE HOSPITAL FACILITY USES INSURANCE STATUS, UNDERINSURANCE STATUS AND RESIDENCY STATUS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE.
PART I, LINE 6A:	MERCY MEMORIAL HOSPITAL CORPORATION REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE PROMEDICA HEALTH SYSTEM, INC. ANNUAL COMMUNITY BENEFIT REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	MERCY MEMORIAL HOSPITAL CORPORATION CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO CHARGES. OTHER BENEFITS AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM. AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 6,382,478.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	MERCY MEMORIAL HOSPITAL CORPORATION'S ANALYSIS AND ASSESSMENT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED BAD DEBT EXPENSE USES A RECEIPTS "LOOK-BACK" METHOD UTILIZING HISTORICAL PAYMENT DATA ON ACCOUNTS, INCLUDING CONTRACTUAL ADJUSTMENTS FOR PAYER DISCOUNTS, AS WELL AS PATIENT PAYMENTS, SUCH AS CO-PAYS AND DEDUCTIBLES, TO ESTABLISH ANTICIPATED COLLECTABILITY RATES FOR ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY.
PART III, LINE 3:	MERCY MEMORIAL HOSPITAL CORPORATION ESTIMATED THE POSSIBLE AMOUNT OF FINANCIAL ASSISTANCE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT ADEQUATELY COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	PROVISION FOR BAD DEBTS AND ALLOWANCE FOR ESTIMATED UNCOLLECTIBLE ACCOUNTS ARE DISCUSSED ON PAGE 19 AND 20 OF THE ATTACHED PROMEDICA HEALTH SYSTEM AND SUBSIDIARIES CONSOLIDATED FINANCIAL REPORT WITH SUPPLEMENTAL INFORMATION.
PART III, LINE 8:	MERCY MEMORIAL HOSPITAL CORPORATION USED THE MEDICARE ALLOWABLE COSTS PER ITS 2022 AS-FILED MEDICARE COST REPORTS, LESS ANY ADJUSTMENTS FOR SUBSIDIZED HEALTH SERVICES AND HEALTH PROFESSIONS EDUCATION, IF APPLICABLE. ALLOWABLE COSTS ARE CALCULATED BY ALLOCATING TOTAL FACILITY COSTS TO REVENUE GENERATING UNITS WITHIN THE HOSPITAL. THE MEDICARE COST REPORT DOES NOT REFLECT ALL OF THE COSTS ASSOCIATED WITH MEDICARE PROGRAMS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>FINANCIAL ASSISTANCE DISCOUNTS ARE GRANTED FOR MEDICALLY NECESSARY SERVICES WHEN IT IS DETERMINED THAT THE PATIENT AND FAMILY INCOME MEETS THE CRITERIA ESTABLISHED. PATIENTS WHO HAVE INSURANCE COVERAGE OR WHO ARE ENTITLED TO GOVERNMENTAL ASSISTANCE ARE IDENTIFIED IN ORDER FOR REIMBURSEMENT TO BE OBTAINED. ALL PATIENTS WITH SELF-PAY BALANCES AFTER INSURANCE MAY OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS IF THEY PROVIDE APPROPRIATE DOCUMENTATION THAT THEY SATISFY THE INCOME GUIDELINES. VERIFICATION OF FINANCIAL ASSISTANCE IS PURSUED THROUGHOUT THE INTERNAL COLLECTION PROCESS UNTIL ALL OPTIONS HAVE BEEN EXHAUSTED. ALL PATIENTS THAT HAVE A SELF-PAY BALANCE, INCLUDING PATIENTS THAT MAY QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, RECEIVE BILLING STATEMENTS AND PAYMENT REMINDERS. THESE STATEMENTS INFORM ALL PATIENTS OF THE OPPORTUNITY TO SEEK A FINANCIAL ASSISTANCE ADJUSTMENT FOR MEDICALLY NECESSARY SERVICES, THE ELIGIBILITY CRITERIA, AND THE METHOD TO APPLY. IF A FINANCIAL ASSISTANCE APPLICATION HAS NOT BEEN COMPLETED AND/OR REQUESTED INCOME VERIFICATION HAS NOT BEEN RECEIVED FROM A PATIENT WHO COULD POTENTIALLY QUALIFY, THE PATIENT WILL CONTINUE TO RECEIVE BILLING STATEMENTS THROUGH THE NORMAL COLLECTION PROCESS. IF A PATIENT DOES NOT HAVE INSURANCE, A PRESUMPTIVE CHARITY DETERMINATION (WHICH USES PUBLICLY AVAILABLE DATA SUCH AS DEMOGRAPHIC INFORMATION, CREDIT HISTORY, ETC.) MAY BE MADE TO ASSIST WITH QUALIFYING FOR FINANCIAL ASSISTANCE. ONCE IT HAS BEEN DETERMINED THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, AN ADJUSTMENT IS PROCESSED. THE PATIENT ACCOUNT ANALYST WILL DETERMINE PATIENT ELIGIBILITY AND CALCULATE THE ADJUSTMENT BASED ON POLICY GUIDELINES. AN ADJUSTMENT FORM IS PREPARED AND APPROVED PER POLICY. UNINSURED PATIENTS MAY BE REQUIRED TO COMPLETE AN APPLICATION AND PROVIDE REQUIRED DOCUMENTATION, INCLUDING ANY DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY. UNINSURED PATIENTS ARE NOTIFIED IN WRITING WHETHER OR NOT THEY QUALIFY FOR ANY FINANCIAL ASSISTANCE ADJUSTMENT FOR WHICH THEY HAVE SUBMITTED AN APPLICATION, AND OF ANY REMAINING BALANCE OWED. THE ADJUSTMENT IS THEN APPLIED TO THE PATIENT'S ACCOUNT. PATIENTS MAY BE OFFERED PAYMENT PLANS WHEN APPROPRIATE BASED ON DOCUMENTED FINANCIAL NEED AND CIRCUMSTANCES. LONGER PAYMENT PLANS MAY BE OFFERED ON AN EXCEPTION BASIS FOR CASES WITH UNUSUALLY HIGH BALANCES OR SPECIAL CIRCUMSTANCES DEMONSTRATING AN INABILITY TO PAY. ONCE THE INTERNAL COLLECTION PROCESS HAS BEEN COMPLETED, PATIENT ACCOUNTS MAY BE REFERRED TO AN EXTERNAL COLLECTION AGENCY IF THE PATIENT HAS NOT CONTACTED US REGARDING THEIR DESIRE TO APPLY FOR FINANCIAL ASSISTANCE, SENT IN A FINANCIAL ASSISTANCE APPLICATION, RESPONDED TO REQUESTS FOR ADDITIONAL INFORMATION, OR WE ARE UNABLE TO MAKE A PRESUMPTIVE CHARITY DETERMINATION. IT IS THE EXPECTATION OF THE EXTERNAL COLLECTION AGENCY AS THEY WORK ACCOUNTS TO OFFER FINANCIAL ASSISTANCE WHEN APPLICABLE. THROUGHOUT THE COLLECTION PROCESS, THE COLLECTION AGENCY WILL INFORM UNINSURED PATIENTS OF THE CRITERIA TO OBTAIN FINANCIAL ASSISTANCE ADJUSTMENTS BASED ON FAMILY INCOME AND FAMILY SIZE, AND WILL FORWARD APPLICATIONS FOR PATIENTS WHO SUBMIT THE REQUIRED DOCUMENTATION TO THE CENTRAL BUSINESS OFFICE FOR PROCESSING.</p>
PART VI, LINE 2:	<p>PROMEDICA HEALTH SYSTEM AND HOSPITALS DEMONSTRATE A COMMITMENT TO THE COMMUNITIES IT SERVES AND THEREFORE, BELIEVES IT IS CRITICAL TO UNDERSTAND THE HEALTH CARE NEEDS OF ITS PRIMARY SERVICE AREA. TO THAT END, PROMEDICA HOSPITALS CONDUCT NEEDS ASSESSMENTS IN ITS PRIMARY SERVICE AREAS USING A VARIETY OF METHODOLOGIES TO ASSESS EACH COUNTY'S HEALTH CARE DATA, IDENTIFY GAPS IN HEALTH CARE INITIATIVES, AND MAKE RECOMMENDATIONS FOR THE BETTERMENT OF THE GENERAL COMMUNITY HEALTH. ANALYSIS OF PUBLISHED COUNTY HEALTH DATA, INTERVIEWS WITH KEY STAKEHOLDERS, AND REVIEW OF HISTORICAL AND EXISTING PROMEDICA COMMUNITY ASSESSMENTS ARE ALL MEANS BY WHICH RECOMMENDATIONS FOR THE PROMEDICA COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS ARE DEVELOPED. INFORMATION IS REVIEWED AND APPROVED BY HOSPITAL GOVERNANCE LEADERSHIP TO ASSURE THAT PLANS ARE DEVELOPED TO MEET THE NEEDS OF THE COMMUNITY. PUBLISHED COUNTY HEALTH DATA/COUNTY HEALTH DATA WERE OBTAINED FROM SEVERAL SOURCES, INCLUDING THE OHIO DEPARTMENT OF HEALTH DATA WAREHOUSE, THE MICHIGAN DEPARTMENT OF HEALTH, AND FORMAL COUNTY ASSESSMENTS CONDUCTED WITHIN THE INDIVIDUAL COUNTIES. ALTHOUGH MOST COUNTIES CONDUCTING A FORMAL ASSESSMENT UTILIZE THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AS THE BASIS OF THE COUNTY QUESTIONNAIRE, COUNTY COMMITTEES TYPICALLY ADD AND/OR CHANGE QUESTIONS TO MEET THE COUNTY'S PERCEIVED NEEDS. PROMEDICA'S COMMUNITY GOALS ARE SET BASED ON THIS DATA. PROMEDICA COMMUNITY HEALTH PLAN/OVERALL, EMPHASIS IS PLACED ON CLINICAL PROGRAMS FOCUSED ON LEADING CAUSES OF DEATH: CHRONIC DISEASES, MENTAL HEALTH, AND HUNGER/OBESITY DUE TO THE LARGE NUMBERS OF INDIVIDUALS AFFECTED BY THESE DISEASES. THE PRIMARY FOCUS FOR COMMUNITY HEALTH ACTIVITIES ARE RELATED TO EDUCATION, SCREENING, AND PREVENTION OF CHRONIC DISEASES, MENTAL HEALTH ISSUES, AND HUNGER/OBESITY; AND IMPROVING RELATED CONDITIONS THAT RESULT IN HIGH MORBIDITY AND MORTALITY IN OUR COMMUNITIES, WITH SPECIAL EMPHASIS PLACED ON SERVING UNDERSERVED POPULATIONS. AS A SYSTEM, WE ARE ALSO COMMITTED TO WORKING BEYOND OUR FOUR WALLS, ON THE SOCIAL AND ECONOMIC ISSUES THAT IMPACT HEALTH. IN ADDITION, PROMEDICA STRATEGIC PLANNING CONTINUES TO DEVELOP PATIENT-CENTERED, INTEGRATED CLINICAL SERVICE LINES INCLUDING CANCER, CARDIOVASCULAR, BEHAVIORAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, AND MATERNAL FETAL MEDICINE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>THE OPPORTUNITY FOR FINANCIAL ASSISTANCE ADJUSTMENTS IS COMMUNICATED TO PATIENTS AT PROMEDICA HEALTH SYSTEM HOSPITALS THROUGH THE FOLLOWING METHODS:A. DURING THE PRE-REGISTRATION PROCESS FOR SCHEDULED INPATIENTS AND HIGH-DOLLAR OUTPATIENT CASES, THE CENTRALIZED PRE-REGISTRATION STAFF WILL NOTIFY A PATIENT FINANCIAL ADVOCATE TO CONTACT THE PATIENT PRIOR TO SERVICE TO DISCUSS POTENTIAL ELIGIBILITY FOR GOVERNMENT PROGRAMS AND FINANCIAL ASSISTANCE. THE PRE-SERVICE FUNCTION INCLUDES ACCOUNT REGISTRATION, INSURANCE VERIFICATION, PRE-CERTIFICATION AND FINANCIAL COUNSELING.B. ADMITTING LOCATIONS WILL HAVE FINANCIAL ASSISTANCE FORMS AVAILABLE FOR SELF-PAY PATIENTS TO COMPLETE WHEN REGISTERED AS UNINSURED. AT ADMITTING, UNINSURED PATIENTS ARE INFORMED OF THE OPPORTUNITY TO SEEK FINANCIAL ASSISTANCE. C. PATIENT FINANCIAL ADVOCATES ARE AVAILABLE AT THE HOSPITALS TO ASSIST UNINSURED PATIENTS IN COMPLETING THE FORMS. PATIENT FINANCIAL ADVOCATES ATTEMPT TO MEET WITH IN-HOUSE PATIENTS TO ASSESS ELIGIBILITY AND TO ASSIST WITH APPLICATION FOR GOVERNMENT ASSISTANCE PROGRAMS, TO EXPLAIN PATIENT LIABILITY FOR CHARGES, TO PROVIDE AN ESTIMATE OF CHARGES WHEN FEASIBLE, TO EXPLAIN THE OPPORTUNITY FOR FINANCIAL ASSISTANCE, INCLUDING THE CRITERIA AND THE METHOD FOR APPLYING, AND TO EXPLAIN PAYMENT OPTIONS.D. A MESSAGE IS PRINTED ON THE PATIENT BILLING STATEMENTS TO NOTIFY THE UNINSURED PATIENT THAT FINANCIAL ASSISTANCE IS AVAILABLE, TO EXPLAIN THE ELIGIBILITY CRITERIA, AND TO DESCRIBE THE METHOD TO APPLY.E. A SUMMARY OF THE POLICY FOR UNINSURED PATIENTS IS INCLUDED IN THE STATEMENTS OF UNINSURED PATIENT, AVAILABLE VIA THE PROMEDICA WEB SITE, AVAILABLE AT HOSPITAL REGISTRATION LOCATIONS, OR BY CALLING THE PROMEDICA CUSTOMER SERVICE DEPARTMENT. BUSINESS OFFICE PERSONNEL ALSO NOTIFY UNINSURED PATIENTS OF THE FINANCIAL ADJUSTMENT POLICY THROUGH THE CUSTOMER SERVICE AND COLLECTION DEPARTMENTS.</p>
PART VI, LINE 4:	<p>PROMEDICA MONROE REGIONAL HOSPITAL, LOCATED IN MONROE, MICHIGAN, SERVES AN AREA PRIMARILY AROUND MONROE COUNTY AND HAS A SERVICE AREA POPULATION OF APPROXIMATELY 109,000. APPROXIMATELY, 19% OF THE SERVICE AREA IS AGE 65 OR OVER; 60% IS BETWEEN AGE 18 AND 64; MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$62,000; 91% OF THE ADULT POPULATION AGED 25+ HAS A HIGH SCHOOL DEGREE OR LOWER; 39% OF HOUSEHOLDS HAVE AN INCOME OF \$50,000 OR LESS. MONROE COUNTY HAS A POPULATION OF APPROXIMATELY 155,000 WITH APPROXIMATELY 10% OF FAMILIES BELOW THE POVERTY LEVEL AND AN APPROXIMATE 15% MEDICAID ELIGIBLE RATE. APPROXIMATELY, 9% OF MONROE COUNTY IS UNINSURED. THE AVERAGE UNEMPLOYMENT RATE FOR MONROE COUNTY IN 2022 WAS 4.8%. THE LEADING CAUSES OF DEATH IN MONROE COUNTY, BASED ON AGE ADJUSTED MORTALITY RATES ARE HEART DISEASE, CANCER, COVID, UNINTENTIONAL INJURIES/ACCIDENTS, STROKE, LUNG DISEASE, ALZHEIMER'S, AND DIABETES. ACCORDING TO 2022 COUNTY HEALTH RANKINGS, MONROE COUNTY RANKED 37 OF 83 COUNTIES FOR HEALTH OUTCOMES AND 32 OF 83 FOR HEALTH FACTORS. THERE ARE EIGHTEEN HOSPITALS WITHIN A 30-MILE RADIUS OF PROMEDICA MONROE REGIONAL HOSPITAL: MERCY MEMORIAL HOSPITAL SYSTEM, BEAUMONT HOSPITAL TRENTON, ST. VINCENT MERCY MEDICAL CENTER, ST. ANNE MERCY HOSPITAL, THE TOLEDO HOSPITAL, ST. CHARLES MERCY HOSPITAL, BAY PARK COMMUNITY HOSPITAL, FLOWER HOSPITAL, BEAUMONT HOSPITAL TAYLOR, HENRY FORD WYANDOTTE HOSPITAL, UNIVERSITY OF TOLEDO MEDICAL CENTER, BEAUMONT HOSPITAL WAYNE, ST. JOSEPH MERCY SALINE HOSPITAL, BEAUMONT HOSPITAL DEARBORN, ST. JOSEPH MERCY ANN ARBOR HOSPITAL, GARDEN CITY HOSPITAL, HERRICK MEMORIAL HOSPITAL, INC., AND ST. LUKE'S HOSPITAL.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>PROMEDICA MONROE REGIONAL HOSPITAL IS AN INTEGRAL PART OF PROMEDICA HEALTH SYSTEM, INC., WHICH PROMOTES THE HEALTH OF THE COMMUNITY AS AN INTEGRATED DELIVERY SYSTEM. IN 2022:- THERE WERE APPROXIMATELY 300 BOARD MEMBERS FOR PROMEDICA HEALTH SYSTEM, INC. (PROMEDICA), SERVING ON MORE THAN 25 DIFFERENT BOARDS, COMMITTEES, COUNCILS AND FOUNDATIONS. OF THOSE BOARD MEMBERS, MOST LIVE WITHIN PROMEDICA'S OHIO AND MICHIGAN ACUTE CARE SERVICE AREA, WITH THE MAJORITY RESIDING WITHIN THE GREATER TOLEDO AREA WHERE PROMEDICA'S ADULT AND PEDIATRIC TERTIARY HOSPITALS (THE TOLEDO HOSPITAL AND TOLEDO CHILDREN'S HOSPITAL) ARE LOCATED. - PROMEDICA NON-PARENT BOARD MEMBERS' DONATION OF TIME AND EXPERTISE, INCLUDING ATTENDING BOARD MEETINGS, RETREATS AND OTHER ACTIVITIES, WERE PERFORMED ON A VOLUNTEER BASIS. - PROMEDICA'S MEDICAL STAFF PRIVILEGES WERE EXTENDED TO ALL QUALIFIED PHYSICIANS AT OUR METRO TOLEDO AND REGIONAL HOSPITALS. QUALIFICATION MAY VARY BY HOSPITAL, BUT ANY PHYSICIAN WHO MET THOSE QUALIFICATIONS WAS GRANTED PRIVILEGES, UPON THEIR REQUEST.- AS PART OF PROMEDICA'S ELECTRONIC HEALTH RECORD (EHR) JOURNEY, THE INFORMATION TECHNOLOGY SERVICES TEAM COMPLETED TWO SYSTEM-WIDE UPGRADES TO THE EPIC PLATFORM. THE UPGRADES ALLOW PROMEDICA TO TAKE ADVANTAGE OF SOME OF THE MANY ENHANCEMENTS THAT EPIC HAS MADE TO ITS SOFTWARE BASED ON USER INPUT.- PROMEDICA PRIMARY CARE PROVIDERS CONTINUED SCREENING PATIENTS FOR RISK FACTORS OF SOCIAL DETERMINANTS OF HEALTH BY ASKING QUESTIONS RELATED TO EDUCATION, EMPLOYMENT, FOOD SECURITY, HOUSING, TRANSPORTATION, AND VIOLENCE. PATIENTS WHO SCREENED POSITIVE FOR ANY OF THE FACTORS WERE CONNECTED TO COMMUNITY PROGRAMS AND RESOURCES FOR ASSISTANCE.- PROMEDICA CANCER INSTITUTE (PCI) COMPLETED LUNG CANCER SCREENINGS, SCREENING MAMMOGRAMS AND SCREENING COLONOSCOPIES. ADDITIONALLY, PCI CONTINUES TO BE INSTRUMENTAL IN HELPING PROMEDICA IMPLEMENT MONOCLONAL ANTIBODY TREATMENT AT ITS INFUSION CENTERS FOR COVID-19 PATIENTS TO IMPROVE SYMPTOM MANAGEMENT. - PROMEDICA SENIOR CARE SKILLED NURSING FACILITIES AND HOME HEALTH AND HOSPICE AGENCIES PROVIDE UNIQUE SERVICES TO VETERANS, HOLIDAY SUPPORT, SUPPORT GROUPS, AND WORKSHOPS TO ANYONE IN THE COMMUNITY WHO NEEDS ADDITIONAL HELP TO GET THROUGH THE LOSS OF A LOVED ONE. PATIENTS AND RESIDENTS' WISHES ARE GRANTED THROUGH THE ORGANIZATION'S HEART'S DESIRE PROGRAM. THROUGH GRANTS FROM THE HOSPICE MEMORIAL FUND, GRIEF CAMPS FOR CHILDREN AND ADULTS ARE OFFERED AS WELL AS EDUCATIONAL SESSIONS AND LIFE CELEBRATION EVENTS. THE FUND ALSO PROVIDES STABILIZING RESOURCES FOR HOSPICE PATIENTS AND FAMILIES IN FINANCIAL DISTRESS DUE TO THE LACK OF OR REDUCTION IN INCOME FROM TERMINAL ILLNESS OR DISEASE.- PROMEDICA CONTINUES TO EXPAND ITS OPTIONS FOR HOSPITAL-LEVEL CARE IN THE COMFORT OF A PATIENT'S HOME. PROMEDICA ACUTE CARE AT HOME COMBINES PROMEDICA'S EXTENSIVE NETWORK OF IN-HOME CARE PROVIDERS WITH A SOPHISTICATED TECHNOLOGY PLATFORM TO DELIVER SEAMLESS AND EFFECTIVE CARE AT HOME FOR PATIENTS WITH SELECT CHRONIC CONDITIONS OR DIAGNOSES SUCH AS HEART FAILURE, PNEUMONIA OR COPD. RECENTLY, PROMEDICA ACUTE CARE AT HOME EXPANDED ITS SERVICES TO INCLUDE CARE FOR SELECT ONCOLOGY PATIENTS BY COLLABORATING THE PROMEDICA CANCER CENTER. THE CARE TEAM CONSISTS OF PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, AND MAY INCLUDE OTHER HEALTHCARE PROFESSIONALS, SUCH AS PHYSICAL OR OCCUPATIONAL THERAPISTS, AS NEEDED.</p>
PART VI, LINE 6:	<p>PROMEDICA HEALTH SYSTEM, INC. (PROMEDICA) IS A NATIONWIDE, MISSION-BASED, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT WAS FORMED IN TOLEDO, OHIO IN 1986. IN 2022 PROMEDICA WAS COMPRISED OF MORE THAN 45,000 EMPLOYEES, NEARLY 850 VOLUNTEERS AND MORE THAN 2,100 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS INCLUDING APPROXIMATELY 1,200 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS EMPLOYED BY PROMEDICA PHYSICIAN GROUP (PPG) WHO FORM A PROVIDER NETWORK ACROSS 27 COUNTIES IN NORTHWEST OHIO AND SOUTHEAST MICHIGAN. AS AN INTEGRATED DELIVERY SYSTEM, PROMEDICA PROVIDERS SHARE RESOURCES SUCH AS ADVANCED TECHNOLOGY, QUALITY STANDARDS, SAFETY PRACTICES, MEDICAL EXPERTISE, AND SPECIALTY SERVICES TO ENSURE COMMUNITY MEMBERS HAVE READY ACCESS TO HIGH-QUALITY CARE IN THE MOST APPROPRIATE SETTING IN ORDER TO PROVIDE COST-EFFICIENT SERVICES. IN 2022:- PROMEDICA MEMBERS AND AFFILIATE HOSPITALS INCLUDED: THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL; PROMEDICA TOLEDO CHILDREN'S HOSPITAL (OPERATING AS PART OF PROMEDICA TOLEDO HOSPITAL); PROMEDICA WILDWOOD ORTHOPAEDIC AND SPINE HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL; FLOWER HOSPITAL, A DIVISION OF PROMEDICA TOLEDO HOSPITAL D/B/A PROMEDICA FLOWER HOSPITAL; BAY PARK COMMUNITY HOSPITAL (D/B/A PROMEDICA BAY PARK HOSPITAL); EMMA L. BIXBY MEDICAL CENTER (D/B/A PROMEDICA CHARLES AND VIRGINIA HICKMAN HOSPITAL); FOSTORIA HOSPITAL ASSOCIATION (D/B/A PROMEDICA FOSTORIA COMMUNITY HOSPITAL); DEFIANCE HOSPITAL, INC. (D/B/A PROMEDICA DEFIANCE REGIONAL HOSPITAL); MERCY MEMORIAL HOSPITAL CORPORATION (D/B/A PROMEDICA MONROE REGIONAL HOSPITAL); MEMORIAL HOSPITAL (D/B/A PROMEDICA MEMORIAL HOSPITAL); AND COMMUNITY HEALTH CENTER OF BRANCH COUNTY (D/B/A PROMEDICA COLDWATER REGIONAL HOSPITAL). PROMEDICA ALSO INCLUDES PROMEDICA INSURANCE CORPORATION; PROMEDICA PHYSICIAN GROUP; AND PROMEDICA CONTINUING CARE SERVICES CORPORATION AS WELL AS HUNDREDS OF SKILLED NURSING AND REHABILITATION CENTERS, ASSISTED LIVING FACILITIES AND MEMORY CARE COMMUNITIES, ALL UNDER THE PROMEDICA SENIOR CARE/HCR MANORCARE UMBRELLA.- PROMEDICA CONTINUED TO OPERATE THREE COMMUNITY FOOD CLINICS, LOCATED AT PROMEDICA BAY PARK HOSPITAL, THE PROMEDICA HEALTH AND WELLNESS CENTER AND PROMEDICA'S CENTER FOR HEALTH SERVICES, TO SERVE PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY AND HAVE A REFERRAL FROM THEIR PRIMARY CARE PROVIDER. PATIENTS ARE ABLE TO RECEIVE FOOD FOR THEMSELVES AND THEIR FAMILY FROM ONE OF THESE FOOD CLINICS. AS PART OF THE PROGRAM, PATIENTS CAN RECEIVE TWO TO THREE DAYS OF SUPPLEMENTAL FOOD. - FOR ITS MICHIGAN PATIENTS, PROMEDICA PARTNERED WITH THE SOUTH MICHIGAN FOOD BANK TO DISTRIBUTE FOOD RESOURCES TO PROMEDICA PHYSICIANS GROUP OFFICES FOR PATIENTS SCREENING POSITIVE FOR FOOD INSECURITY. PROMEDICA CHARLES AND VIRGINIA HICKMAN HOSPITAL PROVIDE THE \$5 VOUCHERS AT DISCHARGE SO PATIENTS CAN REDEEM FRESH PRODUCE FROM THE VEGGIE MOBILE THAT IS SOURCED FROM PROMEDICA FARMS, LOCAL GROWERS, AND A WHOLESALE. - PROMEDICA EBELD INSTITUTE'S MARKET ON THE GREEN PROVIDED BETTER ACCESS TO HEALTHY FOODS IN A DESIGNATED FOOD DESERT, AS WELL AS JOB TRAINING OPPORTUNITIES AND A FINANCIAL OPPORTUNITY CENTER TO PROVIDE FINANCIAL COUNSELING FOR RESIDENTS IN THE UPTOWN TOLEDO NEIGHBORHOOD. ADDITIONALLY, TWO NEW FINANCIAL OPPORTUNITY CENTERS (FOC) WERE OPENED IN FREMONT AND DEFIANCE, OHIO. MUCH LIKE THE FOC LOCATED IN UPTOWN TOLEDO, THE NEW LOCATIONS OFFER SERVICES AND ASSIST LOW TO MODERATE-INCOME FAMILIES WITH SECURING LIVING WAGE JOBS, BUILDING CREDIT, REDUCING DEBT, AND GAINING WEALTH. THE FOC ALSO HELPS INDIVIDUALS NEEDING INCOME SUPPORT (PUBLIC BENEFITS) AND EMPLOYMENT COACHING AND COUNSELING AS WELL AS FREE TAX PREPARATION.</p>

Additional Data**Software ID:****Software Version:****EIN:** 38-1984289**Name:** MERCY MEMORIAL HOSPITAL CORPORATION**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MERCY MEMORIAL HOSPITAL CORPORATION 718 N MACOMB STREET MONROE, MI 48162 WWW.PROMEDICA.ORG 1060000049	X	X		X		X	X			

Form 990 Part V Section B 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
MERCY MEMORIAL HOSPITAL CORPORATION	<p>PART V, SECTION B, LINE 5: IN CONDUCTING ITS MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK 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. FOLLOWING THE FORMAL COUNTY HEALTH ASSESSMENT SURVEY, PMRH STAFF WILL JOIN MULTIPLE COMMUNITY ORGANIZATIONS THROUGH THE BUILDING HEALTHY COMMUNITIES COALITION OF MONROE COUNTY TO COLLABORATE, DEVELOP AND IMPLEMENT A PRIORITIZED, STRATEGIC COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) FOR MONROE COUNTY. A GAP ANALYSIS AND RESOURCE ASSESSMENT ARE CONDUCTED AS PART OF THIS PROCESS. IN 2022, PROMEDICA MONROE REGIONAL HOSPITAL CONVENED A CHNA COMMITTEE THE MOST RECENT CHA AND TO REVIEW THE MOST RECENT BUILDING HEALTHY COMMUNITIES COALITION OF MONROE COUNTY CHIP, THAT INCLUDED GAP AND RESOURCE ASSESSMENTS. THE COMMITTEE THEN SELECTED AND PRIORITIZED KEY INDICATORS FOR THEIR DEFINED COMMUNITY, IDENTIFIED RESOURCES AND GAPS IN THESE AREAS, AND DEVELOPED IMPLEMENTATION PLANS TO ADDRESS THESE PRIORITY HEALTH NEEDS IN THE COMMUNITY OVER THE NEXT THREE YEARS, TAKING INTO ACCOUNT THE NEEDS OF MINORITY AND UNDERSERVED POPULATIONS. THE HOSPITAL RECEIVED FEEDBACK ON THE CHNA PLAN FROM THE MONROE COUNTY HEALTH DEPARTMENT, TO CONFIRM THESE NEEDS FROM A PUBLIC HEALTH EXPERT PERSPECTIVE. THE BUILDING HEALTHY COMMUNITIES COALITION OF MONROE COUNTY CHIP PROCESS INCLUDED INPUT FROM ORGANIZATIONS AND PERSONS WHO REPRESENT THE COMMUNITY. COLLABORATING ORGANIZATIONS INCLUDED: AIRPORT COMMUNITY SCHOOLS, AMERICAN CANCER SOCIETY OF SE MI, AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, BEDFORD PUBLIC SCHOOLS, CATHOLIC CHARITIES OF SOUTHEAST MI, CHILD ADVOCACY NETWORK (CAN) COUNCIL, CITY OF MONROE, COMMUNITY MENTAL HEALTH PARTNERSHIP OF SE MI, COMMUNITY FOUNDATION, DEPARTMENT OF HUMAN SERVICES, DUNDEE PUBLIC SCHOOLS, FAMILY COUNSELING & SHELTER SERVICES, FAMILY MEDICAL CENTER OF MICHIGAN, GREAT START COLLABORATIVE, HUMAN SERVICES COLLABORATIVE NETWORK, IDA PUBLIC SCHOOLS, JEFFERSON PUBLIC SCHOOLS, MASON CONSOLIDATED PUBLIC SCHOOLS, MICHIGAN STATE POLICE, MONROE CENTER FOR HEALTHY AGING, MONROE COUNTY BOARD OF COMMISSIONERS, MONROE COUNTY COMMISSION ON AGING, MONROE COUNTY COMMUNITY COLLEGE, MONROE COUNTY FAMILY YMCA, MONROE COUNTY HEAD START/EARLY HEAD START, MONROE COUNTY HEALTH DEPARTMENT, MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT, MONROE COUNTY MENTAL HEALTH AUTHORITY, MONROE COUNTY MSU EXTENSION, MONROE COUNTY OPPORTUNITY CENTER, MONROE COUNTY PLANNING COMMISSION, MONROE COUNTY SUBSTANCE ABUSE COALITION, MONROE PUBLIC SCHOOLS, PROMEDICA MONROE REGIONAL HOSPITAL, SALVATION ARMY, SENATOR ZORN'S OFFICE, SUMMERFIELD PUBLIC SCHOOLS, UNITED WAY OF MONROE, WHITEFORD PUBLIC SCHOOLS</p>

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

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

Form and Line Reference	Explanation
MERCY MEMORIAL HOSPITAL CORPORATION	PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY CONDUCTED ITS 2022 CHNA WITH THE HOSPITAL COUNCIL OF NORTHWEST OHIO

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
<p>MERCY MEMORIAL HOSPITAL CORPORATION</p>	<p>PART V, SECTION B, LINE 11: MERCY MEMORIAL HOSPITAL CORPORATION CONDUCTED AND ADOPTED ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2022 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORDER OF PRIORITY:- CHRONIC DISEASE PREVENTION- SOCIAL DETERMINANTS OF HEALTH FOOD INSECURITY- MENTAL HEALTH- OBESITY PHYSICAL ACTIVITY- TOBACCO/VAPING- OPIOID CESSATION THE CHNA DISCUSSED IN THE BELOW DISCLOSURES WAS CONDUCTED AND ADOPTED AT THE END OF TAX YEAR 2019, AND THESE NEEDS HAVE BEEN ADDRESSED THROUGH 2022. THE LATEST CHNA WAS ADOPTED AT THE END OF 2022, AND WILL BE ADDRESSED IN 2023-2025. MERCY MEMORIAL HOSPITAL CORPORATION DOES NOT INTEND TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT GIVEN THAT SOME OF THE IDENTIFIED HEALTH NEEDS ARE EITHER BEING ADDRESSED DURING PHYSICIAN VISITS, GO BEYOND THE SCOPE OF THE HOSPITAL, OR ARE BEING ADDRESSED BY, OR WITH, OTHER ORGANIZATIONS IN THE COMMUNITY. TO SOME EXTENT, RESOURCE RESTRICTIONS DO NOT ALLOW THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS IDENTIFIED THROUGH THE HEALTH NEEDS ASSESSMENT, BUT MOST IMPORTANTLY TO PREVENT DUPLICATION OF EFFORTS AND INEFFICIENT USE OF RESOURCES, MANY OF THESE ISSUES ARE ADDRESSED BY, AND WITH, OTHER COMMUNITY ORGANIZATIONS AND COALITIONS. THE 2019 SIGNIFICANT HEALTH NEEDS IDENTIFIED, BUT SPECIFICALLY NOT ADDRESSED BY THE HOSPITAL IN ITS 2019 IMPLEMENTATION PLAN INCLUDE: HEALTH STATUS PERCEPTIONS, HEALTH CARE COVERAGE, HEALTH CARE ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, MEN'S HEALTH, WOMEN'S HEALTH, ORAL HEALTH, HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS, ADULT ALCOHOL CONSUMPTION, ADULT DRUG USE, ADULT SEXUAL BEHAVIOR, CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, QUALITY OF LIFE, SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, PARENTING, YOUTH WEIGHT/NUTRITION/PHYSICAL ACTIVITY, YOUTH SEXUAL BEHAVIOR, YOUTH ALCOHOL CONSUMPTION, YOUTH DRUG USE, YOUTH SAFETY/BULLYING/DANGER/VIOLENCE, COMMUNITY DOMAIN, FAMILY DOMAIN, INDIVIDUAL/PEER DOMAIN, AND SCHOOL DOMAIN. DUE TO RESTRICTIONS AND REGULATIONS PUT IN PLACE DUE TO THE COVID-19 PANDEMIC, MANY OF THE STRATEGIES MEANT TO BE IMPLEMENTED HAD TO BE DELAYED. LISTED HERE ARE THE STRATEGIES THAT WERE ABLE TO BE MAINTAINED WHILE FOLLOWING PROPER PUBLIC HEALTH GUIDELINES IN PLACE AT THE TIME. ITEMS UNABLE TO BE ADDRESSED IN 2021 WILL BE ADDRESSED IN THE SUBSEQUENT YEAR. MERCY MEMORIAL HOSPITAL CORPORATION TOOK THE FOLLOWING ACTIONS DURING TAX YEAR 2022 WITH RESPECT TO THE CHNA CONDUCTED IN 2019. THE LATEST CHNA WAS ADOPTED IN DECEMBER OF 2022. HEALTH NEED IDENTIFIED: CHRONIC DISEASE PREVENTION STRATEGY #1 - HOLD 2 RISK AWARENESS AND EDUCATIONAL SESSIONS EACH YEAR THAT PROVIDE SCREENINGS, EDUCATION AND INFORMATION THAT INCLUDE BUT ARE NOT LIMITED TO STROKE, CANCER AND OTHER VARIOUS TOPICS AND ISSUES THAT ARE IMPORTANT TO MONROE COUNTY FAMILIES ACTIONS TAKEN:- 25 EDUCATION SESSIONS FOCUSED ON RESPIRATORY HEALTH, H</p>

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

Form and Line Reference	Explanation
<p>MERCY MEMORIAL HOSPITAL CORPORATION</p>	<p>HEALTHY HABITS, HEALTHY AGING, STROKE AWARENESS, CHILDBIRTH AND BREASTFEEDING WERE OFFERED IN 2022. - 467 PARTICIPANTS ATTENDED EDUCATION SESSIONS IN 2022.- 22 PATIENTS RECEIVED NO COST WOMEN'S HEALTH SCREENINGS THROUGH BREAST AND CERVICAL CANCER PROGRAM (BCCP) IN 2022.H EALTH NEED IDENTIFIED - SOCIAL DETERMINANTS OF HEALTH FOOD INSECURITY STRATEGY #1 - PARTNER WITH COMMUNITY GROUPS TO INCREASE ACCESS TO FOOD AND DEPLOYMENT OF FOOD PRESCRIPTIONS. ACTIONS TAKEN:- 67 FOOD PRESCRIPTION REFERRALS WERE MADE TO FOOD PANTRIES IN 2022.- SIX (6) PATIENTS SCREENING POSITIVE FOR FOOD INSECURITY RECEIVED FOOD AT DISCHARGE IN 2022. STRATEGY #2 - DEVELOP FOOD RECLAMATION PROGRAM AND ASSESS/MEASURE ANNUALLY.ACTIONS TAKEN:- HOSPITAL COLLABORATED WITH THE MEALS ON WHEELS PROGRAM TO PREPARE AND PACKAGE MEALS. THE PROGRAM PROVIDED INGREDIENTS AND SUPPLIES AND THE HOSPITAL PROVIDED TIME IN-KIND TO PREPARE AND PACKAGE MEALS FOR DISTRIBUTION TO OLDER ADULTS IN 2022. STRATEGY #3 - EVALUATE EMPLOYEE FOOD INSECURITY NEED AND DEPLOY FOOD.ACTIONS TAKEN:- SEVEN (7) HOSPITAL EMPLOYEES RECEIVED FOOD RESOURCES IN 2022. HEALTH NEED IDENTIFIED: MENTAL HEALTH STRATEGY #1 - HOLD SCREENINGS AND EDUCATIONAL SESSIONS EACH YEAR THAT PROVIDE INFORMATION ON VARIOUS TOPICS THAT INCLUDE BUT ARE NOT LIMITED TO ANXIETY, DEPRESSION, SUICIDE AWARENESS, SUICIDE PREVENTION, BULLYING AND OTHER ISSUES THAT ARE IMPORTANT MONROE COUNTY FAMILIES.ACTIONS TAKEN:- 450 COMMUNITY MEMBERS RECEIVED EDUCATIONAL RESOURCES ABOUT ANXIETY, DEPRESSION, SUICIDE PREVENTION, BULLYING AND OTHER BEHAVIORAL HEALTH TOPICS IN 2022. - 110 PROMEDICA MONROE MENTAL HEALTH RESOURCE GUIDES WERE DISTRIBUTED TO THE COMMUNITY IN 2022. STRATEGY #2 - CONTINUE TO UPDATE COMMUNITY RESOURCE GUIDE FOR MONROE COUNTY AND PROVIDE LINK TO COMMUNITY MEMBERS ANNUALLY . ACTIONS TAKEN: - 110 COPIES OF THE PROMEDICA MONROE MENTAL HEALTH RESOURCE GUIDE WERE DISTRIBUTED TO THE COMMUNITY IN 2022. ELECTRONIC LINKS TO THE MENTAL HEALTH RESOURCE GUIDE ARE DISTRIBUTED TO THE BUILDING HEALTHY COMMUNITIES COALITION, MONROE SUBSTANCE ABUSE COALITION, AND SCHOOLS IN MONROE COUNTY.HEALTH NEED IDENTIFIED: OBESITY/PHYSICAL ACTIVITY STRATEGY #1 - PHYSICAL TRAINING A. EXPLORE OPPORTUNITIES AND STRATEGY FOR EXERCISE VOUCHER PROGRAM WITH LOCAL FITNESS CENTERS.B. WORK WITH LOCAL PROVIDERS ON SCREENING AND EXERCISE PRESCRIPTION PROGRAM. ACTIONS TAKEN:- YMCA OF MONROE COUNTY AND THE HOSPITAL ARE ESTABLISHING A COLLABORATION TO LINK PATIENTS TO EVIDENCE BASED PROGRAMS AT THE YMCA. THESE PROGRAMS INCLUDE BLOOD PRESSURE SELF-MONITORING PROGRAM, ENHANCED FITNESS, AND AN ARTHRITIS PROGRAM. - 78 BE ACTIVE MONROE MAPS WERE DISTRIBUTED IN HOSPITAL WAITING AREAS AND IN THE COMMUNITY. STRATEGY # 2 - NUTRITION EDUCATION - WORK WITH PROMEDICA WELLNESS TO PROVIDE NUTRITIONAL WELLNESS TIPS TO BE DISTRIBUTED TO COMMUNITY.ACTIONS TAKEN: - 23 PROMEDICA WELLNESS NUTRITION NEWSLETTERS ABOUT IMPORTANCE OF HYDRATION, HEART HEALTH DURING THE HOLIDAYS, STRESS REDUCTION AND HEALTHY RECIPES WERE</p>

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

Form and Line Reference	Explanation
MERCY MEMORIAL HOSPITAL CORPORATION	<p>RE DISTRIBUTED IN 2022. - ELECTRONIC PROMEDICA WELLNESS NUTRITION TIPS AND PROPER FRUIT AND VEGETABLE STORAGE, WAS SHARED WITH 10 BUILDING HEALTHY COMMUNITY PARTNERS WITH CALL TO ACTION TO SHARE WITH THE COMMUNITY PARTICIPATING ORGANIZATIONS SERVETO ENCOURAGE HEALTHY EATING AS PART OF THE COALITION'S WELLNESS OUTREACH COMMITTEE. REACH IS UNKNOWN. HEALTH NEED IDENTIFIED: TOBACCO/VAPING EDUCATION STRATEGY #1 - PROVIDE TOBACCO/VAPING CESSATION EDUCATION TO BOTH ADULTS AND YOUTH POPULATIONS.ACTIONS TAKEN:- 81 COMMUNITY MEMBERS ATTENDED AND RECEIVED EDUCATION AT A TOBACCO CESSATION EDUCATION SESSION IN 2022.STRATEGY #2 - COLLABORATE WITH COMMUNITY TOBACCO/VAPING TREATMENT PROGRAMS IN AN EFFORT TO REDUCE COMMUNITY DEPENDENCE.ACTIONS TAKEN:- TWO (2) COLLABORATIONS MONROE CENTER FOR HEALTHY AGING AND MONROE COUNTY SUBSTANCE ABUSE COALITION SUPPORTED THE DISTRIBUTION OF TOBACCO/VAPING TREATMENT AND CESSATION INFORMATION IN 2022. STRATEGY #3 - PROVIDE TOBACCO CESSATION MATERIALS AND STAFF EDUCATION TO COMMUNITY AGENCIES.ACTIONS TAKEN:- 34 COMMUNITY MEMBERS RECEIVED TOBACCO OR VAPING CESSATION EDUCATIONAL MATERIALS AT COMMUNITY EVENTS AND IN THE HOSPITAL LOBBY IN 2022. HEALTH NEED IDENTIFIED: OPIOID CESSATIONSTRATEGY #1 - DEVELOP OPIOID KIT DISTRIBUTION PROGRAM YEAR ONE. MONITOR USE IN FOLLOWING YEARS. ACTIONS TAKEN:- NINETEEN (19) NALOXONE KITS WERE DISTRIBUTED TO EMS AND PROVIDED TO COMMUNITY MEMBERS OR FAMILIES EXPERIENCING SUBSTANCE OR OPIOID USE DISORDER. STRATEGY #2 - EDUCATION ON OPIOIDS, TRAUMA AND OTHER HIGH-RISK BEHAVIORS.ACTIONS TAKEN:- 135 COMMUNITY MEMBERS RECEIVED EDUCATIONAL MATERIALS RELATED TO INJURY, TRAUMA, STOP THE BLEED AND HARM REDUCTION WERE PROVIDED AT LOCAL SCHOOLS, YMCA, MONROE COUNTY FAIR AND OTHER KEY COMMUNITY LOCATIONS IN 2022.</p>

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	THE 2022 CHNA CAN BE FOUND AT THE FOLLOWING URL: HTTPS://WWW.PROMEDICA.ORG/ABOUT-PROMEDICA/COMMUNITY

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
PART V, SECTION B, LINE 10A	THE 2023-2025 CHNA IMPLEMENTATION PLAN CAN BE FOUND AT THE FOLLOWING URL: HTTPS://WWW.PROMEDICA.ORG/ABOUT-PROMEDICA/COMMUNITY

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
PART V, SECTION B, LINE 16A:	THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL: HTTPS://WWW.PROMEDICA.ORG/PAY-MY-BILL/FINANCIAL-ASSISTANCE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16B:	THE FAP APPLICATION FORM WAS WIDELY AVAILABLE AT THE FOLLOWING URL: HTTPS://WWW.PROMEDICA.ORG/PAY-MY-BILL/FINANCIAL-ASSISTANCE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16C:	A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING URL: HTTPS://WWW.PROMEDICA.ORG/PAY-MY-BILL/FINANCIAL-ASSISTANCE

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - MONROE CANCER CENTER 800 STEWART RD MONROE, MI 481624226	CANCER CARE
1 2 - PROMEDICA MONROE DELIELSE CENTER AT 1060 1060 N MONROE ST MONROE, MI 481623113	LAB
2 3 - PROMEDICA MONROE REHAB CENTER 407 S TELEGRAPH RD MONROE, MI 481611611	PHYSICAL THERAPY
3 4 - PROMEDICA LABORATORIES - DUNDEE 100 POWELL DR STE 6 DUNDEE, MI 481318645	DIAGNOSTIC THERAPY & LAB
4 5 - PROMEDICA LABORATORIES - NEWPORT 7825 N DIXIE HWY STE 104 NEWPORT, MI 481669750	LAB
5 6 - PROMEDICA MONROE STREET TOTAL REHAB 1422 N MONROE ST MONROE, MI 481624211	PHYSICAL THERAPY
6 7 - PROMEDICA MONROE REGIONAL LABORATORY 55 COLE RD MONROE, MI 481624103	LAB
7 8 - PROMEDICA MONROE MOB - WOUND CARE 730 N MACOMB ST STE 222 MONROE, MI 481622904	WOUND CARE
8 9 - PROMEDICA MONROE LAB & OCCUHEALTH 901 N MACOMB ST STE 102 MONROE, MI 481623088	LAB & OCCUPATIONAL MEDICINE
9 10 - MONROE PHYSICAL THERAPY 214 E ELM AVE STE 106 MONROE, MI 481622678	PHYSICAL THERAPY
10 11 - PROMEDICA MONROE REGIONAL LABORATORY 219 W FRONT ST MONROE, MI 481612355	LAB
11 12 - PROMEDICA MONROE MOB - OP DIABETES 901 N MACOMB ST STE 110 MONROE, MI 481623088	DIABETES CARE
12 13 - MOB HEART FAILURE CLINIC 730 N MACOMB ST MONROE, MI 481622900	HEART FAILURE CLINIC

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization MERCY MEMORIAL HOSPITAL CORPORATION

Employer identification number 38-1984289

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) PROMEDICA FOUNDATION, 34-1517672, 501(C)(3), 13,880, 0, N/A, N/A, OPERATING GRANTS.

- 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2022
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY MEMORIAL HOSPITAL CORPORATION

Employer identification number
38-1984289

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>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.</p>	7	No								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	PROMEDICA HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION OF MERCY MEMORIAL HOSPITAL CORPORATION, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE: COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII. STEVEN CAVANAUGH RECEIVED SEVERANCE PAYMENTS FROM A RELATED ORGANIZATION, PROMEDICA HEALTH SYSTEM, IN THE AMOUNT OF \$688,132 DURING 2022. JEFFERY KUHN RECEIVED SEVERANCE PAYMENTS FROM A RELATED ORGANIZATION, PROMEDICA HEALTH SYSTEM, IN THE AMOUNT OF \$333,184 DURING 2022.</p>

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, SUPPLEMENTAL INFORMATION:	IN ADDITION, HCR MANORCARE, INC. A RELATED ORGANIZATION PROVIDES A SPLIT-DOLLAR LIFE INSURANCE PLAN TO ITS CHIEF EXECUTIVE OFFICER FROM WHICH NO CASH PAYMENTS WERE MADE DURING THE YEAR.

Additional Data

Software ID:
Software Version:
EIN: 38-1984289
Name: MERCY MEMORIAL HOSPITAL CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RANDALL OOSTRA PHS PRES. & CEO-PART YEAR	(i)	0	0	0	0	0	0	0
	(ii)	1,664,907	2,628,840	1,182,293	0	3,579	5,479,619	0
1 STEVEN M CAVANAUGH TREASURER, CFO-PART YEAR	(i)	0	0	0	0	0	0	0
	(ii)	604,206	1,107,251	724,358	28,986	12,539	2,477,340	0
2 ARTURO POLIZZI TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	1,003,178	597,348	5,304	0	12,750	1,618,580	0
3 JEFFREY C KUHN SECRETARY, CHIEF LEGAL OFFICER-PART	(i)	0	0	0	0	0	0	0
	(ii)	390,988	196,494	339,985	23,904	20,319	971,690	0
4 KENT EDWARD BISHOP MD TRUSTEE, CMO PROMEDICA PHY	(i)	0	0	0	0	0	0	0
	(ii)	674,591	92,255	1,965	0	11,829	780,640	0
5 STEPHEN M SADOWSKI CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	596,289	86,275	1,051	0	6,102	689,717	0
6 KENNETH JOSEPH MCNAMEE MD TRUSTEE, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	628,117	16,865	4,491	0	32,194	681,667	0
7 DEE A BIALECKI-HAASE MD TRUSTEE, CMO PROMEDICA INS	(i)	0	0	0	0	0	0	0
	(ii)	389,764	122,027	2,486	0	1,571	515,848	0
8 GARY W AKENBERGER COO, ACUTE CARE & SVP, DIAG	(i)	0	0	0	0	0	0	0
	(ii)	391,743	68,216	6,288	9,317	24,333	499,897	0
9 DARRIN ARQUETTE PRES., EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	327,854	57,069	2,722	5,846	29,455	422,946	0
10 ANTHONY E MELONAKOS MD TRUSTEE, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	356,099	24,092	7,098	0	20,805	408,094	0
11 NICHOLAS SCHENK ASSOCIATE PROGRAM DIRECTOR	(i)	355,789	12,118	275	0	32,072	400,254	0
	(ii)	0	0	0	0	0	0	0
12 KEVIN A SHARP TRUSTEE, VP/REVENUE CYCLE	(i)	0	0	0	0	0	0	0
	(ii)	277,766	36,221	2,004	0	8,648	324,639	0
13 CHRISTI L ANSBERG TRUSTEE, VP, PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	241,767	55,646	2,951	0	6,313	306,677	0
14 DEIRDRE MCQUEEN- YOUNGLOVE RN, ACUTE CARE	(i)	134,210	100,555	0	1,761	0	236,526	0
	(ii)	0	0	0	0	0	0	0
15 CHRISTINA LUCAS- VOUGIOUKLAKIS PHYSICIAN	(i)	184,138	30,000	40	1,067	18,743	233,988	0
	(ii)	0	0	0	0	0	0	0
16 LAURA GRIMA PHYSICIAN	(i)	218,695	1,897	1,293	0	10,258	232,143	0
	(ii)	0	0	0	0	0	0	0
17 AMANDA MANNO CRNA	(i)	214,011	0	0	0	3,297	217,308	0
	(ii)	0	0	0	0	0	0	0
18 DEANA SIEVERT SR VP, PAT CARE/CNO, SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	122,359	34,717	382	0	2,442	159,900	0

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

MERCY MEMORIAL HOSPITAL CORPORATION

Employer identification number

38-1984289

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 24A:	MERCY MEMORIAL HOSPITAL CORPORATION IS A HEALTH FACILITY THAT IS A SUBSIDIARY OF PROMEDICA HEALTH SYSTEM, INC. (PHS). MERCY MEMORIAL HOSPITAL CORPORATION HOLDS AN INTERCOMPANY NOTE PAYABLE TO THE TOLEDO HOSPITAL, WHICH IS ALSO A SUBSIDIARY OF PHS. THE NOTE PAYABLE REPRESENTS MERCY MEMORIAL HOSPITAL CORPORATION'S PORTION OF TAXABLE AND TAX-EXEMPT BONDS ISSUED BY PROMEDICA HEALTHCARE OBLIGATED GROUP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART V, LINE 1A:	THE PROMEDICA HEALTH SYSTEM PROCESSES ALL ACCOUNTS PAYABLE THROUGH ONE PAY COMPANY. ALL 1099 FORMS FOR PROMEDICA HEALTH SYSTEM, INC. AND SUBSIDIARIES ARE FILED UNDER PROMEDICA HEALTH SYSTEM, INC. FEIN 34-1517671.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AS A MICHIGAN NON-PROFIT ORGANIZATION, THIS CORPORATION HAS A CORPORATE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PROMEDICA HEALTH SYSTEM, INC. (PHS) IS THE PARENT CORPORATION AND SOLE MEMBER OF MERCY MEMORIAL HOSPITAL CORPORATION. AS THE SOLE MEMBER, PHS HAS THE RIGHT TO (A) NOMINATE AND ELECT A MINORITY OF THE MEMBERS AND REMOVE (WITH CAUSE) THE MEMBERS OF THE BOARD OF TRUSTEES OF MERCY MEMORIAL HOSPITAL CORPORATION, AND (B) APPROVE THE NOMINEES TO FILL ANY VACANCIES ON THE BOARD OF TRUSTEES, A MAJORITY OF WHOM ARE NOMINATED BY MERCY MEMORIAL HOSPITAL CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	WHILE THE BOARD OF TRUSTEES OF EACH BUSINESS UNIT IS GRANTED CERTAIN POWERS WITH RESPECT TO SUCH BUSINESS UNIT'S OPERATIONS, AS THE MEMBER, PROMEDICA HEALTH SYSTEM, INC. RETAINS APPROVAL RIGHTS WITH RESPECT TO CERTAIN CORPORATE ACTIONS SUCH AS (I) ADOPTION OF THE BUSINESS UNIT'S STRATEGIC PLANS AND FINANCIAL PLANS, (II) EXPENDITURES FOR NON-BUDGETED ITEMS IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (III) EXPENDITURES FOR ITEMS WHICH ARE INCLUDED IN THE BUSINESS UNIT'S ANNUAL BUDGETS BUT WHICH EXCEED THE BUDGETED AMOUNT BY AN AMOUNT IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER, (IV) INCURRENCE, ASSUMPTION OR GUARANTEE OF ANY INDEBTEDNESS, (V) SALE, LEASE OR OTHER DISPOSITION OF REAL PROPERTY OR ASSETS WITH A VALUE IN EXCESS OF CERTAIN DOLLAR LIMITS SET FROM TIME TO TIME BY THE MEMBER AND (VI) ANY MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION OR LIQUIDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE RETURN IS REVIEWED BY MANAGEMENT BEFORE BEING PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING. ANY COMMENTS OR QUESTIONS FROM THE BOARD ARE REVIEWED AND INCORPORATED INTO THE RETURN IF APPROPRIATE. FINAL RETURNS ARE PROVIDED TO A PRINCIPAL OFFICER FOR SIGNATURE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PROMEDICA HEALTH SYSTEM, INC. AND AFFILIATES (PHS) HAVE STANDARDS OF CONDUCT THAT APPLY TO ALL PHS BOARD MEMBERS AND EMPLOYEES. BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO CERTIFY THEIR COMPLIANCE WITH THE APPLICABLE STANDARDS PRIOR TO ELECTION/APPOINTMENT OR PRIOR TO BEGINNING EMPLOYMENT. BOARD MEMBERS ANNUALLY (OR IMMEDIATELY IF NEW POTENTIAL CONFLICTS OF INTEREST ARISE), ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND RETURN THE BOARD MEMBER STATEMENT OF CONFLICT (SOC) SURVEY WITHIN 30 DAYS OF DISSEMINATION. BOARD MEMBER SOC SURVEYS ARE REVIEWED BY THE V.P., AUDIT & COMPLIANCE/CHIEF COMPLIANCE OFFICER (CCO). SUMMARIZED INFORMATION IS FORWARDED FOR REVIEW TO THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, BUSINESS UNIT PRESIDENTS AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (PRESIDENT/CEO), BASED UP ON THEIR RESPECTIVE KNOWLEDGE OF THE BOARD MEMBERS. THE PURPOSE OF THIS REVIEW IS TO BOTH INFORM MANAGEMENT OF THE DISCLOSED CONFLICTS AND TO ALLOW THEM TO IDENTIFY TO THE V.P., AUDIT & COMPLIANCE, ANY POTENTIAL UNDISCLOSED CONFLICTS. THE AUDIT & COMPLIANCE DEPARTMENT THEN CONDUCTS AN AUDIT OF ALL BOARD MEMBER SOC SURVEYS (ALONG WITH ANY RELATIONSHIPS NOTED THROUGH THE ABOVE REVIEW) TO IDENTIFY ANY POSITIONAL CONFLICTS OF INTEREST AND TO TEST MATERIAL TRANSACTIONS WITH BOARD MEMBERS/THEIR AFFILIATES FOR FAIR MARKET VALUE. THE RESULTS OF THE AUDIT ARE REPORTED DIRECTLY TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE WITH A COPY TO THE PRESIDENT/CEO. THE REPORT INCLUDES A SUMMARY OF THE AUDIT PROCEDURES PERFORMED, ANY SIGNIFICANT CONCERNS IDENTIFIED, AND THEIR RESOLUTION. ANY UNRESOLVED CONFLICTS ARE ADDRESSED BY THE AUDIT COMMITTEE WITH RECOMMENDATIONS TO THE FULL BOARD AS NEEDED. FAILURE TO COMPLETE THE SURVEY OR THE SUBMISSION OF A FALSE OR INCOMPLETE SURVEY, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT IMMEDIATION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE BOARD MEMBER'S SURVEY RESULTS OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION BY THE BOARD OF TRUSTEES UP TO AND INCLUDING REMOVAL FROM THE BOARD/COMMITTEE/COUNCIL.</p> <p>EMPLOYEES, EXCLUDING EMPLOYED PROVIDERS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL BONUS-ELIGIBLE SENIOR LEADERSHIP AND SPECIFICALLY IDENTIFIED ADDITIONAL EMPLOYEES, ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC EMPLOYEE CERTIFICATION QUESTIONNAIRE BY AN ESTABLISHED DEADLINE THAT IS COMMUNICATED TO THE EMPLOYEE. THE HUMAN RESOURCES DEPARTMENT ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND PROVIDES NOTIFICATION TO THE V.P., AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL EMPLOYEE CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE AUDIT & COMPLIANCE DEPARTMENT. ALL NEW EMPLOYEES, EXCLUDING EMPLOYED PROVIDERS, ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYEE STANDARD OF CONDUCT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>T AND THE EMPLOYEE CERTIFICATION STATEMENT WHICH THE NEW EMPLOYEE IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT. THE AUDIT & COMPLIANCE DEPARTMENT HAS ACCESS TO A REPORT THAT IDENTIFIES ALL NEW HIRES. A SAMPLE OF EMPLOYEES IS IDENTIFIED AND AN AUDIT IS CONDUCTED TO ENSURE THAT REQUIRED DOCUMENTATION IS ON FILE. IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE V.P., AUDIT & COMPLIANCE AND IF NECESSARY DISCUSSED WITH THE BUSINESS UNIT PRESIDENT IN WHICH THE EMPLOYEE WORKS, THE CHIEF HUMAN RESOURCE OFFICER, AND GENERAL COUNSEL. IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL OF THE PHS PRESIDENT/CEO. RESULTS OF THE EMPLOYEE PROCESS AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE. FAILURE TO COMPLETE THE CERTIFICATION QUESTIONNAIRE, OR THE COMPLETION OF A FALSE OR INCOMPLETE CERTIFICATION QUESTIONNAIRE, OR FAILURE TO DISCLOSE IMMEDIATELY ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE, OR FAILURE TO COOPERATE WITHOUT CONDITION, HONESTLY AND COMPLETELY WITH ANY INVESTIGATION OR REVIEW OF THE EMPLOYEE'S CERTIFICATION QUESTIONNAIRE OR HIS/HER ACTIONS OR CIRCUMSTANCES SHALL BE GROUNDS FOR SANCTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. ADDITIONALLY, AS PART OF THE ANNUAL MANDATORY COMPLIANCE TRAINING ASSIGNED TO ALL PROMEDICA EMPLOYEES, EACH EMPLOYEE IS REQUIRED TO ELECTRONICALLY ACKNOWLEDGE THAT THEY HAVE RECEIVED A COPY OF THE PROMEDICA STANDARDS OF CONDUCT, THAT THEY UNDERSTAND HOW THE STANDARDS APPLY TO THEM, ACKNOWLEDGE THEIR OBLIGATION TO FOLLOW THEM, THEIR OBLIGATION TO REPORT VIOLATIONS OF THE STANDARDS OR REQUESTS THAT WOULD RESULT IN VIOLATIONS OF THE STANDARDS TO APPROPRIATE COMPANY OFFICERS AND THAT THEY HAVE REPORTED ALL VIOLATIONS KNOWN TO THEM AS REQUIRED BY THE STANDARDS. IN ADDITION THE ATTESTATION STATES ANY CONFLICTS OF INTEREST OR OTHER MATTERS FOR WHICH THE STANDARDS REQUIRE WRITTEN DISCLOSURE TO THE COMPANY HAVE BEEN SO DISCLOSED BY THE EMPLOYEE AND THEY UNDERSTAND AND ACKNOWLEDGE THAT TO THE EXTENT THEY ARE AN AT-WILL EMPLOYEE, THE STANDARDS DO NOT AFFECT THE AT-WILL NATURE OF MY EMPLOYMENT RELATIONSHIP WITH THE COMPANY. EMPLOYED PROVIDERS ANNUALLY (OR IMMEDIATELY IF NEW CONFLICTS OF INTEREST ARISE), ALL EMPLOYED PROVIDERS ARE REQUIRED TO COMPLETE AND SUBMIT AN ELECTRONIC PROVIDER CERTIFICATION QUESTIONNAIRE BY THE ESTABLISHED AND COMMUNICATED DEADLINE. THE OFFICE OF THE PRESIDENT/CHIEF MEDICAL OFFICER FOR PROMEDICA PHYSICIAN GROUP, INC. (PPG) ENSURES THAT ALL QUESTIONNAIRES, WHICH ARE STORED ELECTRONICALLY, ARE COMPLETED AND REVIEWED AND ENSURES NOTIFICATION IS PROVIDED TO THE OFFICE OF THE PROMEDICA HEALTH SYSTEM, INC. ("PHS") V.P., AUDIT & COMPLIANCE OF THE NUMBER OF ANNUAL PROVIDER CERTIFICATION QUESTIONNAIRES SENT AND RECEIVED AND ALSO ENSURES COPIES OF ANY QUESTIONNAIRES CONTAINING DISCLOSURES THAT WARRANT FURTHER REVIEW BY THE PHS AUDIT & COMPLIANCE DEPARTMENT ARE FORWARDED ACCORDINGLY. ALL NEW EMPLO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>YED PROVIDERS ARE PROVIDED EITHER AN ELECTRONIC OR PAPER COPY OF THE EMPLOYED PROVIDER STANDARD OF CONDUCT AND THE PROVIDER CERTIFICATION STATEMENT WHICH THE NEW PROVIDER IS REQUIRED TO COMPLETE PRIOR TO BEGINNING EMPLOYMENT. IDENTIFIED CONFLICTS ARE INITIALLY REVIEWED BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER, OR DESIGNEE, AND IF APPROPRIATE, ARE SUBSEQUENTLY REPORTED TO THE OFFICE OF THE PHS V.P., AUDIT & COMPLIANCE. IF THE CONFLICT IS CONSIDERED A SIGNIFICANT EXPOSURE RISK FOR PHS, A RECOMMENDATION WILL BE PREPARED FOR FINAL APPROVAL BY THE PHS PRESIDENT/CHIEF EXECUTIVE OFFICER. RESULTS OF THE EMPLOYED PROVIDER AUDIT ARE INCLUDED IN THE ABOVE REPORT TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE. ANY ITEMS THAT MEET CRITERIA FOR PUBLIC DISCLOSURE WILL BE COMMUNICATED TO THE IDENTIFIED PROVIDER BY THE PPG PRESIDENT/CHIEF MEDICAL OFFICER, OR DESIGNEE, IN ADVANCE OF THE POSTING. THE PPG PRESIDENT/CHIEF MEDICAL OFFICER, OR DESIGNEE, WILL PROVIDE THE PROVIDER-INDUSTRY RELATIONSHIP DISCLOSURES TO THE APPLICABLE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE. THE PUBLIC DISCLOSURE WILL BE POSTED ON THE PHS WEBSITE (HTTPS://WWW.PROMEDICA.ORG/PAGES/ABOUT-US/INDUSTRY-RELATIONSHIPS.ASPX) DATABASE BY THE PHS MARKETING/COMMUNICATIONS REPRESENTATIVE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MERCY MEMORIAL HOSPITAL CORPORATION'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE COMPENSATED BY PROMEDICA HEALTH SYSTEM, INC. (PHS), A RELATED TAX-EXEMPT ORGANIZATION. COMPENSATION DETERMINATIONS OF MERCY MEMORIAL HOSPITAL CORPORATION'S TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS ARE MADE BY A COMPENSATION COMMITTEE OF PHS. EACH YEAR INDEPENDENT CONSULTANTS CONDUCT AN ANNUAL SURVEY AND RECOMMEND EXECUTIVE PAYROLL BASE SALARY RANGES BASED UPON THE MARKET. THE DATA IS REVIEWED AND APPROVED BY THE PROMEDICA HEALTH SYSTEM COMPENSATION COMMITTEE EVERY OCTOBER. SALARY ADJUSTMENTS ARE DETERMINED AT THE DECEMBER MEETING OF THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE APPROVES OTHER FORMS OF COMPENSATION BASED UPON THE PRIOR YEAR PERFORMANCE AT THE JANUARY MEETING EACH YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PROMEDICA HEALTH SYSTEM, INC. AND SUBSIDIARIES PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	LOUIS ROBICHAUX IS EMPLOYED BY A MANAGEMENT AGENCY THAT IS UNDER A CONTRACT TO PROVIDE MANAGEMENT SERVICES TO PROMEDICA HEALTH SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION B	PROMEDICA HEALTH SYSTEM PROCESSES ALL ACCOUNTS PAYABLE THROUGH ONE PAY COMPANY, PROMEDICA HEALTH SYSTEM, INC. THE INDEPENDENT CONTRACTORS OVER \$100,000 WILL BE LISTED ON THE 990 FILED FOR PROMEDICA HEALTH SYSTEM, INC. FEIN 34-1517671.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACTED MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 2,119,574. MANAGEMENT AND GENERAL EXPENSES 3,792,160. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,911,734. CONSULTING & AGENCY FEES: PROGRAM SERVICE EXPENSES 15,653,020. MANAGEMENT AND GENERAL EXPENSES 3,559,867. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 19,212,887. SERVICE CONTRACT FEES: PROGRAM SERVICE EXPENSES 3,083,970. MANAGEMENT AND GENERAL EXPENSES 740,263. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,824,233. PHYSICIAN AND MEDICAL STAFFING FEES: PROGRAM SERVICE EXPENSES 4,298,803. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,298,803.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFERS BETWEEN RELATED ENTITIES 50,065,538. REVERSE OF BOOK ENTRY FOR AUXILIARY ACTIVITY -1,126,673.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY MEMORIAL HOSPITAL CORPORATION

Employer identification number

38-1984289

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

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

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

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

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the 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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-1984289
Name: MERCY MEMORIAL HOSPITAL CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 MADISON AVE TOLEDO, OH 43604 34-1883132	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 38-6108110	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
1200 RALSTON DEFIANCE, OH 43512 51-0173779	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4446484	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 38-2796005	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
818 RIVERSIDE AVE ADRIAN, MI 43604 38-2149602	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	EMMA L BIXBY MEDICAL CENTER	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-0898745	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
PO BOX 907 FOSTORIA, OH 44830 34-6517634	HOSPITAL / FOUNDATION SUPPORT	OH	501(C)(3)	10	FOSTORIA HOSPITAL ASSOCIATION	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 52-2031975	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA FOUNDATION	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 82-5373223	SKILLED NURSING FACILITIES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 27-0497199	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA FOUNDATION	Yes	
500 E POTTAWATAMIE ST TECUMSEH, MI 49286 38-3076105	HOSPITAL / FOUNDATION SUPPORT	MI	501(C)(3)	12B, II	HERRICK MEMORIAL HOSPITAL INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 38-3049015	HOSPITAL	MI	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 45-4781053	RESPIRE CARE	OH	501(C)(3)	10	DEFIANCE HOSPITAL INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 38-2879330	LONG TERM CARE	MI	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624719	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624391	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624675	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624375	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624687	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 26-0624696	SKILLED NURSING FACILITY	DE	501(C)(3)	10	HCR MANORCARE INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4430849	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 27-3763993	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 38-2934134	LONG TERM CARE	MI	501(C)(3)	10	HCR MANORCARE INC	Yes	
1901 INDIAN WOOD CIR MAUMEE, OH 43537 20-3376102	HEALTH INSURANCE	OH	501(C)(3)	10	PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1881137	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 20-8734161	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4492440	LONG TERM AND HOME HEALTH CARE	OH	501(C)(3)	10	PROMEDICA CONTINUUM SERVICES	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1880767	PHYSICIAN MANAGEMENT SERVICES	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 26-0324790	COURIER SERVICE	OH	501(C)(3)	12B, II	PROMEDICA CONTINUUM SERVICES	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 34-1517672	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 46-1120436	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1517671	PARENT COMPANY OF HEALTH SYSTEM	OH	501(C)(3)	12B, II	N/A	Yes	
ONE CHURCH ST 5TH FLOOR BURLINGTON, VT 05401 34-1931936	PROFESSIONAL & GENERAL LIABILITY	VT	501(C)(3)	12B, II	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 27-2920342	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 46-1111822	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 45-4976786	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 26-3888045	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1899439	PHYSICIAN HEALTH CARE SERVICES	OH	501(C)(3)	10	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 85-2181349	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	

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

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						Yes	No
100 MADISON AVE TOLEDO, OH 43604 83-1731861	PHYSICIAN HEALTH CARE SERVICES	MI	501(C)(3)	10	PROMEDICA PHYSICIAN GROUP INC	Yes	
444 N SUMMIT ST TOLEDO, OH 43604 20-2272848	FOUNDATION	OH	501(C)(3)	12B, II	PROMEDICA FOUNDATION	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-4428256	HOSPITAL	OH	501(C)(3)	3	PROMEDICA HEALTH SYSTEM INC	Yes	
100 MADISON AVE TOLEDO, OH 43604 34-1831624	HOSPICE HOME CARE	OH	501(C)(3)	10	HCR MANORCARE INC	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EAST-WEST HOLDINGS LTD 715 SOUTH TAFT AVE FREMONT, OH 43420 20-4066818	REAL ESTATE	OH	N/A					No			No	
AIR DIVERTER SOLUTIONS LLC 100 MADISON AVE TOLEDO, OH 43604 85-3725776	DEVELOPMENT	OH	N/A					No			No	
MERCYMANOR PARTNERSHIP PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 52-1931012	SKILLED NURSING	PA	N/A					No		Yes		
NORMAN SPECIALTY HOSPITAL LLC PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43604 42-1627672	HEALTH CARE	DE	N/A					No		Yes		
NORTHWEST OHIO DEDICATED BREAST MRI LLC 100 MADISON AVE TOLEDO, OH 43604 26-0679898	MEDICAL DIAGNOSTICS	OH	N/A					No			No	
PROMEDICA DOWNTOWN CAMPUS LANDLORD LLC 100 MADISON AVE TOLEDO, OH 43604 47-3163945	REAL ESTATE	OH	N/A					No		Yes		
PROMEDICA INTUITIVE MANAGEMENT OF OHIO LLC 100 MADISON AVE TOLEDO, OH 43604 85-2085627	HEALTH CARE	MI	N/A					No			No	
PROMEDICA PATHOLOGY LABORATORIES LLC 2130 W CENTRAL AVE STE 300 TOLEDO, OH 43606 83-1022842	CLINICAL LABORATORY	DE	N/A					No			No	
PROMEDICA SENIOR CARE OF GEORGIA LLC 100 MADISON AVE TOLEDO, OH 43604 87-1802834	SKILLED NURSING	OH	N/A					No		Yes		
PROMEDICA VENTURES INNOVATION FUND III LLC 100 MADISON AVE TOLEDO, OH 43604 87-3197533	HOLDING COMPANY	OH	N/A					No			No	
REYNOLDS ROAD SURGICAL CENTER LTD 2865 N REYNOLDS RD TOLEDO, OH 43615 31-1569454	FREESTANDING AMBULATORY SURGICAL CENTER	OH	N/A					No			No	
ROCKET VENTURE FUND II LLC 2865 N REYNOLDS RD STE 220 TOLEDO, OH 43615 47-5603627	INVESTMENT FUND	OH	N/A					No			No	
SENIOR & REHAB CARE AT METROHEALTH LLC 100 MADISON AVE ATTN TAX DEPT TOLEDO, OH 43604 87-2465544	SKILLED NURSING	OH	N/A					No		Yes		
THE SURGICAL INSTITUTE OF MONROE AMBULATORY SURGERY CENTER LLC 1051 S TELEGRAPH RD MONROE, MI 48161 27-0843485	AMBULATORY SURGICAL CENTER	MI	N/A					No			No	
WEST CENTRAL SURGICAL CENTER LLC 7055 W CENTRAL TOLEDO, OH 43617 20-0088459	AMBULATORY SURGICAL CENTER	OH	N/A					No		Yes		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CEC ASSOCIATES INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 23-2267042	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
FORT INDUSTRY JV PARTNER LLC 100 MADISON AVE TOLEDO, OH 43604 84-4675266	REAL ESTATE	OH	N/A	C				Yes	
HEALTH MANAGEMENT SOLUTIONS INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 31-1463193	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
HEALTH RESOURCES INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 35-1682400	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
HERRICK MEMORIAL DEVELOPMENT CORP 500 E POTTAWATAMIE TR ADRIAN, MI 49221 38-3146907	FACILITY LEASING	MI	N/A	C				Yes	
HERRICK MEMORIAL OFFICE PLAZA CONDOMINIUM ASSOCIATION 818 RIVERSIDE AVE ADRIAN, MI 49221 38-3639616	FACILITY MANAGEMENT	MI	N/A	C				Yes	
LENAWEE CLINICAL PARTNERS 100 MADISON AVE TOLEDO, OH 43604 82-1072356	PHYSICAN SUPPORT	OH	N/A	C				Yes	
MONROE HEALTH VENTURES INC 718 N MACOMB MONROE, MI 48164 38-2704426	PHARMACY	MI	MERCY MEMORIAL HOSPITAL CORPORATION	C			100.000 %	Yes	
PHS TOLEDO INNOVATION CENTER HOLDINGS LLC 100 MADISON AVE TOLEDO, OH 43604 87-1433009	HOLDING COMPANY	OH	N/A	C				Yes	
PARAMOUNT BENEFITS AGENCY INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1773766	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1549926	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE OF CONNECTICUT INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 88-1097334	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE OF FLORIDA INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 85-4374415	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE OF INDIANA INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 36-4956006	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE OF KENTUCKY INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 88-1051496	HEALTH CARE INSURANCE	OH	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PARAMOUNT CARE OF MARYLAND INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 88-1112110	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE OF MICHIGAN INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 38-3200310	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE OF NEW JERSEY INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 88-1148265	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT CARE OF VIRGINIA INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 88-1024636	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT INSURNACE COMPANY 1901 INDIAN WOOD CIR MAUMEE, OH 43537 01-0580404	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT PREFERRED OPTIONS INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1623220	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PARAMOUNT PREFERRED SOLUTIONS INC 1901 INDIAN WOOD CIR MAUMEE, OH 43537 47-3952430	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PROMEDICA AT HOME INC 100 MADISON AVE TOLEDO, OH 43604 85-2320857	PHYSICAN SUPPORT	MI	N/A	C				Yes	
PROMEDICA CENTRAL CORPORATION OF MICHIGAN 100 MADISON AVE TOLEDO, OH 43604 38-3322278	PHYSICIAN HEALTH CARE SERVICES	OH	N/A	C				Yes	
PROMEDICA HEALTH NETWORK INC 100 MADISON AVE TOLEDO, OH 43604 47-4006496	PHYSICIAN MANAGEMENT SERVICES	OH	N/A	C				Yes	
PROMEDICA INNOVATIONS LLC 100 MADISON AVE TOLEDO, OH 43604 30-1221601	INVESTMENT COMPANY	OH	N/A	C				Yes	
PROMEDICA INSURANCE CORP INC AND SUBSIDIARIES 1901 INDIAN WOOD CIR MAUMEE, OH 43537 34-1570675	HEALTH CARE INSURANCE	OH	N/A	C				Yes	
PROMEDICA MANAGER MEMBER LLC 100 MADISON AVE TOLEDO, OH 43604 47-5168737	REAL ESTATE	OH	N/A	C				Yes	
PROMEDICA NORTH PHYSICIAN CORPORATION 100 MADISON AVE TOLEDO, OH 43604 38-3482148	PHYSICIAN HEALTH CARE SERVICES	OH	N/A	C				Yes	
PROMEDICA SENIOR CARE OF PISCATAWAY NJ LLC PO BOX 10086 ATTN TAX-5 TOLEDO, OH 43699 86-1179270	SKILLED NURSING	NJ	N/A	C				Yes	