

** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	ror tn	e 2022 calendar year, or tax year beginning JUL I, 2022 and	و ending	UN 30, 2023				
В	Check if applicat	C Name of organization		D Employer identifi	cation number			
	Addre	e MERCY HEALTH FOUNDATION		j				
Ļ	chan	Doing business as		<u>52-21</u> 736	56			
L	Initial return		Room/suite	E Telephone numbe	r			
	Final return termi ated	1		410-332-9313				
	ated ⊟Amer			G Gross receipts \$	10,009,000.			
L	return Appli	BALTIMORE, MD 21202		H(a) Is this a group re				
L	ition pend	I Plugate and address of principal officer: DAVID N. MAINE, MD		for subordinates? Yes X No				
_		1301 ST PAUL PLACE, BALTIMORE, MD 21202		H(b) Are all subordinates in	noluded? Yes No			
Т.	Тах-өх	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	if "No," attach a	list. See instructions			
	Websi	· · · · · · · · · · · · · · · · · · ·		H(c) Group exemptio	n number			
	orm o	forganization; X Corporation Trust Association Other	L Year	of formation: 1999 n	N State of legal domicile; MD			
ш.	1		NOD D TAT	AME AND CODE	CINT/YOUTTING			
Ö		Briefly describe the organization's mission or most significant activities: TO CO FUNDRAISING FOR MERCY MEDICAL CENTER AND			ENGTHEN			
Governance	_							
ē	2	Check this box if the organization discontinued its operations or dispos		I	sets,			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	9			
જ		Number of independent voting members of the governing body (Part VI, line 1b)		4	6			
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0			
Ξ	6	Total number of volunteers (estimate if necessary)		6	74			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		34,596,821.	9,542,343.			
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		959,611.	275,210.			
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,521.	31,137.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,577,953.	9,848,690.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,019,206.	3,908,611.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	.,,,,,	1,793,745.	1,791,029.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ě,	b	Total fundraising expenses (Part IX, column (D), line 25) 2,206,60	2.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		445,620.	415,573.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,258,571.	6,115,213.			
	19	Revenue less expenses. Subtract line 18 from line 12		27,319,382.	3,733,477.			
200			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		54,767,544.	62,295,225.			
LAS P.B.B.	21	Total liabilities (Part X, line 26)		7,656,494.	10,027,715.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		47,111,050.	52,267,510.			
1 1 2 2	irt II	Signature Block						
Und	er pena	Itles of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and camplete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		great .		04/1	0/2024			
Sign		Signature of officer	,	Date				
Her	e	JUSTIN DEIBEL, EXECUTIVE VICE PRESIDENT &	CFO					
Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		AMY BIBBY AMY BIBBY	lo	4/09/24 self-employ	P00445891			
Prep	arer	Firm's name FORVIS, LLP			4-0160260			
Use Only Firm's address 1410 SPRING HILL ROAD, SUITE 500								
_		TYSONS, VA 22102-3056		Phone no. (7	03) 970-0400			
May	lay the IRS discuss this return with the preparer shown above? See instructions X Yes No							

Form 990 (2022) MERCY HEALTH FOUNDATION Part IV Checklist of Required Schedules

If Yes," complete Schedule A 2 8 the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 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 II 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If Yes," complete Schedule C, Part II 4 5 Is the organization assertion 501(iii) (5) (5) (5) (6) (6) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6				Yes	No
2 is the organization required to complete Schedule 6, Schedule of Contributors? See instructions 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // **Yes,** complete Schedule C, Part // 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)(s) electron in first during the tax year? // **Yes,** complete Schedule C, Part // 5 is the organization associan 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-19? if **Yes,** complete Schedule C, Part // **Yes,** complete Schedule D, Part // **Yes,** complete Schedule D, Part // **Did the organization maintain any donor advised funds or any similar amounts? // **Yes,** complete Schedule D, Part // **Did the organization report an amount in Part X, line 21, for encrow or custodial account tiability, serve as a custodian for amounts in such funds or accounters, it is not in a data associated and associated sociated and associated sociated and associated sociated and associated and associated associated and associated associated and associated associated and associated associated associated and associated associated associated and associated associated associated and associated associat		s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in diroct or indirect political campaign activities on behalf of or in opposition to candidates for public officer? If "Yes," complete Schedule C, Part I I 4 Section 501(e)(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 I 5 Is the organization a section 501(e)(s), 501(e)(5), 501(e)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-197 If "Yes," complete Schedule C, Part III II I	ħ	f "Yes," complete Schedule A	1_1_	_X	
public office? // **ex,** complete Schedule C, Part I			2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II at the organization as existin 501(ii)(8, 501(c)(8), or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in likeding leaf. In the distribution or investment of amounts in likeding leaf. In the organization of the distribution or investment of amounts in likeding leaf. Yes, or provide ordical connealing, doth management, cradit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III. 10 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide ordical connealing, doth management, cradit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for line following queetions is "Yes," then complete Schedule D, Parts VI, If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. 13 Did the organization report an amount for investments - other securities in Part X, line 1					
during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(4), 501(5), or 501(6)), or 501(6), or 501(6)	þ	public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization as section 501(c)(4), 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-169 if "Yes," complete Schedule C, Part III 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts not be revised as a custodial account liability, serve as a custodial 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. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for westments - other securibles in Part X, line 12, that is 5% or more of lis total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part V. 13 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of lis total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part V. 14 Did the organization report an amount for other hassets in Part X, line 15, that is 5% or more of lis total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X. 15 Did the organization report an amount for other hassets in Part X, line 15, that is 5% or more of lis total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X. 16 Did the organ	S	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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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 is 10 the organization resolve 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 is 10 the organization maintain collections of works of art, historical treasures, or other similar easeste? If "Yes," complete Schedule D, Part II is 10 the organization peror an amount in Part X, line 21, for escrow or outsofial 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 I is 11 the organization services? If "Yes," complete Schedule D, Part V is 12 the organization services? If "Yes," complete Schedule D, Part V is 14 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V is 14 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V is 15 the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of lis total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V ii 16 the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of lis total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V ii 17 the organization report an amount for other liabilities in Part X, line 18? If "Yes," complete Schedule D, Part V ii 18 the organization report an amount for other assets in Part X, line 18? If "Yes," complete Schedule D, Part X ii 19 the organization report an amount for other assets in Part X, line 18? If "Yes," complete Schedule D,	ŀ	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II			6		x
the environment, historici land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part X, III. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization is liability for uncertial tax positions under FIN 14 (ASC 7409). If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financia	Γ.	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yes," complete Schedule D, Part IV 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, dobt management, credit repair, or debt negotiation services? #"Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasile endowments? #"Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #"Yes," complete Schedule D, Part VI 11 bid 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? #"Yes," complete Schedule D, Part VII 11 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? #"Yes," complete Schedule D, Part VII 11 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? #"Yes," complete Schedule D, Part X 11 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? #"Yes," complete Schedule D, Part X 11 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? #"Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 15, the tax by early #"Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audite	ti	he environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	7		x
Schedule D, Part III 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, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted andowments or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part XI, VIII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 VII Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII Did the organization asserted an amount for "No" to line 12, then completing Schedule D, Part X and XII is optional If Yes," complete Schedule F, Parts II and IV Did the organization maintain an office, employees, or agents outside of the United States? Did the organization maintain an office, employees, or agents outside of the United States? Did the organi	D	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ves " complete	_	-	
b) Did the organization report an amount in Part X, line 21, for secrow or custodial account lability, serve as a oustodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			۰		x
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. 10 Did the organization (lectify or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 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 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 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 14 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 IXII 15 Did the organization report an amount for other liabilities 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 IXII 16 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 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 18 Was the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XIII Soptional 19 Did the organization independent audited financial statements for the tax year? 19 Yes," and if the organization asserted "No" to line 12a, then co	0	Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>	_	<u> </u>
16 Yes," complete Schedule D, Part IV 10 10 10 10 10 10 10 1					
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part XI, III, III, III, III, III, III, III,			ا ا		- T
or in quasi endowments? If "Yos," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yos," 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 b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - other securities 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 d 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 X VIII d Did the organization report an amount for other lassets 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 X VIII d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X VIII 112 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII so optional statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII so optional 12 is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII so optional 12 is the organization maintain an office, employees, or agents outside of the United States? 124 Did the organization maintain an office, employees, or agents outside of the United States? 135 Id the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 135 Did the organization report an Part IX, column (П	Ties, complete scriedule D, rait IV	9		<u> </u>
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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 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 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1 4b		х
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			16	_	<u> </u>
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1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	r	orderingly, micro dialognites in the rest complete schedule G, Part I, See Instructions	17	ļ	X
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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				77	
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-	U ditu dat 17 "Yes," complete Schedule G, Part II	18	X	<u> </u>
20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		· · · · · ·			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	C	complete Schedule G, Part III	19		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Ú	and the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
			20b		<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					
	d	omestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>

MERCY HEALTH FOUNDATION 52-2173656 Page 4 Part IV | Checklist of Required Schedules (continued) Νo 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2<u>5a</u> X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 if "Yes," complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O X 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

232004 12-13-22

(gambling) winnings to prize winners?

Form 990 (2022)

		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
_	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		X
b	The to line ob, provide an explanation on ochedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			:	
4.	financial account in a foreign country (such as a bank account, securities account, or other financial a	ecount)?	4a		X,
Ð	If "Yes," enter the name of the foreign country		45.		
50	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_5a	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yes" to line 5e or 5b, did the organization file Form 2005 T2	ction?	_5b		X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		5c_	 -	
ou	any contributions that were not toy deductible as should be asset to the ac-	_		₩	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	one or gifte	6a	Х	├─
_	were not tax deductible?	ons or gints	G.	х	
7	Organizations that may receive deductible contributions under section 170(c).		6b		-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
b	If "Voo." did the exceptantian notify the dense of the value of the sealer of the	TIOUS PROVIDED TO THE PLYOF!	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		,,,,,		
	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			3334
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	San maria t	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	******************************	8		
9	Sponsoring organizations maintaining donor advised funds.			11/2	
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations, Enter:	l 1			
	Initiation fees and capital contributions included on Part VIII, line 12	_10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a			
Ю	Gross income from other sources. (Do not net amounts due or paid to other sources against			1000 C	
ω_	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		3000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	_12b	30.3	LIĞ	
	In the connection Proceedings of the connection		3,7174	(A) 10 m	1000
a	Note: See the instructions for additional information the organization must report on Schedule O.	***************************************	13a	1,5,5,50	77.5 53
h	Enter the amount of reserves the organization is required to maintain by the states in which the			7.00	-2.1
~	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
4a	Did the examination receive any neumants for indeed to be a section of the sectio		44-	*.35.+4 j	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14a		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	e O	14b		<u> </u>
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	***************************************	3/8/2	1,510.4	100 A
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	- 12 12	X
	If "Yes," complete Form 4720, Schedule O.		.,	N. A. L.	73
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac-	tivities	er i sin	ar i Cuiti.	, t
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	.	
	If "Yes," complete Form 6069.			13.4	
2005	12-13-22		Form	990	(2022)

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

0	Check if Schedule O contains a response or note to any line in this Part VI						X	
<u>5ec</u>	tion A. Governing Body and Management							
				. 1		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9	4 14			
	If there are material differences in voting rights among members of the governing body, or if the governing					W.A.		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					3. S 17. S		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			1.7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			: 1		
	officer, director, trustee, or key employee?				2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?				3		х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X	
6								
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?				7a	x		
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?		•		7b	х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	a following		Verille Rediction			
а	The governing body?					X	أشادها المدالية	
b					8a	X	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				8b			
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	mea a	u urie		_		37	
Sec	tion B. Policies (This Section B. requests information at automic line and addresses on Schedule C				9		X	
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
10a	Did the organization have local chapters, branches, or affiliates?			ſ		Yes	No	
h	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.			}	10a_		X	
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	s, affiliates,					
11a				·····	10b	7.5	├─	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body	betoi	re filing the form	1?	11a	X		
b -40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				A.M.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	• • • • • • • • • • • • • • • • • • • •			<u>12a</u>	<u> </u>	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	<u> </u>	<u> </u>	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? H "Y							
	on Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?				14	_X_		
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent	ľ	Xq	MJ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ŀ				
	The organization's CEO, Executive Director, or top management official				15a	210	X	
b	Other officers or key employees of the organization				15b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						NO.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a	ŀ	13.00 mg/s			
	taxable entity during the year?				16a	-555mm - 5 -	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation	···	10 AND	13614		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					##11171 #41717		
	exempt status with respect to such arrangements?			ľ	16b	Asidor		
Sec	tion C. Disclosure	4			100			
17	List the states with which a copy of this Form 990 is required to be filed MD							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501)	(c)(3)e	onhA s	availat		
	for public inspection. Indicate how you made these available. Check all that apply.	500	. (00011011 0011	(A)(A)	only) c	.vandi	ИС	
	Own website Another's website X Upon request Other (explain	05 D-	hadul- O'					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	on So - tollo	ineaule O) of interest nelle:	, 65.4	fin	اما		
	statements available to the public during the tax year.	HIIGE C	or interest policy	, and	inanc	iai		
20	State the name, address, and telephone number of the person who possesses the organization's boo	l.a -	d					
~.·	JUSTIN DEIBEL - 410-659-2905	ks and	ı records					
	301 ST. PAUL ST., BALTIMORE, MD 21202			-				
222000						000		
_ozu00	12-13-22				Form	aau	(2022)	

Part VII Section A Officers Directors True	toon Kon Fire	ale			J 1 11			· · · · · · · · · · · · · · · · · · ·			
Toodion Fa Officers, pirectors, 11us		рюу	ees,			gnes	st C	Compensated Employee	s (continued)		<u></u>
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average	Position (do not check more than one				than o		Reportable	Reportable	}	Estimated
·	hours per week					is both x/trus		· '	compensation		amount of
	(list any		T	Ï		7,4 44	r T	⊢ trom	from relate		other
	hours for	or director						the	organization		compensation
	related	ord 0	₂₈			Date of		organization	(W-2/1099-MI		from the
	organizations	uste	trustee		g	üedi		(W-2/1099-MISC/	1099-NEC	,	organization
	below	Individual trustee	Institutional t		Кеу етріоуее	Highest compensated employee	L	1099-NEC)			and related
	line)	divid	韻	Officer	ay em	ighes mploy	Former				organizations
		╒	╫	-		Ξ 0	-				
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1b Subtotal					·····			0.	3,483,5		137,903.
c Total from continuation sheets to Part VII								0.		0.	0.
d Total (add lines 1b and 1c)								0.	3,483,5		137,903.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e	
compensation from the organization											0
										_	Yes No
3 Did the organization list any former officer,	director, truste	e, k	ey e	mple	oye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for su	ich Individual		,,,,,,,							Ï	3 X
4 For any individual listed on line 1a, is the sur	m of reportable	9 CO	mpe	nsat	tion	and	oth	ner compensation from the	ne organization		60 S G G S G G S G
and related organizations greater than \$150	,000? If "Yes."	" co	mole	ete S	che	dule	Jfi	for such individual			4 X
5 Did any person listed on line 1a receive or a	ccrue compen:	satio	on fr	om a	anv	unre	late	ed organization or individ	ual for services	•	1,111 (17,7)
rendered to the organization? /f "Yes." comp										į.	5 X
Section B. Independent Contractors	viete ochedaje	701	// SQ	LILL	00130	<i>)</i> .	·····				3 A
1 Complete this table for your five highest con	anonested inde	222	ndon	+ 00	ntro	otor	a +la	and respicated users the the	100,000 - (
the organization. Report compensation for the	npensateu iriu	ahai	ndin	A 114	illura illura	CIO	S UII	iat received more than \$	100,000 of com	pensat	ion from
	ie caleridar ye	ar o	nain	y wi	LI O	r wit	TIII		ear.		
(A) Name and business a	address							(B)	amilaan	_	(C)
BLACKBAUD	add 633						_	Description of s			ompensation
		^ ^						DATABASE MANA	AGEMENT		
65 FAIRCHILD ST, CHARLEST	ON, SC.	29	49.	<u>4</u>				SERVICE			194,473.
							4				
							_				
					_						
										[
2 Total number of independent contractors (in-	cludina but no	t lir	hatir	to ti	hoe	a liet	ᆈ	ahovel who received ma	re than	J. 200	
\$100,000 of compensation from the organiza		- 1111		to ti	1		Ju	approprietting	re urali ,		
The state of the s								·		17.7	Form 990 (2022)
										,	-nrm ฮฮบ /9099\

Page 9

			Check if Schedule O contains a response of	or note to any lir	e 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
\$ 5	1	а	Federated campaigns 1a					
s, Grants			Membership dues 1b					
م کے		c Fundraising events 1c 436						
if the			Related organizations 1d	11,000.				
0 E			Government grants (contributions) 1e	, , , , , , , , , , , , , , , , , , , ,				
Ę S			All other contributions, glfts, grants, and					
iti.				095,041.				
背ぎ	l	a		435,705.				
Contributions, Gifts, and Other Similar Ar	1	~	Total. Add lines 1a-1f		9,542,343.			
<u> </u>	\vdash	''	Totale / do into 3 fa []	Business Code	7,342,343.			
•	2	_		Dusiness Code	and the state of t	Tagging to 1970 Market Live Facility	Hart water New York	
Ġ	_	b						
Program Service Revenue								
E 9		Ç						
Jra Be		d						
ď.		e						
ш		1	All other program service revenue			reference and the second		
_	_	9_	Total. Add lines 2a-2f		· · · · · · · · · · · · · · · · · · ·			grand Vision
	3		Investment income (including dividends, interes		275 212			085 044
			other similar amounts)		275,210.			275,210.
	4		Income from investment of tax-exempt bond pr					
	5		Royalties(i) Real	#2 D		7 2 2 2 3 2 3 3 3 3 3 3	Leading to the second second	
	_		 	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c		有效是 1.10至196	2010 (A)		
			Net rental income or (loss)					
	7 a	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
ł		b	Less: cost or other basis					
Ę l			and sales expenses 7b					
Ž.			Gain or (loss) 7c			2217		1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
~ 8		d	Net gain or (loss)					
Other Revenue	8	a	Gross income from fundraising events (not					
₹			including \$ 436,302. of					
			contributions reported on line 1c). See					
			Part IV, line 18	191,447.				
		b	Less: direct expenses 8h	160,310.				
		C	Net income or (loss) from fundraising events .		31,137.			31,137.
	9	а	Gross income from gaming activities. See			DESCRIPTION OF THE	Property Commencer	\$1 1 W W 1 19 II
			Part IV, line 19 9a			[19] 第次多数编号		
			Less: direct expenses 9b					
İ			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	-				51, 10, 20, 201
			and allowances 10a					
			Less: cost of goods sold 10b					
	ı	C	Net income or (loss) from sales of inventory			-		
"				Business Code				
ñ a	11 :	а						
au		b						***
Miscellaneous Revenue	•	Ç						
₽́	+		All other revenue					
			Total. Add lines 11a-11d		_			
	12		Total revenue. See instructions		9,848,690.	0.	0.	306,347.
232009	12-1	13-2	22					Form 990 (2022)

Form 990 (2022) MERCY HEALTH FOUNDATION Part IX Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo				
Do	not include amounts reported on lines 6b,	l (A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,908,611.	3,908,611.		
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	i			
	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)	1 444 206			
7	Other salaries and wages	1,444,296.			1,444,296.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	346 733			
9	Other employee benefits	346,733.			346,733.
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	<u> </u>		<u> </u>	
C A	Accounting				
d	Lobbying				
f	Investment management fees	95,784.	<u> Princerio Na Sastranti</u>		05 504
	Other. (If line 11g amount exceeds 10% of line 25,	95,764.			95,784.
g	column (A), amount, list line 11g expenses on Sch O.)	221,647.			004 645
12	Advertising and promotion	45,501.			221,647.
13		21,306.			45,501.
14	Office expenses	127.		<u></u>	21,306.
15	Information technology	14/•		<u> </u>	127.
16	Royalties			<u></u>	
17	Occupancy Travel	7,716.	<u> </u>		
18	Payments of travel or entertainment expenses		<u></u>	<u> </u>	7,716.
ю	for any federal, state, or local public officials				
10	The state of the s				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OTHER	19,240.	<u> </u>	ese in the Contract that is a second of	19,240.
b	REPAIRS AND MAINTENANCE	4,252.			4,252.
C	ALEITITED THE PRINTING	1,2024		·	4,454.
d					<u> </u>
	All other expenses		· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses. Add lines 1 through 24e	6,115,213.	3,908,611.	0.	2,206,602.
26	Joint costs. Complete this line only if the organization	-,,,	2,200,011.	U •	2,200,002.
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 6,530,543. 10,442,815. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 23,129,510. 24,410,723. 3 Accounts receivable, net 4 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 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 Notes and loans receivable, net _____ 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 25,107,491. 27,441,687. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 54,767,544. 62,295,225. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 50,910. 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, iabilities 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 Unsecured notes and loans payable to unrelated third parties 24 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 7,656,494. 9,976,805. 25 Total liabilities. Add lines 17 through 25 7,656,494. 10,027,715. 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, Net assets without donor restrictions 884,411 27 884,411. 27 46,226,639. Net assets with donor restrictions 383.099. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 32 47,111,050. 52,267,510. Total net assets or fund balances 32 33 Total liabilities and net assets/fund balances 54,767,544. 62,295,225.

Form 990 (2022)

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

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SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Name of the organization Employer identification number MERCY HEALTH FOUNDATION 52-2173656 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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,) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 L 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. 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. 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. 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). (iv) Is the proapization listed (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			(4,	(4) = 22 /	(C) ZOZZ	117 TOTAL
	membership fees received. (Do not						
	include any "unusual grants.")	16427138.	12349407.	12039310.	10969484.	4577328.	56362667.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3	16427138.	12349407.	12039310.	10969484.	4577328.	56362667.
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)	EVER HEREITE					2882537.
	Public support, Subtract line 5 from line 4.		Jay Santa Santa				53480130.
	ction B. Total Support	1					· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		16427138.	1434940/.	12039310.	подержить	4577328.	56362667.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	120 200	405 007	700 670	050 644	000 040	
^	and income from similar sources	438,398.	495,807.	/80,6/0.	959,611.	275,210.	2949696.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain			<u> </u>			
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	Esas suru Tist.	All March March	Parties (*)	T Flårk Hallet	enti i karatta karatta	E0210262
	Gross receipts from related activities,	oto (coo inetruotio	n nl	ligadi. Tablag gran er ji	<u> </u>		59312363.
	First 5 years. If the Form 990 is for the			and a state and		12	
	organization, check this box and stor				ear as a section 5	, , , ,	
Sec	tion C. Computation of Publi		centage	***************************************			
	Public support percentage for 2022 (li			olumn (fi)		14	90.17 %
15	Public support percentage from 2021	Schedule A. Part I	I. line 14		***************************************	15	90.17 %
16a	33 1/3% support test - 2022. If the c	organization did not	t check the box or	line 13. and line 1	14 is 33 1/3% or m		k and
	stop here. The organization qualifies	as a publicly suppo	orted organization	,		0.0 0.1001. 1110 20,	X
b	33 1/3% support test - 2021. If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is hox
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more.
	and if the organization meets the facts	s-and-circumstance	s test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatior	n qualifies as a pui	blicly supported or			
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ie facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 1 <u>7a,</u> or 17b	, check this box ar	nd see instructions	
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022 MERCY HEALTH FOUNDATION 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and				(3/.55.	(0) 2022	(i) Iotai
	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 bus- iness under section 513						
1	Tax revenues levied for the organ-						
•	ization'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	<u> </u>					
	Amounts included on lines 1, 2, and						<u> </u>
76	3 received from disqualified persons						
b	Amounts included on Ilnes 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			<u> </u>	• [# 1,500 Page 10 Page	<u> </u>	<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		(2/2010	(0) 2020	(d) ZOZ I	16) 2022	(i) Total
	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						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's fir	st. second, third t	ourth, or fifth tav	vear as a section 5	01(c)(3) organizatio	l
					year as a section o		
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li	* * * * * * * * * * * * * * * * * * * *		eoluma (fi)		15	
	Public support percentage from 2021					16	
Sec	tion D. Computation of Inves	tment Income	Percentage				%
	Investment income percentage for 20			ne 13. column (A)		17	
18	Investment income percentage from	2021 Schedule A. /	Part III. line 17	io ro, colamir (i))	***************************************	18	<u>%</u>
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the boy o	on line 14, and line	a 15 is more than 3		7 is not
	more than 33 1/3%, check this box an	id stop here The	organization qualit	n in e i a, and inte	e to is more trian a	o 17070, and line 1. tion	100 8 10
b	33 1/3% support tests - 2021. If the	organization did n	ot check a boy on	line 1⊿ or tina 10:	a and line 16 is we	uvii rethan 22 1/20/ =	
	line 18 is not more than 33 1/3%, chec	ck this box and et-	on here. The order	nie ie omilie 198	a, and mie 10 is MC as a publicky suppo	uted organization	ina [
20	Private foundation. If the organization	n did not check a l	OOX On line 1/1 10.	nzanon quannes:	as a publicly suppo his haveand see inc	tructions	
	3 12-09-22	and the entook at		g or sop, orient ti	IND DOX AND SEE INS		/Form 000\ 0005
	•					Scrieduje A	(Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	- 1	
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Pa	rt IV Supporting Organizations (continued)	17505	<u>о г</u>	age 5
	\ \tag{\frac{1}{2}} \ \tag		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	140
а	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?	110	.4.	2.1
h	A family member of a person described on line 11a above?	11a	 	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	1 4	
•	_detail in Part VI.	44.	11.1	
Sec	tion B. Type I Supporting Organizations	_11c_		Щ.
			<u> </u>	T
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
'	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		s - s	
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ.,
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		Zi a	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		التستنية أعاد	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
360	aion c. Type ii Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		<u> </u>
3ec	tion 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		216	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		34.5%	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3,113.75		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		J. 18	484
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Constitution	160
Sec	tion 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	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	(e)	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Sec. 25	7.54	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	2 (SEC. 14)	James David
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		3 (P.).	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	. O W	1.00.0
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	∠ D	- \$.3>	25, 24
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	0-		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		27.1
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	-	· 12.	124
	descripe in the role played by the organization in this regard.	3b		L

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20. 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount	······································	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	. X		
	instructions for short tax year or assets held for part of year):	11.5		
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		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	图1. Sale 3. 新生成基本等	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ited Type III supporting organ	nization (see
	instructions)	, ,), (FF-1-1-2-4-3-4-1	1

Section D - Distributions	Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu		Z Z1/3030 Page /
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 accepte exemptuse assets 4 5 Qualified set-aside semounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI), See instructions. 6 7 Total annual distributions. Add lines 1 through 5. 7 8 Distributions to attentive supported organizations to which the organization is responsive formula distributions (paid the prior to which the organization is responsive formula details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 10 Line 8 amount divided by line 9 amount 10 10 Line 8 amount divided by line 9 amount 10 11 Line 8 amount divided by line 9 amount 10 12 Underdistributions (see instructions) Excess Distributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions if any, for years prior to 2022 (reason able cause required - supplier in Part VI). See instructions. 3 1 Excess distributions carryover, if any, to 2022 1 Distributable amount for 2022 from Section 2 1 From 2017 2 From 2019 3 From 2019 4 From 2020 5 From 2021 5 From 2021 6 From 2020 6 From 2021 7 Total of lines 3a through 3a 7 Applied to underdistributions of prior years 5 8 Applied to underdistributions of prior years 5 8 Applied to underdistributions of prior years 6 8 Applied to underdistributions of prior years 8 8 Applied to underdistributions of prior years 9 8 Applied to under	Sect					Current Year
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5 Cuelified set-aside amounts (prior IRS approval required - proyide details in Part VI)	_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
6 Other distributions (asscribe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attortive supported organizations to which the organization is responsive foxediate details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 5 amount divided by line 9 amount (i) (ii) (iii) Distributable amount for 2022 from Section C, line 6 11 Distributable amount for 2022 from Section C, line 6 12 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 9 From 2018 9 From 2019 9 From 2020 9 From 2020 9 From 2020 1 Total of lines 3a through 3e 9 Applied to underdistributions of prior years 1 Carryover from 2017 not applied (see instructions) 1 Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 1 Carryover from 2017 not applied (see instructions) 1 Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 2 Remaining underdistributions of prior years 3 Applied to underdistributions of prior years 4 Applied to 2022 distributable amount 5 Remainder, Subtract lines 3g, 3h, and 3i from line 4. 5 Remaining underdistributions for 2022, Subtract lines 3h, and 4b from line 4. 5 Remaining underdistributions for 2022, Subtract lines 3h, and 4b from line 4. 6 Remaining underdistributions for 2022, Subtract lines 3h, and 4b from line 1. For result greater than zero, explain ln Part VI. See instructions. 7 Excess distributions carryover to 2023, Add lines 3i, and 4c. 8 Braakdown of line 7:	4	Amounts paid to acquire exempt-use assets			4	
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Part VI. See instructions. 7 Excess distributions carryover to 2023, Add lines 3j and 4c. 8 Breakdown of line 7:	6				AP.	
7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:		and 4b from line 1. For result greater than zero, explain in				
and 4c. 8 Breakdown of line 7:					**************************************	
8 Breakdown of line 7:	7	Excess distributions carryover to 2023. Add lines 3j	1			
				Barker May 1987		
a Evenes from 2018						
		Excess from 2018				
b Excess from 2019					, b	79.8445.205
c Excess from 2020						
d Excess from 2021			[· 建设在1000条件 上海基本分析			
e Excess from 2022	<u>e</u>	Excess from 2022			, Year	MANAGEMENT STATE

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Name of the organization Employer identification number MERCY HEALTH FOUNDATION 52-2173656 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

			Page 2
Schedule B (Form 990) (2022) Name of organization MERCY HEALTH FOUNDATION			Employer identification number
			52-2173656
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$ <u></u> \$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$360, <u>0</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
4		\$262,5	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$250,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2 Name of organization Employer identification number MERCY HEALTH FOUNDATION 52-2173656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroli 204,263. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 8 Person Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Pavroli 500,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

223452 11-15-22

Employer identification number

art II	Noncash Property (see instructions). Use duplicate copies of Part II if		-2173656
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES: APPN, IBB, VRTX, RXRX, TDOC, LSTR AND GILD		
2		\$ 299,918.	12/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization		Employer identification number							
MERCY	HEALTH FOUNDATION		52-2173656							
Part III	from any one contributor. Complete columns (a)) through {e} and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this Info. once.)							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-		(e) Transfer of git	ft							
	Transferee's name, address, a	nd 7IP + 4	Polationship of transferor to transferor							
	Transista a hamily dual coo, a	THE FAIL TH	Relationship of transferor to transferee							
7-SNI										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gif	t							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
ĺ										
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-										
[(e) Transfer of gift									
-	Transferee's name, address, ar	nd ZiP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(h) D									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-		(e) Transfer of gif	t							
	Towns of the second									
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number 52-2173656

	MERCY HEALTH FOUNDATION		52-2173656
Pa		s or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		,
	(4	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	at the assets held in donor advised to	inde
	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	YesNo
	for charitable purposes and not for the benefit of the donor or donor ac	tyisor or for any other nurnose conf	Corring
	impermissible private benefit?		
Pa	rt 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		TV, mie 7.
•	Preservation of land for public use (for example, recreation or edi		interiority increase a second
	Protection of natural habitat	· —	istorically important land area
	Preservation of open space	Freservation of a ce	ertified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conse	nuction contribution in the farm of	
_	day of the tax year.	rvadori contribution in the form of a	
а			Held at the End of the Tax Year
b		•••••	
c	Number of conservation easements on a certified historic structure incl	history to fall	. 2b
d	Number of conservation easements included in (c) acquired after July 2	TE 0000 and and an	2c
u	historic etructure lieted in the National Beginter	25,2006, and not on a	
3	historic structure listed in the National Register	Managariah ada ay 4 ay 25 at 1 at 1 at 1	
3	Number of conservation easements modified, transferred, released, ext	unguisned, or terminated by the orga	anization during the tax
4	yearNumber of states where property subject to conservation easement is I	la calle d	
5			
5	Does the organization have a written policy regarding the periodic mon violations, and enforcement of the conservation easements it holds?		
6			Yes No
Ü	Staff and volunteer hours devoted to monitoring, inspecting, handling of	or violations, and enforcing conserva	ition easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations and enforcing conservation	
•	, and are or expenses invaried in monitoring, inspecting, nariding of 40	adons, and emorcing conservation is	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the	so requirements of section 170/b)(4)	(DVC)
	and section 170(h)(4)(B)(ii)?	to requirements of section 17 o(f)(4)((2)(i)
9	In Part XIII, describe how the organization reports conservation easeme	ente in its revenue and evnence state	Yes No
•	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.	organization's infancial statements	triat describes (ne
Par	t III Organizations Maintaining Collections of Art, His	storical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part		
1a	If the organization elected, as permitted under FASB ASC 958, not to re		alance sheet works
	of art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financial stater	ments that describes these items	rance of public
b	If the organization elected, as permitted under FASB ASC 958, to report		aga abaat warke et
_	art, historical treasures, or other similar assets held for public exhibition	advention or research in furtheren	se of public acutes
	provide the following amounts relating to these items:	i, education, or resparch in furtherari	ice of public service,
	<u>-</u>		ď
2	If the organization received or held works of art, historical treasures, or	ather similar and for the said with	
-	the following amounts required to be reported under FASB ASC 958 rel		n, provide
13			•
a	Revenue included on Form 990, Part VIII, line 1		
<u>U</u>	Assets included in Form 990, Part X		\$

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

232051 09-01-22

Schedule D (Form 990) 2022 MERCY HEALT	H FOUNDATION	52-	-2173656 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(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)			·
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			<u> </u>
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		From the Artifactor of the Control o	<u> Thaile an air faoth Aite agus le seachtaí</u>
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of reasons and a facility
	(b) Dook value	(c) Welliod of Valuation. Cost of end-	Ji-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
[8]	·		
(9)			
Total. (Col. (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.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
, and the second second	on Form 000, D-14 N. II	dda aadda Ook Ekonooo Barry III. aa	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	Tile of Tif. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED ENTITIES			9,976,805.
(3)	 		
(4)	 		
<u>(5)</u>			
(6)			
(7)		1	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

9,976,805.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

MHS, MMC, SMI, MFC, SPPS, MHF, AND MSS ARE NOT-FOR-PROFIT ORGANIZATIONS

EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE, AND ARE THEREFORE NOT SUBJECT TO FEDERAL INCOME TAX UNDER

CURRENT INCOME TAX REGULATIONS. MHS SUBSIDIARIES OTHERWISE EXEMPT FROM

FEDERAL AND STATE TAXATION ARE NONETHELESS SUBJECT TO TAXATION AT

CORPORATE TAX RATES AT BOTH THE FEDERAL AND STATE LEVEL ON THEIR UNRELATED

232054 09-01-22

Schedule D (Form 990) 3

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	o www.morgown or moor for motified	LIVIIS	anu u	ie latest illioi matio	11,		mopodicit :
Name of the organization							ntification number
	EALTH FOUNDATION					52-2173	656
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, i	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	ities. (Check all that apply.			·
a Mail solicitations				overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g Special		-	-			
d In-person solicitations	3		9				
2 a Did the organization have a written o	r oral agreement with any individual	finelue	lina of	ficare directore true	tooo	or	
key employees listed in Form 990, Pa	art VII) or entity in connection with n	ntaesi	onal fi	indraisina sandoos?	iccs,		
b If "Yes," list the 10 highest paid indiv	iduals or entities (fundraisars) pursu	ant to	oniai it	moralsing services r	6	Yes	
compensated at least \$5,000 by the		ant to	agreei	nents under which ti	ie iui	raraiser is to be	•
		/iii\	Did		hA	Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	to (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(11) / 10 20 123	or con	ntrol of	from activity		fundraiser ted in col. (i)	organization
		Yes	No			ted in cor. (i)	
							<u>.</u>
						,	<u> </u>
	<u> </u>						
	.						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is e	exempt from reg	gistration
						.,_,	
							·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

_	1	of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
	ĺ		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HEAT IT TO			
			BEAT IT	WINE TASTING	1	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue		Curso ve esinta	242 444	210 401	165 014	605 510
æ	1	Gross receipts	242,444.	219,491.	165,814.	627,749.
	2	Less: Contributions	225,114.	119,996.	91,192.	436,302.
	3	Gross income (line 1 minus line 2)	17,330.	99,495.	74,622.	191,447.
	4	Cash prizes				
	-				1,720.	1,720.
Ś	5	Noncash prizes				
pense	6	Rent/facility costs	117.	5,000.	5,000.	10,117.
Direct Expenses	7	Food and beverages		45,167.	38,640.	83,807.
ij	8	Entertainment	800.	3,850.		
	9	Other direct expenses	20,949.	25,967.	13,100.	4,650.
	10	Direct expense summary. Add lines 4 through		23,301.	13,100.	60,016.
						160,310.
Da	irt I	Net income summary. Subtract line 10 from li	ne 3, column (d)			31,137.
, .	9 4 6	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	i 990, Part IV, line 19, or r	eported more than	
,			4-3 Ph.	(b) Pull tabs/Instant		(d) Total gaming (add
ηe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3		our (a) arroagir oor (o)
Re	1	Gross revenue				
	2	Cash prizes				
Expenses						
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•••••	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
а	ls t	ne organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "1	No," explain:				
	_					
10a b	Wei	re any of the organization's gaming licenses re 'es," explain:	voked, suspended, or te	rminated during the tax y	ear?	Yes No
.,						
	_					
3208	2 10-	-27-22		·	School	dule G (Form 990) 202

Schedule G (Form 990) 2022 MERCY HEALTH FOUNDATION	52-2173656 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	3.
Name	
Ivanie	·
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
M	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
,	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I line 2b, columns (iii) and (A) of	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ınd Part III, lines 9, 9b, 10b,
100, 100, 10, and 170, as applicable. Also provide any additional information, See instructions.	
	
	-
232083 10-27-22	Schedule G (Form 990) 2022

hedule G (Form 990) MERCY HEALTH FOUNDATION	52-2173656 Pag
rart IV Supplemental Information (continued)	
	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

...

Governments, and Individuals in the United States

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

2022 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

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

MERCY HEA	MERCY HEALTH FOUNDATION	ATION					52-2173656
Part I General Information on Grants and Assistance	and Assistance						2000
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	20
criteria used to award the grants or assistance?	stance?			,	ì		X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional snace is needed	Domestic Organii \$5,000, Part II can	zations and Domestic be duplicated if addition	: Governments. Conal space is needs	omplete if the orga	nization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any licated if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MERCY MEDICAL CENTER 301 ST. PAUL PLACE					3		
BALTIMORE, MD 21202	52-0591658	501(c)(3)	2,526,076.	0.			TO SUPPORT CONSTRUCTION
STELLA MARIS 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-1419602	501(C)(3)	1,382,535.	o			TO SUPPORT PATIENT SERVICES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table	-			2.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					
	י פפס דונג נוואדו בכדו	DIS FOI FULLI SSU.					Schedule I (Form 990) 2022

Page 2

52-2173656

Schedule | (Form 990) 2022 MERCY HEALTH FOUNDATION

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.

(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)			al information.		MARIS,		РŢ			
(d) Amount of non- cash assistance (bo); and any other addition		AND STELLA	ARE RELATED TO THE	тне тах-ехемрт			
(c) Amount of (a			2; Part III, column (b)		ICAL CENTER		LP SUPPORT THE			
(b) Number of recipients			 ired in Part I, line		ERCY MED	ZATIONS	PROVIDED TO HELP	TIONS.		
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	PART I, LINE 2:	THE FOUNDATION PROVIDED GRANTS TO MERCY MEDICAL CENTER AND STELLA MARIS	BOTH OF WHICH ARE TAX-EXEMPT ORGANIZATIONS THAT	FOUNDATION. THE GRANTS WERE PROVIDI	FUNCTIONS OF EACH OF THOSE ORGANIZATIONS.		

38

SCHEDULE J (Form 990)

Part I

Compensation Information

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

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

Attach to Form 990, Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> MERCY HEALTH FOUNDATION **Questions Regarding Compensation**

Employer identification number 52-2173656

			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	, <u> </u>		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			!
	First-class or charter travel Housing allowance or residence for personal u	ISO		
	Travel for companions Payments for business use of personal resider	nce		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		- 4 - 1	
	Discretionary spending account Personal services (such as maid, chauffeur, ch	1 0 f)		i
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1.20		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		7.3	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			4
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	, J.	9 N	1
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	- "-"	11.54	
	Form 990 of other organizations Approval by the board or compensation comm	nittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	[5]		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	100		15,33
			1944 15. 1244	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1.1		
	contingent on the revenues of:			
а	The organization?	5a	i	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		4	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	[\disp. 44]		
	contingent on the net earnings of:		3.1	
а	The organization?	6a		X
b	Any related organization?	6b		X
	It "Yes" on line 6a or 6b, describe in Part III.		3.6	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	(125°6) 126°6		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	€ 4%		18.00
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		5 45	300 A
	Regulations section 53.4958-6(c)?	9	- Ne -	rawa a
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2022

PART I, LINE 3:
CEO'S COMPENSATION
THE ORGANIZATION RELIED ON A RELATED ORGANIZATION AND THAT RELATED
ORGANIZATION USED THE FOLLOWING METHODS TO ESTABLISH THE TOP MANAGEMENT
DFFICIAL'S COMPENSATION:
. COMPENSATION COMMITTEE;
2. INDEPENDENT COMPENSATION CONSULTANT;
3. COMPENSATION SURVEY OR STUDY; AND
. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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 HEALTH FOUNDATION

Employer identification number 52-2173656

Pa	rt I Types of Property				JZ-Z1/3030
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art		items continuated	rom 990, Part VIII, line 1g	
2	8 1 (1) (1 1)				
3	Art - Historical treasures Art - Fractional interests				
4	Books and publications			<u> </u>	
5	Clothing and household goods				
6	Cars and other vehicles		<u>Davi</u> rent (file ketja fi		
7	Boats and planes				
8					
9	Intellectual property Securities - Publicly traded	X	4	266 155	T-1M7.7
10	Securities - Closely held stock			366,155.	IL WIA
11	Securities - Partnership, LLC, or				
• •			:		
12	0 11 12 11				
13	Gualified conservation contribution -				
14	Qualified conservation contribution - Other				
15					
16	Real estate - Residential Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory		·		
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (TICKETS AND TRA)	X	3	49,400.	E/M77
26	Other (MISC RETAIL ITE)	X	3	20,150.	
27	Other ()	- 44		20,130.	EMA
28	Other (· · · · · · · · · · · · · · · · · · ·		
29	Number of Forms 8283 received by the organization	ation during	the tay year for or	optributions	
	for which the organization completed Form 828				
	or and the organization demploted form of	λο, τ αιτ ν , Δι	once Acknowledge	ement 29	
30a	During the year, did the organization receive by	contribution	any property ren	orted in Part I lines 1 through	Yes No
	must hold for at least 3 years from the date of the	he initial con	tribution and whi	ch ion't required to be used t	n ∠8, mat it
	exempt purposes for the entire holding period?				
b	If "Yes," describe the arrangement in Part II.	••••••			
31	Does the organization have a gift acceptance po	olicy that rec	Tuires the review o	f any populandard contribut	
32a	Does the organization hire or use third parties o	only that rec	lanes ino leview o	t any nonstandard contribut	ions? 31 X
				•	
h	contributions? If "Yes," describe in Part II.		•••••		
33	If the organization didn't report an amount in co	dumn /c\ for	a tung of proportio	for which column (-) in -1	
	describe in Part II.	accini (b) IOI	a rype or property	ioi which column (a) is chec	kea,
LHA	For Paperwork Reduction Act Notice, see t	he Instructi	ons for Form DDO		Sebestule 12 (2)
			ioi i oi ili aao.	•	Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022 MERCY HEALTH FOUNDATION	52-2173656	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a of this part for any additional information.	d 33, and whether the organiza combination of both. Also com	ntion plete
			.
			· · · · · · · · · · · · · · · · · · ·
-			
			21.
			<u>.</u>

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Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

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 Form 990-EZ,

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MERCY HEALTH FOUNDATION

Employer identification number 52-2173656

FORM 990, PART VI, SECTION A, LINE 6:

MERCY HEALTH SERVICES, INC. ("MHS"), A 501(C)(3) CORPORATION, IS THE SOLE MEMBER OF MERCY HEALTH FOUNDATION, INC. ("MHF").

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRESIDENT OF MHS AND THE CHAIRPERSON OF THE MHS BOARD SERVE AS EX

OFFICIO VOTING MEMBERS OF THE BOARD OF DIRECTORS OF MHF. THE MHS BOARD

ELECTS ALL OF THE OTHER MEMBERS OF THE BOARD OF MHF. ALL OF THE MHF BOARD

MEMBERS SERVE AT THE PLEASURE OF THE MHS BOARD AND ARE SUBJECT TO REMOVAL

BY THE MHS BOARD AT ANY TIME WITH OR WITHOUT CAUSE.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MHS BOARD EXERCISES AUTHORITY OVER MHF THROUGH ITS RIGHT TO APPOINT AND REMOVE MHF BOARD MEMBERS. IN ADDITION, MHS, AS THE MEMBER, IS RESPONSIBLE FOR THE FOLLOWING ACTIONS: A) TO APPOINT MEMBERS TO MHF'S BOARD OF DIRECTORS; B) TO REVIEW AND APPROVE OR DISAPPROVE THE STRATEGIC PLAN, ANNUAL BUDGET AND THE ANNUAL OPERATING GOALS AND OBJECTIVES OF MHF AS RECOMMENDED TO MHS BY MHF'S BOARD OF DIRECTORS; C) TO EVALUATE THE PERFORMANCE OF MHF'S BOARD OF DIRECTORS, OFFICERS, AND OPERATING MANAGEMENT; D) TO REMOVE BOARD MEMBERS OF MHF IN ITS DISCRETION AT ANY TIME; E) TO APPROVE THE MISSION AND VISION THAT GOVERN MHF'S OPERATIONS; AND F) TO MAKE INVESTMENT DECISION CONCERNING MHF'S ASSETS, THROUGH THE MHS FINANCE-INVESTMENT COMMITTEE. ULTIMATELY, THE CORPORATION IS CONTROLLED BY MHS'S 29-PERSON COMMUNITY BOARD, WHICH INCLUDES 21 INDEPENDENT DIRECTORS AS NOTED ABOVE.

Schedule O (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

FORM 990, PART VI, SECTION B, LINE 11B:

MERCY HEALTH SERVICES, INC. ("MHS"), THE SOLE PARENT OF THE CORPORATION,

HAS A POLICY WHICH REQUIRES THE CORPORATION'S 990 TO BE MADE AVAILABLE FOR

REVIEW BY THE MHS BOARD AND/OR THE MHS BOARD EXECUTIVE COMMITTEE PRIOR TO

ITS FILING. AT ITS BOARD MEETING, MHS BOARD EXECUTIVE COMMITTEE MEMBERS

RECEIVED A COPY OF THE CORPORATION'S DRAFT FORM 990. THE MHS CFO PROVIDED A

POWER POINT PRESENTATION REGARDING THE DRAFT AND THERE WAS AN OPPORTUNITY

FOR QUESTIONS AND DISCUSSION. FOLLOWING FURTHER REVISION OF THE DRAFT 990

AND PRIOR TO ITS FILING, IT WAS MADE AVAILABLE IN FINAL FORM TO ALL MEMBERS

OF THE MHS BOARD AND THE CORPORATION'S BOARD FOR THEIR REVIEW. ANY

ADDITIONAL COMMENTS/QUESTIONS FROM BOARD MEMBERS ARE RESPONDED TO PRIOR TO

FORM 990, PART VI, SECTION B, LINE 12C:

MHS HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT COVERS MHS AND ALL OF ITS DIRECT AND INDIRECT SUBSIDIARIES. THE INDIVIDUALS COVERED UNDER THE POLICY INCLUDE ALL TRUSTEES, DIRECTORS, OFFICERS (INCLUDING ALL SENIOR AND EXECUTIVE VICE PRESIDENTS) AND MEMBERS OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS. UNDER THE POLICY, EACH SUCH PERSON IS REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM REGARDING BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH ANY ORGANIZATION THAT DOES BUSINESS WITH MHS OR ITS SUBSIDIARIES AND RELATIONSHIPS BETWEEN AND AMONG OFFICERS, TRUSTEES AND DIRECTORS. THE COMPLETED DISCLOSURE FORMS ARE REVIEWED BY THE MHS BOARD CHAIR AND THE MHS CEO OR A DESIGNEE. IN ADDITION TO THE ANNUAL DISCLOSURE, ANY PERSON WHO IS COVERED BY THE CONFLICT OF INTEREST POLICY HAS AN ONGOING OBLIGATION TO DISCLOSE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT TO THE BOARD OR THE BOARD COMMITTEE IN WHICH THE MATTER ARISES. FOLLOWING THE DISCLOSURE, THE PERSON MAY MAKE A PRESENTATION, BUT 232212 10-28-22 Schedule O (Form 990) 2022

Employer identification number 52-2173656

MUST THEN LEAVE THE MEETING AND THE OTHER MEMBERS OF THE BOARD OR COMMITTEE

SHALL DETERMINE WHETHER A CONFLICT EXISTS. UNDER THE POLICY, A CONFLICT OF

INTEREST EXISTS WHEN AN INDIVIDUAL'S OWN PERSONAL INTEREST WOULD, OR MAY,

INTERFERE WITH HIS OR HER IMPARTIALITY REGARDING THE MATTER. IF A CONFLICT

EXISTS, THE PERSON MAY NOT BE PRESENT DURING DELIBERATIONS ON THE MATTER OR

VOTE ON IT. THE BOARD OR COMMITTEE, AFTER CONDUCTING SUCH ADDITIONAL DUE

DILIGENCE AS IT DETERMINES IS APPROPRIATE, SHALL MAKE A DECISION ON THE

MATTER BASED UPON WHETHER THE PARTICULAR PROPOSAL IS FAIR, REASONABLE AND

IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD HAS ADOPTED A COMPENSATION POLICY (THE "POLICY")

FOR COVERED INDIVIDUALS. PURSUANT TO THE POLICY, A COMPENSATION COMMITTEE

OF INDEPENDENT DIRECTORS OF THE BOARD OF THE ORGANIZATION'S PARENT

CORPORATION (MERCY HEALTH SERVICES, INC.) WAS ESTABLISHED TO REVIEW THE

COMPENSATION OF ALL EMPLOYEES SPECIFIED AS HAVING A SUBSTANTIAL INFLUENCE

OVER THE ORGANIZATION AND WHO RECEIVE REMUNERATION FROM THE ORGANIZATION.

THE COMPENSATION COMMITTEE IS ADVISED BY AN INDEPENDENT COMPENSATION

CONSULTANT, WHICH OPINES TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF

COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED MEET

APPLICABLE IRS REASONABLENESS AND "SAFE HARBOR" STANDARDS. THE OUTSIDE

COMPENSATION CONSULTANT PROVIDES DATA OF COMPENSATION PROVIDED AT SIMILAR

ORGANIZATIONS TO ENSURE THAT THE ORGANIZATION DOES NOT COMPENSATE IN EXCESS

OF MARKET NORMS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS OF THE ORGANIZATION, ITS CONFLICTS OF INTEREST

POLICY, AND ITS FINANCIAL STATEMENTS ARE AVAILABLE FROM THE ORGANIZATION

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MERCY HEALTH FOUNDATION	Employer identification number 52–2173656
UPON REQUEST.	
FORM 990; PART XII; LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.	
PART VI, LINE 1B	
MERCY HEALTH SERVICES, INC. ("MHS"), A 501(C)(3) CORPORATI	ON, IS THE
SOLE MEMBER OF MERCY HEALTH FOUNDATION, INC. ("MHF"). MHS	IS GOVERNED
BY A 28-PERSON BOARD OF TRUSTEES ("MHS BOARD"), OF WHOM 21	ARE
INDEPENDENT BOARD MEMBERS. THE BOARD OF DIRECTORS OF MHF	IS CURRENTLY
MADE OF 5 DIRECTORS. THE PRESIDENT OF MHS AND THE CHAIRPE	RSON OF THE
MHS BOARD SERVE AS EX OFFICIO DIRECTORS OF MHF. NON-EX-OFF	icio
DIRECTORS ARE ELECTED AT THE ANNUAL MEETING OF THE MHS BOA	RD. ANY MHF
DIRECTOR MAY BE REMOVED AT ANY TIME WITH OR WITHOUT CAUSE	BY MHS.
THREE OF THE MHF DIRECTORS ARE INDEPENDENT.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

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

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

MERCY HEALTH FOUNDATION

Employer identification number 52-2173656

(f) Direct controlling entity			lated tax-exempt
(e) End-of-year assets			se it had one or more re
(d) Total income			rt IV, line 34, becaus
(c) Legal domicile (state or foreign country)			iswered "Yes" on Form 990, Pa
(b) Primary activity			ions. Complete if the organization an
(a) Name, address, and EIN (if applicable) of disregarded entity			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

Part II organizations during the tax year.

(a)	(q)	(9)	(b)	(e)	£ .	(g) Section 512(b)(13)	2(b)(13)
name, accress, and Ell of related organization	Primary activity	Legal domicile (state or	Exempt Gode	Public charity	Ulrect controlling	control	led
כן וסימונים טוקשו ווצמונים ו		foreign country)	I DIODO	status (section 501(c)(3)	entaty	entity?	<u> </u>
				((-)(-)		Yes	Š
MERCY MEDICAL CENTER - 52-0591658							
301 ST PAUL PLACE							
BALTIMORE, MD 21202	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		M
STELLA MARIS - 52-1419602							
2300 DULANEY VALLEY RD							
TIMONIUM, MD 21093	NURSING FACILITY	MARYLAND	501(C)(3)	LINE 10	N/A		×
MERCY HEALTH SERVICES INC - 52-2173382							
301 ST PAUL PLACE	<u></u>			LINE 12C,			
BALTIMORE, MD 21202	SUPPORT	MARYLAND	501(c)(3)	III-FI	N/A		×
ST PAUL PLACE SPECIALISTS - 52-1495113							
301 ST PAUL PLACE	<u> </u>						
BALTIMORE, MD 21202	SPECIALTY CARE	MARYLAND	501(C)(3)	LINE 3	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990	s for Form 990.				Schedule R (Form 990) 2022	Form 990)	2022

52-2173656

MERCY HEALTH FOUNDATION

Schedule R (Form 990) MERCY

Part II Continuation of Identification of Related Tax-Exempt Organizations

Communication of the function of helated Tax-Exempt Organizations	verifications						
(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	(f) Direct controlling entity	(g) Section 5 12(b)(13) controlled organization?	12(b)(13) blled ation?
				501(c)(3))		Yes	ž
MARYLAND FAMILY CARE INC - 52-2046586 301 ST PAUL PLACE	•						
BALTIMORE, MD 21202	MEDICAL SERVICE	MARYLAND	501(C)(3)	LINE 3	N/A		M
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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 as a partnership during the tax year.

(g) (k) General or Percentage managing ownership partner			
General or managing partner?			
Code V-UBI emount in box m 20 of Schedule K-1 (Form 1065)			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)			
(a) Direct controlling entity			
(c) Legal domicile (state or foreign country)		-	
(b) Primary activity			
(a) Name, address, and EIN of related organization			

partive 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.

									1
(a)	(Q)	<u>ق</u>	©	(e)	£	(a)	Ξ	9	
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	(C corp., S corp.) (State or entity (C corp., S corp., S corp., C corp., S corp., S corp., S corp., S corp., S corp., S corp., C corp., S	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	<u>Φ</u> Ω	Sec 512(t contr	² 13 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
VASCULAR SPECIALTY SERVICES INC - 52-1995474								Xes	2
341 N. CALVERT STREET, SULTE 200									
BALTIMORE, MD 21202	MEDICAL PRACTICE	Ð	N/A	C CORP	N/A	N/A	N/A		×
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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	ŝ
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?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	£.			19		×
 b Gift, grant, or capital contribution to related organization(s) 				<u> </u> =		M
c Gift, grant, or capital contribution from related organization(s)				<u>}</u>		×
				₹		×
		***************************************		₹ :		1
	***************************************			<u>⊉</u>		4
T DIVIDENDS ITOM RELATED OF GARDEN (S)				#		×
g Sale of assets to related organization(s)				75		×
h Purchase of assets from related organization(s)				‡ *		×
				+		: ×
i Lasea of facilities partitionant or other assets to related partition(s)				1		4 ;
ביניני כן ומסוונים, פקטוף וופוזי, כן סנוופן מססכוס נס ופומיפט טומוובמווסו(ט)				; =		×
V page of familities antitional or other accordance selection according						
				⊭ :		×
	anization(s)			=		×
	nization(s)			ᄩ	×	
	ion(s)			두		×
 Sharing of paid employees with related organization(s) 				9	×	
					4	
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				10	M	
r Other transfer of cash or property to related organization(s)					×	1
s Other transfer of cash or property from related organization(s)	***************************************			-t	×	
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered	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	involved		
(1)						
(2)						
(3)						
(4)						
(9)						
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PartW. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

and was not a related of gainzauon. See instructions regarding exclusion	structions regarding excit	Sion for certain inve	ersnip							
(4)	(a)	(2)	(D)	(e)		(<u>6</u>	E	€	9	S
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	501(c)(3)	Share of total	Share of end-of-vear	Dispropor- fonate	Dispropor Code V-UBI General or Percentage Incentage amount in box 20 managing countership	General or managing	Percentage ownership
		country)	excluded from tax und sections 512-514)	Yes No		assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
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