Form <b>990-T</b>		Exempt Organization Bus	sine	ss Income T	ax Return	ON	AB No 1545 0047
1		(and proxy tax und	ler se	ction 6033(e))	$\Omega_{\nu}$		0040
•	For ca	alendar year 2019 or other tax year beginning $ { m JUL}    1$ ,	20	19 and ending JU	N 30, 20 <u>20</u>		2019
Department of the Treasury Internal Revenue Service	•	► Go to www irs gov/Form990T for in ► Do not enter SSN numbers on this form as it ma				Open 501(c)	to Public Inspection for (3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name of	changed	and see instructions )	l-		lentification number a trust see a)
B Exempt under section	Print	MRRCY HOME HEALTH		<u> 1352099                                   </u>			
X = 501(c)/3	or	Number, street, and room or suite no If a P O bo	Unrelated b See instruc	usiness activity code tions )			
408(e)220(e)	Туре	1001 BALTIMORE PIKE, N					
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of SPRINGFIELD, PA 19064					
C Book value of all assets		F Group exemption number (See instructions )	<b>&gt;</b>				
13,173,1	68.	G Check organization type 🕨 🔀 501(c) cor	poratio	n 501(c) trust	401(a) tri	ust	Other trust
H Enter the number of the	organiza	ation's unrelated trades or businesses 🕒 🔃		Describe	the only (or first) unrel	ated	
trade or business here	<b>&gt;</b>			If only one,	complete Parts I-V If r	nore <b>tha</b> n	one,
describe the first in the b	ılank spa	ace at the end of the previous sentence, complete P	arts I ar	id II, complete a Schedule	: M for each additional t	rade or	
business, then complete	Parts II	I-V		<u>_</u>			
•		poration a subsidiary in an affiliated group or a page	nt-subs	idiary controlled group?	ATHE LY		No No
		tifying number of the parent corporation	<u> </u>	N COD-14			43425
		EDWARD BERTOLINO				0-69	0-2597
Part I Unrelate	d Ira	de or Business Income	_	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale							
b Less returns and allow		c Balance	10			_	
2 Cost of goods sold (S		•	2_		<del></del>	<del></del>	
3 Gross profit Subtrac			3		<u> </u>		
4 a Capital gain net incor		•	4a		<u> </u>	-	
= : : :		Part II, line 17) (attach Form 4797)	4b		<del>                                     </del>		
c Capital loss deduction		stip or an S corporation (attach statement)	4c 5		<del>/</del>	_	
<ul><li>5 Income (loss) from a</li><li>6 Rent income (Schedu</li></ul>	•	ship of all 3 corporation (attach statement)	6				
7 Unrelated debt-finance		me (Schedule F)	7		<del>-</del>		
		and rents from a controlled organization (Schedule F)	8				
		on 50 <b>1(c)</b> (7), (9), or (17) organization (Schedule G)	_			_	
10 Exploited exempt acti			10				
11 Advertising income (5	-	•	11				
12 Other income (See in:	struction	ns, attach schedule)	32	_			
13 Total Combine lines			13	0.			
		ot Taken Elsewhere (See instructions to					
(Deductions	must b	pe directly connected with the unrelated busin	iess ind	come )			
	icers, di	rectors, and trustees (Schedule K)			<u> </u>	4	
15 Salaries and wages		<u>/</u>				15	
16 Repairs and mainter	ance	RECE	IV	ED		16	
17 Bad debts		/	7	181	·	17	
18 Interest (attach sche	dule) (s	ee instructions)	<b>4</b> 20	21 19	<del></del>	18	
19 Taxes and licenses	Farm 1	7 151 1	<i>ヺ</i> ゛	191	<u> </u>	19	<del></del>
20 Depreciation (attach	romm 4.		NI			1b	
21 Less depreciation dia 22 Depletion	allillen ni	n Schedule A and elsewhere on returnOGDE	1V,	C I I I I I I I I		22	
23 Contributions to defi					_	23	
24 Employee benefit pr		inpensation plans				24	
25 Excess exempt expe	_	chedule I)				25	
26 Excess readership or		•				26	
27 Other deductions (at						27	
28 Total deductions A		•			<del></del> -	28	0.
/		ncome before net operating loss deduction. Subtract	t line 2	3 from line 13		29	0.
/	erating	loss arising in tax years beginning on or after Janua	ry <b>1, 2</b> 0	118	Γ		
(see instructions)					<u>) :</u>	30	0.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

1 Unrelated business taxable income Subtract line 30 from line 29

Form 990	PT (2019) MERCY HOME HEALTH	23-135	2099 Page 2
Part	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Chantable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	/38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,	<b>{</b> }	
	enter the smaller of zero or line 37	39	0.
Part	IV Tax Computation	<del>, , , , , , , , , , , , , , , , , , , </del>	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part		<del></del>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4 1	
	Other credits (see instructions)	4 1	
-	General business credit. Attach Form 3800	- 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	4 1	
	Total credits. Add lines 46a through 46d	46e	0.
	Subtract line 46e from line 45	47	
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	Total tax. Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments: A 2018 overpayment credited to 2019 2019 estimated tax payments  1,025.	1 1	
	· · · · · · · · · · · · · · · · · · ·	1 1	
	_ ` ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1 1	
	Foreign organizations: Tax paid or withheld at source (see instructions)  51d  Backup withholding (see instructions)  51e	1	
	Credit for small employer health insurance premiums (attach Form 8941)	1	
	Other credits, adjustments, and payments: Form 2439	1 1	
y	Form 4136 Other Total > 51g	1 .1	
52	Total payments. Add lines 51a through 51g	52	1,025.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	54	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<b>§</b> 5	1,025.
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56	1,025.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 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
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here •		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		1 1
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
C:	Under penalties of persury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct and pumplets. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  VP REG FINANCIAL	dge and belief, it is t	ue,
Sign		lay the IRS discuss th	ils return with
Here	REPORTING	ne preparer shown be	low (see
	Signature of offiser / Date Title	structions)?	Yes No
	1, 7, 7   1   1   1   1   1   1   1   1   1	if PTIN	
Paid	self- employed	1	
Prep	arer		
Use	Only Firm's name ► Firm's EIN ►		<del></del>
	Giran's Address		
000211	Firm's address Phone no.	4	990-T (2019)
923711 0	70	Form	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>

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Schedule A - Cost of Goods	Sold. Enter	method of inver	itory valuation N/A	<u> </u>	<u>.</u>	
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	lubtract I	ine 6	
3 Cost of labor	3	·	from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	1 263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (	From Real	Property and	l Personal Property L	ease	d With Real Prope	erty)
(see instructions)					·	
1. Description of property						
(1)			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(2)			·			
(3)						
(4)						
		ed or accrued			0/0)8-4444444444-	and the second second
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	connected with the income in 3 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>•</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			
			2. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fine	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				<del></del>		
(2)	. ,.,	7				
(3)				1		
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n 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)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions inc	cluded in column	18	•		<b></b>	0.
						Form <b>990-T</b> (2019)

Schedule F - Interest,	Annuitie	s, Royali	ies, an	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	ns)
				Exempt (	Controlled O	rganızatı	ons				<u> </u>
1. Name of controlled organizat	tion	2. Emj Identific num	cation		elated income instructions)	4. To	tal of specified ments made '	ınclud	t of column 4 led in the contraction's gross i	rolling	6. Deductions directly connected with income in column 5
(1)							···				
(2)										. 1	<del></del>
(3)									· ·		
(4)				1		···			<del></del>	<del></del>	
Nonexempt Controlled Organi	zations	<u>!</u>		l		I		<b></b>			
7. Taxable Income		nrelated incom	e (loss)	0 Total	of specified payr	nente	10. Part of colu	nn Q tha	t is included	11 0	eductions directly connected
7. Taxable medine		see instructions		g. 10ta	made	iliana	in the controll	ng organ	nzation's		h income in column 10
(1)											· <del>, · · ·</del>
(2)											
(3)											
(4)											
							Add colun Enter here and Ine 8, o		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						·	•		0.		0.
Schedule G - Investme	nt Incor	ne of a S	ection	501(c)(7	1: (9), or (	17) Ord	anization			L	
	ructions)	0. 0 0		00.(0)(/	,, (0), 0. (	, ৩.	,				
1. Desc	ription of inco	me			2. Amount of	ıncome	3. Deduction directly connective school	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) -											
(2)											
(3)											
(4)			,								
					Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals Schedule I - Exploited	Evamet	Activity	Income	Othor	Thon Adv	0.	a Incomo	eane.			<u>. 0.</u>
(see instru	=	Activity	IIICOIIIE	e, Other	man Auv	er (ISII)	ig income				
Description of exploited activity	unrelated incom	Pross business e from business	directly c with pro of unr	penses onnected oduction elated s income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut , colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1									_
(2)											
(3)											
(4)	l										
		` '	Enter her page 1 line 10,	col (B)							Enter here and on page 1, Part II, line 25
Totals		0.		0.				MACA			3 0.
Schedule J - Advertision						<b>D</b>					
Partil Income From	Periodic	als Repo	orted or	a Cons	solidated	Basis	1		pa-1		· · · · · · · · · · · · · · · · · · ·
1. Name of periodical		2. Gross advertising income		3. Direct srtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat		6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							7				
(2)											
(3)											
(4)											
· ·				<del></del>			1				
Totals (carry to Part II, line (5))	<b>&gt;</b>	(	).	0							0. Form <b>990-T</b> (2019)

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)					7		
(2)			<del>-</del> .				
(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 26
Totals, Part II (lines 1-5)	•	0.1	0.				0.

1. Name	<b>2</b> 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		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	1
CORPORATION'	S NAME						IDENTIFYING	МО
TRINITY HEAL	TH CORPOR	RATION					35-1443425	