Form 990-T	EXTENDED TO Exempt Organization B	usiness Income Tax	Return	OMB No 1545-0687
	(and proxy tax u For calendar year 2018 or other tax year beginning JUL	nder section 6033(e)) (()	(<i>V</i> 30, 2019	2018
		or instructions and the latest information.		2010
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it			Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address changed		ne changed and see instructions.)	D Em (Em	ployer identification number iployees' trust, see tructions)
B Exempt under section	Print MERCY HOME HEALTH			23-1352099
X 501(c)(3)	Number, street, and room or suite no If a P.O.	box, see instructions		elated business activity code instructions)
408(e)220(e)	Type 1001 BALTIMORE PIKE,			
408A530(a)	City or town, state or province, country, and Z			
529(a) Book value of all assets	F Group exemption number (See instructions.			
C Book value of all assets at end of year 117,033,1			401(a) trust	Other trust
	organization's unrelated trades or businesses.		nly (or first) unrelate	
trade or business here		. If only one, comp	lete Parts I-V. If mo	re than one,
describe the first in the b	plank space at the end of the previous sentence, complete	e Parts I and II, complete a Schedule M fo	each additional trac	le or
business, then complete				
	the corporation a subsidiary in an affiliated group or a p	arent-subsidiary controlled group? ST		Yes L No
	and identifying number of the parent corporation	Talabasas	umber ► 610	600-2507
	► EDWARD BERTOLINO d Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	· · · · - · · · · · · · · · · · · · · ·	(A) medite	(b) Expenses	(0) 1101
b Less returns and allow		▶ 1c		
2 Cost of goods sold (S		2		
3 Gross profit. Subtract	•	3		
4a Capital gain net incon		4a		
	4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction	n for trusts	4c		
5 Income (loss) from a	partnership or an S corporation (attach statement)	5		ļ
6 Rent income (Schedu	•	6		
	ed income (Schedule E)	7		-
- ' -	yalties, and rents from a controlled organization (Schedul			
	f a section 501(c)(7), (9), or (17) organization (Schedule ivity income (Schedule I)	e G) 9 10		<u> </u>
10 Exploited exempt acti11 Advertising income (\$\frac{3}{2}\$, ,	11		
	structions; attach schedule)	12		
13 Total. Combine lines	· · · · · · · · · · · · · · · · · · ·	13 0.		
	ons Not Taken Elsewhere (See instruction	s for limitations on deductions)		
(Except for	contributions, deductions must be directly connec	cted with the unrelated business incor	me)	
14 Compensation of off	ficers, directors, and trustees (Schedule K)	UK 26 73	14	
15 Salaries and wages		1,40100	15	
16 Repairs and mainter	nance	•	16	T
17 Bad debts			17	
•	edule) (see instructions)		18	
19 Taxes and licenses	ions (See instructions for limitation rules)		19 20	-
20 Charitable contribute21 Depreciation (attach	•	21	20	
	aimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		(====)	23	1
	erred compensation plans		24	
25 Employee benefit pro	•		25	
26 Excess exempt expe			26	
27 Excess readership co	osts (Schedule J)		27	
28 Other deductions (at	ttach schedule)		<u>2β</u>	
	odd lines 14 through 28		29	0
	taxable income before net operating loss deduction. Sub		30	0
	perating loss arising in tax years beginning on or after Ja	inuary 1, 2018 (see instructions)	31	0
32 Unrelated business f	taxable income. Subtract line 31 from line 30		1 32	1 0

Form 990-1	(2018) MERCY HOME HEALTH	23-13	52099	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	24	3†	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0
Part I	V Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions	•	41	
42	Alternative minimum tax (trusts only)	•	42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions) 45b		-1 II	
	General business credit. Attach Form 3800		∃ i l	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	7 II	
	Total credits. Add lines 45a through 45d		456	
46	Subtract line 45e from line 44		46	0.
47		ach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	,	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a				
		1,300.	7 11	
	Tax deposited with Form 8868		7	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		7 1 1	
	Backup withholding (see instructions) 506		-	
	Credit for small employer health insurance premiums (attach Form 8941) 50	-	7 1 1	
	Other credits, adjustments, and payments. Form 2439		7 1 1	
¥	Form 4136 Other Total 500			
51	Total payments Add lines 50a through 50g		- 5	1,300.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	6	5 54	1,300.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	ded W	0 55	1,300.
Part \			<u> </u>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			l x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		- x
37	If "Yes," see instructions for other forms the organization may have to file	11 11 031		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \blacktriangler			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	at of my knowl-	edge and belief, it	is true,
Sign	correst, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP REGIONAL FIN	_	-	
Here	17/10/10 REPORTING		May the IRS discu the preparer show	ss this return with n below (see
	Signature of officer Date Title		instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Ch	eck	if PTIN	, , , , , , , , , , , , , , , , , , , ,
D. C.	1	lf- employed		
Paid		. omployed	-	
Prepa		ırm's EIN	<u>l</u>	
Use C	Inly Times name P	J LIIV		
	Firm's address P	hone no		
823711 01			For	m 990-T (2018)

Schedule A - Cost of Goods	S Sold. Enter method of in	ventory valuation N/A						
1 Inventory at beginning of year	1_1_	6 Inventory at end of year	ar	6				
2 Purchases	2	7 Cost of goods sold. S	ubtract line 6					
3 Cost of labor	3	from line 5. Enter here	and in Part I,	<u></u>				
4 a Additional section 263A costs		line 2	line 2					
(attach schedule)	4a	8 Do the rules of section	8 Do the rules of section 263A (with respect to					
b Other costs (attach schedule)	4b	property produced or	acquired for resale) apply to	<u> </u>				
5 Total. Add lines 1 through 4b	5	the organization?						
Schedule C - Rent Income (see instructions)	From Real Property a	and Personal Property L	eased With Real Pro	operty) 				
1. Description of property								
(1)				<u> </u>				
(2)								
(3)	"							
(4)								
	2. Rent received or accrued							
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than of rent	real and personal property (if the percenta t for personal property exceeds 50% or if he rent is based on profit or income)	3(a) Deductions directions 2(a	otly connected with the income in) and 2(b) (attach schedule)				
(1)								
(2)								
(3)								
(4)								
Total	O . Total		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)		(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)					
Schedule E - Unrelated Deb	t-Financed Income(see instructions)						
		2 Gross income from		connected with or allocable anced property				
1. Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)		%						
(2)		%						
(3)		%						
(4)		%						
		·	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Totals		L		0. 0.				
Total dividends-received deductions in	ocluded in column 8			▶ 0.				
TOTAL MINIMA TOACIACH ACANOLINIS II	oladva ili gotalilli o							

Schedule F - Interest,	1	- Cyallios, c		Controlled O				(300 1113	truction	3)
Name of controlled organizat	ion	2. Employer identification number	3. Net unre (loss) (see	elated income instructions)	4. Tota paym	al of specified nents made	ıncluded			6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)							<u> </u>			
Nonexempt Controlled Organi	zations									
7. Taxable Income		ted income (loss) structions)	9. Total o	of specified payr made	nents	10. Part of colur in the controlli gross			11. De with	ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
				_		Add colum Enter here and line 8, c		I, Part I,	Enter h	ere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme (see insti		of a Section	on 501(c)(7), (9), or (17) Org	anization				
1. Desc	ription of income			2. Amount of	ілсоте	 Deduction directly conne (attach sched) 	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)										ļ
(2)		<u> </u>								
(3)										
(4)										
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited	-	tivity Incor	me, Other	Than Adv		g Income				
Description of exploited activity	2. Gross unrelated busin income fron trade or busin	ness direct	Expenses tly connected production unrelated ness income	4. Net incomfrom unrelated business (cominus columination) gain, compute through	trade or lumn 2 n 3) If a a cols 5	from activity that attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				_						
(2)										
(3)										
(4)			- ;							Enter here and
Totala	Enter here and page 1, Part line 10, col (I, pag	here and on ge 1, Part I, 10, col (B)							on page 1, Part II, line 26
Totals Schedule J - Advertising	na Income									
Part I Income From I				olidated	Basis					
1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs	4. Advert or (loss) (cool 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulat		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				┨ ̄ ̄						
(2)				_			\longrightarrow			
(3)	_			_						
(4)				ļ		 				
Totals (carry to Part II, line (5))		0.	0							0.
										Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)				- "			
Totals from Part I	▶	0.	0.	-			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)

Р ОРМ 990-Т	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
CORPORATION'S NAME						•	IDENTIFYING NO
TRINITY HEALTH CORPORATION							35-1443425