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2014

Open to Public  
Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable	C Name of organization MERCY CLINIC EAST COMMUNITIES		D Employer identification number 43-1771217
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (314) 364-3731
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 645 MARYVILLE CENTRE DRIVE STE 100	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 63141		G Gross receipts \$ 312,101,656
F Name and address of principal officer JOHN HUBERT 645 MARYVILLE CENTRE DRIVE STE 100 ST LOUIS, MO 63141		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW MERCY NET/STLOUISMO

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1994 M State of legal domicile MO

## Part I Summary

1 Briefly describe the organization's mission or most significant activities MERCY CLINIC EAST COMMUNITIES ("MCEC") COORDINATES PHYSICIAN-RELATED ASPECTS OF HEALTH CARE WITHIN THE MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	27
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	0
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5	2,511
6 Total number of volunteers (estimate if necessary) . . . . .	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	374,477
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	15,723

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	247,869,841	311,584,892
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	901,799	240,957
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	468,959	275,807
	249,240,599	312,101,656

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	302,100	177,875
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	246,414,921	278,894,246
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	85,121,604	125,820,609
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	331,838,625	404,892,730
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-82,598,026	-92,791,074

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	132,385,811	101,703,283
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	70,727,886	132,836,432
	61,657,925	-31,133,149

## Part II Signature Block

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

Sign Here	***** Signature of officer	2016-05-12 Date
	CHERYL MATEJKA TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DOUGLAS G PLEUS	Preparer's signature DOUGLAS G PLEUS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00013488
	Firm's name ► PLEUS AND COMPANY LLC			Firm's EIN ► 56-2632458	
	Firm's address ► 14500 S OUTER 40 SUITE 201A CHESTERFIELD, MO 63017		Phone no (314) 317-9916		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

## **Statement of Program Service Accomplishments**

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

to describe the organization's mission

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

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

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

Yes  No

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

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

Yes  No

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

**4a** (Code ) (Expenses \$ 387,809,305 including grants of \$ 177,875 ) (Revenue \$ 311,310,038 )

THE PRIMARY PURPOSE OF MERCY CLINIC EAST COMMUNITIES ("CLINIC") IS TO COORDINATE PHYSICIAN-RELATED ASPECTS OF HEALTH CARE WITHIN MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM THESE PHYSICIAN-RELATED ACTIVITIES INCLUDE 1 DELIVERY OF HEALTH CARE SERVICES TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO PHYSICIAN SERVICES, CONTRACTING FOR PHYSICIAN SERVICES WITH LOCAL NETWORKS, HEALTH MAINTENANCE ORGANIZATIONS, OTHER PROVIDER GROUPS, AND HOSPITALS AND OTHER HEALTH CARE FACILITIES, AND EMPLOYING THE NECESSARY STAFF OF PHYSICIANS AND OTHER PERSONNEL NECESSARY TO DELIVER SUCH HEALTH CARE SERVICES AND CARRY OUT OTHER PURPOSES OF THE CLINIC THE CLINIC ALSO PROVIDES SERVICES (OVER \$37,860,000) TO A LARGE NUMBER (OVER 174,000 VISITS) OF MEDICAID AND CHARITY CARE PATIENTS IN ITS SERVICE TO THE COMMUNITY 2 FURTHERING SCIENTIFIC RESEARCH TO BENEFIT THE PUBLIC THROUGH PARTICIPATION IN CLINICAL DRUG STUDIES THE PHYSICIAN DIRECTORS AND EMPLOYEES OF THE CLINIC CARRY OUT SUCH ACTIVITIES INDIVIDUALLY AND AS A CORPORATION THROUGH COMMITTEES, TASK FORCES, AND OTHER GROUPS, TO FURTHER THE CHARITABLE PURPOSES OF THE CLINIC THE COORDINATION OF SERVICES BY AND BETWEEN MERCY HEALTH EAST COMMUNITIES AND THE CLINIC ENABLES MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM TO PROVIDE MORE EFFECTIVE AND COST EFFICIENT SERVICES BY ALLOWING EACH PART OF THE SYSTEM TO FOCUS ON ITS AREA OF EXPERTISE, AVOID DUPLICATION OF SERVICES, AND PROVIDE INTEGRATED DELIVERY OF HEALTH CARE SERVICES THE CLINIC OPERATES EXCLUSIVELY FOR THE BENEFIT OF OR TO ESTABLISH AND MAINTAIN ONE OR MORE MEDICAL PRACTICES AS INSTITUTIONS WITH PERMANENT HEALTH SERVICE FACILITIES FOR THE DIAGNOSIS AND TREATMENT OF PATIENTS AND TO PROVIDE SUCH MEDICAL SERVICES AS MAY BE REQUIRED BY PATIENTS, TO CONDUCT EDUCATIONAL ACTIVITIES RELATED TO CARE OF THE SICK AND INJURED OR TO THE PROMOTION OF HEALTH, TO DEVELOP EFFICIENT AND PRACTICAL ARRANGEMENTS FOR PROVIDING HEALTH SERVICES, TO FOSTER THE TEACHING AND RESEARCH FUNCTIONS AT ITS FACILITIES IN COOPERATION WITH OTHER HEALTH SERVICES AND EDUCATIONAL INSTITUTIONS, AND TO PROVIDE ORIENTATION AND IN-SERVICE TRAINING PROGRAMS TO PERSONNEL EMPLOYED AT ITS FACILITIES IN ORDER TO MAINTAIN THEIR SKILLS AND TO MAKE THEM AWARE OF DEVELOPMENTS IN THE HEALTH SERVICES FIELD AMONG THE COMMUNITY SUPPORT ACTIVITIES OFFERED BY THE CLINIC WERE THE FOLLOWING HEALTH FAIRS AND SCREENINGS- CLINIC PHYSICIANS AND CO-WORKERS STAFFED "ASK THE DOCTOR" BOOTHS AND/OR PROVIDED FREE HEALTH SCREENINGS AND HEALTH INFORMATION AT VARIOUS NONPROFIT AND COMMUNITY EVENTS- IN ADDITION, CLINIC PHYSICIANS STAFFED BOOTHS OR PROVIDED SCREENINGS AT EMPLOYEE HEALTH FAIRS FOR AREA CORPORATIONS PROVISION OF FREE HEALTH INFORMATION- CLINIC PHYSICIANS SHARED THEIR KNOWLEDGE WITH THE ST LOUIS COMMUNITY THROUGH VARIOUS MEDIA INTERVIEWS ON SPECIFIC HEALTH TOPICS - CLINIC PHYSICIANS PROVIDED TALKS TO THE COMMUNITY ON VARIOUS HEALTH RELATED TOPICS- SEVERAL CLINIC PHYSICIANS SERVE AS CONSULTING PHYSICIANS FOR ST LOUIS AREA SCHOOL DISTRICTS, BOY SCOUTS, AND ATHLETIC TEAMS CHARITABLE OUTREACH- CO-WORKERS OF CLINIC PRACTICES COLLECTED CANNED GOODS AND PANTRY ITEMS TO DONATE TO LOCAL FOOD PANTRIES, AND BOXED UP DONATIONS OF FOOD FOR FAMILIES SERVED BY AREA CATHOLIC CHURCHES- DURING THE HOLIDAYS, CLINIC CO-WORKERS SPONSORED RAFFLES AND DRESS-DOWN DAYS TO RAISE FUNDS TO SUPPORT FAMILIES IN NEED CO-WORKERS DONATED CASH, WRAPPING PAPER, AND SUPPLIES, SHOPPED FOR AND WRAPPED GIFTS, AND DELIVERED THE ITEMS TO FAMILY MEMBERS, WHO WERE REFERRED BY MERCY NEIGHBORHOOD MINISTRY AND MISSION SERVICES SUPPORT OF COMMUNITY PROGRAMS- IN ADDITION TO ORGANIZATION-WIDE SUPPORT FOR THE AMERICAN HEART ASSOCIATION, THE SUSAN G KOMEN FOUNDATION RACE FOR THE CURE, THE ST LOUIS ZOO'S "BOO AT THE ZOO, AND THE UNITED WAY OF GREATER ST LOUIS, INDIVIDUAL PHYSICIANS AND CO-WORKERS VOLUNTEERED THEIR TIME AS WORKERS AND/OR HEALTH CARE PROVIDERS, AND/OR PARTICIPATED IN FUNDRAISING ACTIVITIES MEDICAL EDUCATION PROGRAMS- CLINIC PHYSICIANS AND CO-WORKERS MENTORED INTERNS AND NEW ENTRANTS TO THE HEALTH CARE FIELD, AND SERVED AS PRECEPTORS FOR MEDICAL, PHARMACY, AND NURSE PRACTITIONER STUDENTS- SEVERAL CLINIC PHYSICIANS TAUGHT RESIDENTS AND STAFF THROUGH WEEKLY GRAND ROUNDS AND LECTURES FOR MEDICAL DEPARTMENTS AT MERCY HOSPITAL ST LOUIS

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

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

**4d** Other program services (Describe in Schedule O)

(Expenses \$ **including grants of \$** ) (Revenue \$ **)**

4e Total program service expenses  387 809 305

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *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? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2		No
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
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	<input checked="" type="checkbox"/>	22	No	
23	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	<input checked="" type="checkbox"/>	23	Yes	
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	<input checked="" type="checkbox"/>	24a	No	
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a	No	
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 Schedule L, Part I	<input checked="" type="checkbox"/>	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	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	<input checked="" type="checkbox"/>	33	Yes	
34	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	<input checked="" type="checkbox"/>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Yes	
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	<input checked="" type="checkbox"/>	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	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	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	0	
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>		
<b>2a</b> 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 . . .	<b>2a</b>	2,511	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>		No
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>		No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	<b>14b</b>		

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

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

### Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		
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		No
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

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

### Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records <b>KERRY DUNGER</b>

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated Employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	23,093,945	5,316,373	2,887,116

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►628**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GH VOSS CO INC 210 OLD DORSETT RD MARYLAND HEIGHTS, MO 63043	CONSTRUCTION	905,812
MEDICAL EMPLOYMENT DIRECTORY 11701 BORMAN DR STE 280 ST LOUIS, MO 63146	TEMPORARY AGENCY	467,938
LAWLOR CORP 1440 STRASSNER DRIVE ST LOUIS, MO 63144	CONSTRUCTION	425,826
LANDCO CONSTRUCTION CITYPLACE TWO SUITE 10 CREVE COEUR, MO 63141	CONSTRUCTION SERVICES	363,839
NEXTGEN HEALTHCARE INFORMATION 795 HORSHAM RD HORSHAM, PA 91044	MISC CONTRACT SERVICES	269,851
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►14</b>		

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .				
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT REVENUE	<b>Business Code</b> 621110	247,716,074	247,716,074	
	<b>b</b> OTHER OPERATING REVENUE	621110	60,383,700	60,383,700	
	<b>c</b> RESEARCH REVENUE	621500	3,204,253	3,204,253	
	<b>d</b> COMMERCIAL RESEARCH	621500	280,865		280,865
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		311,584,892		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		240,957		240,957
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(I) Real	(II) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a</b> CAFE & VENDING	722210	550,661		93,612	457,049
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .		-274,854	-274,854		
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		275,807			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		312,101,656	311,029,173	374,477	698,006

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	177,875	177,875		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	18,860,302	18,860,302		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,273,072	1,273,072		
<b>7</b> Other salaries and wages . . . . .	221,377,888	213,211,546	8,166,342	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,681,676	7,388,889	292,787	
<b>9</b> Other employee benefits . . . . .	18,827,529	18,166,537	660,992	
<b>10</b> Payroll taxes . . . . .	10,873,779	10,503,769	370,010	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,090	2,090		
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	10,971,203	10,921,342	49,861	
<b>12</b> Advertising and promotion . . . . .	148,037	147,364	673	
<b>13</b> Office expenses . . . . .	4,864,693	4,842,584	22,109	
<b>14</b> Information technology . . . . .	164,540	163,792	748	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	20,409,273	20,316,518	92,755	
<b>17</b> Travel . . . . .	777,137	773,605	3,532	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	7,090	7,058	32	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,758,574	2,813,268	945,306	
<b>23</b> Insurance . . . . .	7,280,580	7,247,492	33,088	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> DRUGS & MEDICAL EXPENSE	21,760,208	21,661,313	98,895	
<b>b</b> SHARED SERVICE FEES	12,901,331	6,708,692	6,192,639	
<b>c</b> BAD DEBTS	8,966,133	8,966,133		
<b>d</b> REPAIRS & MAINTENANCE	403,592	401,758	1,834	
<b>e</b> All other expenses	33,406,128	33,254,306	151,822	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	404,892,730	387,809,305	17,083,425	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

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

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing	8,737,682	<b>1</b>
2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	25,833,184	<b>4</b>
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
			<b>5</b>
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>
7	Notes and loans receivable, net	4,524,172	<b>7</b>
8	Inventories for sale or use	8,862	<b>8</b>
9	Prepaid expenses and deferred charges	3,986,396	<b>9</b>
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	40,803,120
b	Less accumulated depreciation	<b>10b</b>	21,773,091
		<b>10c</b>	16,029,132
		<b>10c</b>	19,030,029
11	Investments—publicly traded securities		<b>11</b>
12	Investments—other securities See Part IV, line 11	6,914,849	<b>12</b>
13	Investments—program-related See Part IV, line 11		<b>13</b>
14	Intangible assets	43,176,205	<b>14</b>
15	Other assets See Part IV, line 11	23,175,329	<b>15</b>
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	132,385,811	<b>16</b>
		101,703,283	
<b>Liabilities</b>			
17	Accounts payable and accrued expenses	35,344,718	<b>17</b>
18	Grants payable	3,620	<b>18</b>
19	Deferred revenue		<b>19</b>
20	Tax-exempt bond liabilities		<b>20</b>
21	Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>
23	Secured mortgages and notes payable to unrelated third parties		<b>23</b>
24	Unsecured notes and loans payable to unrelated third parties		<b>24</b>
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	35,379,548	<b>25</b>
26	<b>Total liabilities.</b> Add lines 17 through 25	70,727,886	<b>26</b>
		132,836,432	
<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	61,657,925	<b>27</b>
28	Temporarily restricted net assets		<b>28</b>
29	Permanently restricted net assets		<b>29</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
30	Capital stock or trust principal, or current funds		<b>30</b>
31	Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>
32	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>
33	Total net assets or fund balances	61,657,925	<b>33</b>
34	Total liabilities and net assets/fund balances	132,385,811	<b>34</b>
		-31,133,149	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	312,101,656
2	Total expenses (must equal Part IX, column (A), line 25)	2	404,892,730
3	Revenue less expenses Subtract line 2 from line 1	3	-92,791,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,657,925
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-31,133,149

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 43-1771217  
**Name:** MERCY CLINIC EAST COMMUNITIES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) CASSAT JAMES	53 00								
PHYSICIAN & BOARD MEMBER	0 00	X					342,430	0	27,923
(1) CHALK MD DAVID	50 00								
PRESIDENT 4 RIVERS CLINIC & BOARD MEMBER	7 00	X					745,166	0	170,230
(2) CRAIG MD TODD	18 00								
PHYSICIAN & BOARD MEMBER	36 00	X					273,465	0	32,107
(3) CZARNIK MD BRUCE	60 00								
PHYSICIAN & BOARD MEMBER	0 00	X					608,750	0	32,178
(4) DUMONTIER MD GARY	45 00								
PHYSICIAN & BOARD MEMBER	2 00	X					579,817	0	32,384
(5) DURAND MD DOUGLAS	60 00								
PHYSICIAN & BOARD MEMBER	0 00	X					207,394	0	24,709
(6) GOODWIN KEVIN	55 00								
VP-CLINICAL OPS & BOARD MEMBER	0 00	X					305,663	0	68,651
(7) GRIMES MD JAMES	50 00								
PHYSICIAN & BOARD MEMBER	0 00	X					294,210	0	13,824
(8) HACK MD RICHARD	27 00								
PHYSICIAN & BOARD MEMBER	26 00	X					185,058	0	36,013
(9) HILTON MD STEVEN	41 00								
PHYSICIAN & BOARD MEMBER	1 00	X					371,171	0	41,784
(10) HRUSKA MD LINDY	52 00								
PHYSICIAN & BOARD MEMBER	12 00	X					251,640	0	18,830
(11) HUBERT MD JOHN W	50 00								
PRES, MERCY CLINIC & BOARD MEMBER	10 00	X	X				0	892,032	198,306
(12) LOGAN MD WILLIAM	25 00								
PHYSICIAN & BOARD MEMBER	25 00	X					382,348	0	54,008
(13) LONG MD TIM	60 00								
PHYSICIAN & BOARD MEMBER	0 00	X					251,736	0	29,330
(14) MERBAUM MD MARC	60 00								
PHYSICIAN & BOARD MEMBER	0 00	X					544,000	0	37,028
(15) MILLER MD BRIAN	60 00								
PHYSICIAN & BOARD MEMBER	0 00	X					263,805	0	30,000
(16) MILLER MD DONNA	52 00								
PHYSICIAN & BOARD MEMBER	0 00	X					247,576	0	40,128
(17) REHM MD CHARLES	20 00								
CHIEF ADMIN OFFICER & BOARD MEMBER	40 00	X					0	590,414	145,617
(18) REINBERG MD JASON	53 00								
PHYSICIAN & BOARD MEMBER	0 00	X					601,608	0	29,954
(19) RIECHERS MD THOMAS	50 00								
PHYSICIAN & BOARD MEMBER	20 00	X					527,823	0	38,978
(20) RIEGEL MD BRET	50 00								
PHYSICIAN & BOARD MEMBER	1 00	X					422,956	0	31,255
(21) RUNGE ANDREW	40 00								
COO, CLINICS & BOARD MEMBER	10 00	X					0	370,053	88,959
(22) SANDERS MD STEPHEN	50 00								
PHYSICIAN & BOARD MEMBER	2 00	X					623,671	0	43,858
(23) SEECK MD BRIAN	31 00								
PHYSICIAN & BOARD MEMBER	13 00	X					941,075	0	30,946
(24) SORENSEN DONN	5 00								
PRES EAST COMMUNITIES & BOARD MEMBER	59 00	X					0	821,625	404,141

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

**SCHEDULE A**  
(Form 990 or 990EZ)**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**

Department of the

Treasury

Internal Revenue Service

**Name of the organization**

MERCY CLINIC EAST COMMUNITIES

**Employer identification number**

43-1771217

**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 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An 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 )

10  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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 <b>Total support</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			47,094			47,094
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	106,440,302	134,263,372	228,378,376	247,799,801	311,029,173	1,027,911,024
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	106,440,302	134,263,372	228,425,470	247,799,801	311,029,173	1,027,958,118
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support</b> (Subtract line 7c from line 6 )						1,027,958,118

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6	106,440,302	134,263,372	228,425,470	247,799,801	311,029,173	1,027,958,118
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	850,274	64,352	626,973	901,799	240,957	2,684,355
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	850,274	64,352	626,973	901,799	240,957	2,684,355
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	40,193	143,214	99,294	106,750	374,477	763,928
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )	107,330,769	134,470,938	229,151,737	248,808,350	311,644,607	1,031,406,401
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99 670 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99 570 %

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 260 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 380 %
<b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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) purposes.

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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).

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  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

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

	Yes	No
3b		

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

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

**Section A - Adjusted Net Income**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 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 Other expenses (see instructions)  
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

**Section B - Minimum Asset Amount**

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
 a Average monthly value of securities  
 b Average monthly cash balances  
 c Fair market value of other non-exempt-use assets  
 d Total (add lines 1a, 1b, and 1c)  
 e Discount claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
 2 Acquisition indebtedness applicable to non-exempt use assets  
 3 Subtract line 2 from line 1d  
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  
 6 Multiply line 5 by 035  
 7 Recoveries of prior-year distributions  
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

**Section C - Distributable Amount**

1 Adjusted net income for prior year (from Section A, line 8, Column A)  
 2 Enter 85% of line 1  
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  
 4 Enter greater of line 2 or line 3  
 5 Income tax imposed in prior year  
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
 7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

**Section D - Distributions**

	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . .			
<b>b</b> From 2010. . . . .			
<b>c</b> From 2011. . . . .			
<b>d</b> From 2012. . . . .			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . .			
<b>b</b> From 2011. . . . .			
<b>c</b> From 2012. . . . .			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

## For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is available at [www.irs.gov/form990](http://www.irs.gov/form990).**

2014

**Open to Public  
Inspection**

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

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

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

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

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

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

**Name of the organization**

**Employer identification number**

43-1771217

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures
- 3** Volunteer hours

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

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

**4-Year Averaging Period Under section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2011</b>	<b>(b) 2012</b>	<b>(c) 2013</b>	<b>(d) 2014</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		1,296
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			1,296
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE FOLLOWING ASSOCIATION CATHOLIC HEALTH ASSOCIATION FOR THE YEAR ENDED JUNE 30, 2015, DUES WERE \$43,494 APPROXIMATELY 2 98% OF CATHOLIC HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THIS ASSOCIATION

**Part IV** **Supplemental Information (continued)**

**Schedule C (Form 990 or 990EZ) 2014**

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**  
MERCY CLINIC EAST COMMUNITIES**Employer identification number**

43-1771217

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** Permanent endowment

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .		432,438	36,125	396,313	
<b>c</b> Leasehold improvements . . . . .		16,024,006	9,469,077	6,554,929	
<b>d</b> Equipment . . . . .		21,600,467	12,267,889	9,332,578	
<b>e</b> Other . . . . .		2,746,209		2,746,209	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				19,030,029	

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MH INV FUND	6,880,951	F

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )**  

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

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

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )** **97,457,062**

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	FEDERAL INCOME TAX PRIMARILY ALL OF THE MERCY HEALTH ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY MERCY COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2015 OR 2014

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

Return Reference	Explanation

Schedule I  
(Form 990)Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON SCHOOL DISTRICT 220 LOCUST STREET WASHINGTON, MO 63090	43-6003967	501(C)(3)	150,000		CASH		GENERAL COMMUNITY SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

1

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MADE TO ORGANIZATIONS WHICH HAVE AN ESTABLISHED HISTORY OF PROVIDING HEALTH CARE SUPPORT AND OR COMMUNITY BENEFIT IF NECESSARY, PERIODIC REPORTS ARE PROVIDED TO US

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
► Attach to Form 990.► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	CHARTER TRAVEL IS PROVIDED TO CERTAIN EMPLOYEES AS AND WHEN APPROPRIATE, AND AS DEEMED NECESSARY FOR BUSINESS TRAVEL AFTER CHARTER TRAVEL APPROVAL HAS BEEN GRANTED IN ACCORDANCE WITH THE FINANCIAL JUSTIFICATION PROCESS, THE APPROVED CHARTER TRAVEL FOR BUSINESS IS A REIMBURSABLE EXPENSE WHICH IS NOT TAXABLE TO THE EMPLOYEES TRAVEL FOR COMPANIONS IS PROVIDED IN RARE INSTANCES AND IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL SPOUSAL TRAVEL WAS PROVIDED FOR THE FOLLOWING EMPLOYEE OF A RELATED ORGANIZATION MICHAEL MCCURRY LIMITED INSTANCES OF TAX GROSS-UPS MAY HAVE OCCURRED WITH RESPECT TO EXECUTIVES HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY SUCH BENEFITS ARE SUBJECT TO TAX TO EMPLOYEES, KEVIN GOODWIN AND DAVID GUSS PAYMENT BY THE COMPANY OF COSTS FOR TEMPORARY HOUSING BY EMPLOYEES FOR THE CONVENIENCE OF THE COMPANY IS MADE IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES AS A REIMBURSABLE EXPENSE, THIS TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE
PART I, LINES 4A-B	JEANNE CANTALIN RECEIVED \$205,717 OF SEVERANCE COMPENSATION FROM A RELATED ORGANIZATION PART I, LINE 4B MERCY HEALTH, THE ULTIMATE PARENT COMPANY, OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON VESTING DATE BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE FOLLOWING PLANS THERE WERE NO PAYMENTS FOR THE FISCAL YEAR ENDED 6/30/2015 SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) SORENSEN, DONN (DC), MCCURRY, MICHAEL (DB) SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN (SMRP) MATEJKA, CHERYL L, HUBERT, JOHN, CHALK MD, DAVID, KAHN MD, JOSEPH, REHM MD, CHARLES H, RUNGE, ANDREW D, SORENSEN, DONN, GOODWIN, KEVIN, HANNASCH, SUSAN THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C)
PART I, LINE 7	THE RELATED ORGANIZATION WHICH EMPLOYS THOSE INDIVIDUALS LISTED ON PART VII, AND THE FILING ORGANIZATION PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE FOR FISCAL YEAR 2015 (JULY 1, 2014 - JULY 30, 2015) PAYMENT OF ALL OR PART OF THE BONUS WAS CONTINGENT UPON ATTAINMENT OF CERTAIN FINANCIAL TARGETS AND NON-FINANCIAL GOALS DEEMED NECESSARY BY MERCY PAYMENTS ARE MADE ANNUALLY IN OCTOBER FOLLOWING (I) THE CONCLUSION OF THE FISCAL YEAR AND (II) DETERMINATION OF GOAL ACHIEVEMENT BONUS OPPORTUNITIES ARE TIERED PERCENTAGES AND ARE DEPENDENT UPON THE LEADERSHIP LEVEL AND ATTAINMENT PERCENTAGE MERCY'S ATTAINMENT OF FINANCIAL TARGETS AND NON-FINANCIAL GOALS IS REVIEWED BY THE COMPENSATION COMMITTEE OF MERCY HEALTH AND IS TAKEN INTO ACCOUNT WHEN ANALYZING EXECUTIVE COMPENSATION FOR REASONABLENESS
PART I, LINE 3	MERCY HEALTH (PARENT COMPANY) IS RESPONSIBLE FOR ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR THE FOLLOWING METHODS WERE USED BY MERCY HEALTH TO ESTABLISH COMPENSATION -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE MERCY CLINIC EAST COMMUNITIES USES A WRITTEN EMPLOYMENT CONTRACT

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-1771217  
**Name:** MERCY CLINIC EAST COMMUNITIES

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CASSAT JAMES, PHYSICIAN & BOARD MEMBER	(i) 305,435 (ii) 0	0	36,995 0	14,025 0	13,898 0	370,353 0	0 0
CHALK MD DAVID, PRESIDENT 4 RIVERS CLINIC & BOARD ME	(i) 558,251 (ii) 0	130,893 0	56,022 0	151,786 0	18,444 0	915,396 0	0 0
CRAIG MD TODD, PHYSICIAN & BOARD MEMBER	(i) 244,544 (ii) 0	0 0	28,921 0	15,686 0	16,421 0	305,572 0	0 0
CZARNIK MD BRUCE, PHYSICIAN & BOARD MEMBER	(i) 537,546 (ii) 0	23,645 0	47,559 0	13,204 0	18,974 0	640,928 0	0 0
DUMONTIER MD GARY, PHYSICIAN & BOARD MEMBER	(i) 413,598 (ii) 0	127,566 0	38,653 0	14,025 0	18,359 0	612,201 0	0 0
DURAND MD DOUGLAS, PHYSICIAN & BOARD MEMBER	(i) 178,524 (ii) 0	0 0	28,870 0	8,025 0	16,684 0	232,103 0	0 0
GOODWIN KEVIN, VP-CLINICAL OPS & BOARD MEMBER	(i) 214,435 (ii) 0	44,127 0	47,101 0	51,140 0	17,511 0	374,314 0	0 0
GRIMES MD JAMES, PHYSICIAN & BOARD MEMBER	(i) 260,458 (ii) 0	14,254 0	19,498 0	11,529 0	2,295 0	308,034 0	0 0
HACK MD RICHARD, PHYSICIAN & BOARD MEMBER	(i) 145,347 (ii) 0	4,772 0	34,939 0	18,962 0	17,051 0	221,071 0	0 0
HILTON MD STEVEN, PHYSICIAN & BOARD MEMBER	(i) 258,328 (ii) 0	65,682 0	47,161 0	23,658 0	18,126 0	412,955 0	0 0
HRUSKA MD LINDY, PHYSICIAN & BOARD MEMBER	(i) 200,624 (ii) 0	4,085 0	46,931 0	11,475 0	7,355 0	270,470 0	0 0
HUBERT MD JOHN W, PRES, MERCY CLINIC & BOARD MEMBER	(i) 0 (ii) 679,114	0 156,990	0 55,928	0 183,333	0 14,973	0 1,090,338	0 0
LOGAN MD WILLIAM, PHYSICIAN & BOARD MEMBER	(i) 343,355 (ii) 0	0 0	38,993 0	36,057 0	17,951 0	436,356 0	0 0
LONG MD TIM, PHYSICIAN & BOARD MEMBER	(i) 223,292 (ii) 0	3,087 0	25,357 0	16,024 0	13,306 0	281,066 0	0 0
MERBAUM MD MARC, PHYSICIAN & BOARD MEMBER	(i) 513,817 (ii) 0	0 0	30,183 0	18,526 0	18,502 0	581,028 0	0 0
MILLER MD BRIAN, PHYSICIAN & BOARD MEMBER	(i) 209,331 (ii) 0	18,666 0	35,808 0	14,043 0	15,957 0	293,805 0	0 0
MILLER MD DONNA, PHYSICIAN & BOARD MEMBER	(i) 211,484 (ii) 0	0 0	36,092 0	24,253 0	15,875 0	287,704 0	0 0
REHM MD CHARLES, CHIEF ADMIN OFFICER & BOARD MEMBER	(i) 0 (ii) 443,406	0 85,847	0 61,161	0 131,467	0 14,150	0 736,031	0 0
REINBERG MD JASON, PHYSICIAN & BOARD MEMBER	(i) 564,737 (ii) 0	0 0	36,871 0	11,475 0	18,479 0	631,562 0	0 0
RIECHERS MD THOMAS, PHYSICIAN & BOARD MEMBER	(i) 407,657 (ii) 0	66,330 0	53,836 0	20,591 0	18,387 0	566,801 0	0 0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RIEGEL MD BRET, PHYSICIAN & BOARD MEMBER	(i) 355,676 (ii) 0	19,909 0	47,371 0	12,977 0	18,278 0	454,211 0	0 0
RUNGE ANDREW, COO, CLINICS & BOARD MEMBER	(i) 0 (ii) 272,199	0 64,676	0 33,178	0 71,003	0 17,956	0 459,012	0 0
SANDERS MD STEPHEN, PHYSICIAN & BOARD MEMBER	(i) 584,784 (ii) 0	0 0	38,887 0	25,340 0	18,518 0	667,529 0	0 0
SEECK MD BRIAN, PHYSICIAN & BOARD MEMBER	(i) 913,089 (ii) 0	0 0	27,986 0	11,475 0	19,471 0	972,021 0	0 0
SORENSEN DONN, PRES EAST COMMUNITIES & BOARD MEMBER	(i) 0 (ii) 599,644	0 184,629	0 37,352	0 391,525	0 12,616	0 1,225,766	0 0
WASSERMAN MD GARY, PHYSICIAN & BOARD MEMBER	(i) 536,768 (ii) 0	0 0	57,010 0	12,566 0	9,000 0	615,344 0	0 0
WEICK MD RAYMOND, PHYSICIAN & BOARD MEMBER	(i) 453,341 (ii) 0	30,366 0	32,212 0	14,056 0	2,064 0	532,039 0	0 0
HANNASCH SUSAN, REGIONAL VP-GENERAL COUNSEL	(i) 0 (ii) 221,883	0 47,655	0 26,406	0 48,801	0 13,456	0 358,201	0 0
MATEJKA CHERYL L, CHIEF FINANCIAL OFFICER	(i) 0 (ii) 306,071	0 77,645	0 51,824	0 85,473	0 18,143	0 539,156	0 0
BAIN KELLY, PHYSICIAN	(i) 285,126 (ii) 0	58,705 0	22,923 0	14,025 0	17,167 0	397,946 0	0 0
CORT DAVID, PHYSICIAN	(i) 515,776 (ii) 0	99,260 0	60,813 0	16,575 0	18,467 0	710,891 0	0 0
GUSS DAVID, MEDICAL DEPT CHAIRMAN	(i) 382,514 (ii) 0	38,752 0	2,186 0	11,475 0	2,305 0	437,232 0	0 0
HAND MD JASON, PHYSICIAN	(i) 762,673 (ii) 0	0 0	29,500 0	12,745 0	18,491 0	823,409 0	0 0
MARCRANDER MARGARET, PHYSICIAN	(i) 557,738 (ii) 0	0 0	47,341 0	12,497 0	18,738 0	636,314 0	0 0
MEINERS DAVID, PHYSICIAN	(i) 740,153 (ii) 0	5,121 0	62,884 0	16,575 0	14,867 0	839,600 0	0 0
MOHART JOHN, MEDICAL DEPT CHAIRMAN	(i) 1,230,623 (ii) 0	57,575 0	28,633 0	11,475 0	18,772 0	1,347,078 0	0 0
RIORDAN MD TRACY, MEDICAL DEPT CHAIRMAN	(i) 399,615 (ii) 0	0 0	29,392 0	20,462 0	18,254 0	467,723 0	0 0
SCHEER JENNIFER, PHYSICIAN	(i) 347,764 (ii) 0	15,735 0	29,683 0	21,790 0	17,730 0	432,702 0	0 0
SCHLANSKY HOWARD, PHYSICIAN	(i) 310,322 (ii) 0	0 0	39,575 0	23,503 0	10,792 0	384,192 0	0 0
ZALEWSKI JOHN, PHYSICIAN	(i) 323,313 (ii) 0	0 0	58,781 0	23,896 0	14,392 0	420,382 0	0 0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FINNIE JOHN W, PHYSICIAN	(i) 986,570 (ii) 867	0 0	0 0	193 0	12,206 0	998,969 867	0 0
HU H SHAWN, PHYSICIAN	(i) 1,205,874 (ii) 0	0 0	12,730 0	0 0	15,975 0	1,234,579 0	0 0
PADRATZIK JAY, PHYSICIAN	(i) 995,747 (ii) 0	0 0	49,229 0	19,729 0	19,615 0	1,084,320 0	0 0
REICHERT PHILLIP, PHYSICIAN	(i) 964,907 (ii) 0	0 0	30,840 0	19,704 0	19,470 0	1,034,921 0	0 0
TIRIVEEDHI KIRANMAYE, PHYSICIAN	(i) 610,419 (ii) 0	426,556 0	47,815 0	10,917 0	19,453 0	1,115,160 0	0 0
CANTALIN JEANNE L, FORMER OFFICER	(i) 0 (ii) 25,649	0 0	0 254,486	0 11,143	0 1,388	0 292,666	0 0
MCCURRY MICHAEL, FORMER OFFICER	(i) 0 (ii) 836,596	0 196,715	0 64,731	0 261,658	0 15,181	0 1,374,881	0 0
HALSTED MD ROBERT, FORMER KEY EMPLOYEE	(i) 358,546 (ii) 0	125,944 0	48,030 0	14,025 0	18,667 0	565,212 0	0 0
KAHN MD JOSEPH, FORMER KEY EMPLOYEE	(i) 0 (ii) 414,527	0 75,492	0 41,702	0 117,747	0 14,283	0 663,751	0 0
PIEPER STEPHEN, FORMER KEY EMPLOYEE	(i) 544,083 (ii) 0	8,542 0	54,578 0	17,681 0	18,388 0	643,272 0	0 0

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ \_\_\_\_\_

**Part II****Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						To	From	Yes	No	Yes	No

Total

► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference

Explanation

## Additional Data

**Software ID:**  
**Software Version:**

**EIN:** 43-1771217

**Name:** MERCY CLINIC EAST COMMUNITIES

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAN DUMONTIER	FAMILY MEMBER OF GARY DUMONTIER, BOARD MEMBER	33,963	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(2) HOLLY HUTCHINGS	FAMILY MEMBER OF JOHN ZALEWSKI, KEY EMPLOYEE	17,734	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(3) GAIL WEICK	FAMILY MEMBER OF RAY WEICK, BOARD MEMBER	69,246	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(4) VERNON YOUNG	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE	276,882	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(5) PATRICK LONG	FAMILY MEMBER OF TIM LONG, BOARD MEMBER	90,903	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(6) ANN MOHART	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE AND ROBERT HALSTED, KEY EMPLOYEE	140,922	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(7) GINA MOHART	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE AND ROBERT HALSTED, KEY EMPLOYEE	224,462	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(8) SARAH SEECK	FAMILY MEMBER OF BRIAN SEECK, BOARD MEMBER	127,384	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(9) JOHN SOPUCH	FAMILY MEMBER OF MARGARET MARCRANDER, KEY EMPLOYEE	291,576	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(10) MARISSA STOCK	FAMILY MEMBER OF DAVID GUSS, KEY EMPLOYEE	80,135	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2014****Open to Public  
Inspection**Name of the organization  
MERCY CLINIC EAST COMMUNITIES**Employer identification number**

43-1771217

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBER OF MERCY CLINIC EAST COMMUNITIES IS MERCY HEALTH EAST COMMUNITIES, A SUPPORTING ORGANIZATION UNDER SECTION 509(A)(3) THE MEMBER OF MERCY HEALTH EAST COMMUNITIES IS MERCY HEALTH

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MERCY HEALTH EAST COMMUNITIES HAS RESERVE POWERS TO -APPOINT DIRECTORS PURSUANT TO THE PROCESS SET FORTH IN THE BY LAWS, -REMOVE UP TO TWO DIRECTORS DURING ANY FISCAL YEAR WITHOUT CAUSE AND OTHERWISE REMOVE DIRECTORS FOR CAUSE, AND -REMOVE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MERCY HEALTH EAST COMMUNITIES HAS RESERVE POWERS TO -ADOPT OR AMEND THE CORPORATION'S MISSION AND PHILOSOPHY, -ADOPT OR AMEND THE CORPORATION'S STRATEGIC PLANS, GOALS, AND OBJECTIVES, -ADOPT OR AMEND THE CORPORATION'S BUDGETS, -AUTHORIZE OR APPROVE THE ASSIGNMENT, TRANSFER, SALE OR LEASE OF ANY OF THE CORPORATION'S ASSETS OR INTEREST THEREIN IN EXCESS OF \$1,000,000, -AUTHORIZE OR APPROVE THE GRANT OF ANY PLEDGE, LIEN, ENCUMBRANCE, MORTGAGE, DEED OF TRUST OR OTHER SECURITY INTEREST IN ANY OR ALL OF THE CORPORATION'S ASSETS, -AUTHORIZE OR APPROVE THE ININCURRENCE OF DEBT (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) BY THE CORPORATION AND GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE ININCURRENCE OF SUCH DEBT, -MERGE, DISSOLVE OR ABANDON THE CORPORATION, -AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION, SUBJECT TO THE APPROVAL OF THE MERCY HEALTH EAST COMMUNITIES BOARD, -ESTABLISH COMPENSATION AND BENEFIT TERMS FOR PHYSICIANS AND OTHER MEDICAL PROFESSIONALS EMPLOYED OR OTHERWISE RETAINED BY THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION. A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S FINANCE TEAM, INCLUDING THE MANAGER OF ACCOUNTING AND THE VICE-PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS ALSO REVIEWED BY MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990S. AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CFO AND CEO, FOR REVIEW. ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 2015 THIS PROCESS IS ADMINISTERED AT THE MERCY HEALTH LEVEL BY MERCY'S BUSINESS RISK (INTERNAL AUDIT) DEPARTMENT. THE QUESTIONNAIRES ARE REVIEWED WITH LEADERSHIP AT THE LOCAL LEVEL AND POTENTIAL CONFLICTS DISCUSSED AND RESOLVED. THE CONFLICTS AND THEIR RESPECTIVE RESOLUTIONS ARE SHARED AT THE MERCY LEVEL WITH A TEAM INCLUDING MERCY'S CHIEF FINANCIAL OFFICER, CHIEF COMPLIANCE OFFICER AND OTHER MEMBERS OF FINANCE, LEGAL AND HR. SUMMARY RESULTS ARE REVIEWED WITH MERCY'S STEWARDSHIP COMMITTEE (FORMERLY FINANCE, AUDIT AND COMPLIANCE COMMITTEE) OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), MERCY HEALTH (ULTIMATE PARENT COMPANY) USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE COMPENSATION COMMITTEE OF THE MERCY HEALTH BOARD FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE FOLLOWING ARE USED TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT OF MERCY HEALTH EAST COMMUNITIES COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY, WE ARE NOT REQUIRED TO MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC FINANCIAL RESULTS ARE AVAILABLE VIA REQUEST OF COPY OF FORM 990

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B	AVERAGE HOURS PER WEEK THE HOURS PER WEEK DISCLOSED IN PART VII IS THE AVERAGE HOURS THE LISTED PERSON WORKED OR DEVOTED PER WEEK WHILE EMPLOYED OR ASSOCIATED WITH THE FILING ORGANIZATION AND RELATED ORGANIZATIONS (IF APPLICABLE)

Return Reference	Explanation
PART XII, LINE 2	AUDITED FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2015 (THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPARATE AUDIT OPINION IS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE STEWARDSHIP COMMITTEE (FORMERLY FINANCE, AUDIT, AND COMPLIANCE COMMITTEE) OF THE MERCY HEALTH BOARD OF DIRECTORS AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE

Return Reference	Explanation
PART XII, LINE 3	SINGLE AUDIT ACT AND OMB CIRCULAR A-133 THE CONSOLIDATED GROUP OF MERCY HEALTH IS REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 THE SINGLE AUDIT WAS CONDUCTED ON A CONSOLIDATED BASIS

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	SYSTEM LIMITATIONS MERCY HEALTH (MERCY) HAS A COMPLEX LEGAL STRUCTURE WITH OVER 60 LEGAL ENTITIES LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY AND THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON EXTRACTING THE INTERCOMPANY/RELATED ORGANIZATION INFORMATION FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES P AND Q. WE HAVE CAPTURED AND REPORTED THE KNOWN MATERIAL TRANSACTIONS BETWEEN ENTITIES. THERE MAY BE MINOR AMOUNTS OF RELATED ORGANIZATION TRANSACTION ACTIVITY WHICH IS NOT REFLECTED IN THIS SCHEDULE

Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	INDEPENDENT CONTRACTORS INDEPENDENT CONTRACTORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY HEALTH (EIN 43-1423050) AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE ENTIRE HEALTH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II	MERCY HOSPITALS EAST COMMUNITIES MERCY HOSPITALS EAST COMMUNITIES CONSISTS OF MERCY HOSPITALS EAST COMMUNITIES ST LOUIS, EIN 43-0653493, AND MERCY HOSPITALS EAST COMMUNITIES WASHINGTON, EIN 43-1066883

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ► Attach to Form 990.  
 ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
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See Additional Data Table

Yes

No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1) SOUTHERN OKLAHOMA DIAG CTR LLC  1011 FOURTEENTH AVENUE NW ARDMORE, OK 73401 43-1971232	MRI SERVICES	OK	MERCY HOSPITAL ARDMORE INC	N/A				No			No
(2) RESOURCE OPTIMIZ & INNOVLLC  645 MARYVILLE CTR DRSTE 200 ST LOUIS, MO 63141 46-0468368	CENTRAL DISTRIBUTION CENTER	MO	MHN INC - MHNSR INC	N/A				No			No
(3) MERCY AMBULATORY SURGERY CENTER LLC  7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0827721	AMBULATORY SURGERY CENTER	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No
(4) FORT SMITH EMERGENCY MEDICAL SERVICES  1701 SOUTH GREENWOOD FORT SMITH, AR 72901 71-0416615	EMERGENCY MEDICAL SERVICES	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No
(5) ST EDWARD MERCY MED CTR M-P OFFICE BLDG  7301 ROGERS AVENUE FORT SMITH, AR 72903 71-0554050	OFFICE BUILDING	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY HEALTH EAST COMMUNITIES	P	16,432,626	FMV
(2) MERCY HOSPITALS EAST COMMUNITIES	Q	3,051,212	FMV
(3) MHM SUPPORT SERVICES	P	13,470,505	FMV
(4) RESOURCE OPTIMIZATION & INNOVATION LLC	P	197,721	FMV
(5) MERCY HOSPITALS EAST COMMUNITIES	P	20,479,524	FMV

**Part VI 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

**Part VII Supplemental Information**

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

Return Reference	Explanation
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Schedule R (Form 990) 2014

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-1771217  
**Name:** MERCY CLINIC EAST COMMUNITIES

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
JEFFERSON PHYSICIAN NETWORK LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 26-3753905	INACTIVE	MO		0	MERCY CLINIC EAST COMMUNITIES
MERCY AFFILIATED PHYSICIANS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 81-0559009	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CARDIOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-1135019	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC BURN AND PLASTIC SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626706	PHYSICIAN PRACTICE	MO	5,886,640	937,373	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CARDIOVASCULAR AND THORACIC SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 100 ST LOUIS, MO 63141 56-2595510	PHYSICIAN PRACTICE	MO	2,222,224	215,091	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILD AND ADOLESCENT PSYCHIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 100 ST LOUIS, MO 63141 43-1893326	PHYSICIAN PRACTICE	MO	2,030,051	134,489	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILD NEUROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-4187705	PHYSICIAN PRACTICE	MO	790,825	77,720	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S CANCER AND HEMATOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 100 ST LOUIS, MO 63141 43-1905879	PHYSICIAN PRACTICE	MO	3,852,447	364,025	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S HEART CENTER LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626888	PHYSICIAN PRACTICE	MO	698,540	54,473	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S INFECTIOUS DISEASES LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2252716	PHYSICIAN PRACTICE	MO	186,155	16,289	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S PALLIATIVE CARE LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-4436211	PHYSICIAN PRACTICE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDRENS RESPIR & SLEEP MED LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626863	PHYSICIAN PRACTICE	MO	923,162	63,098	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626627	PHYSICIAN PRACTICE	MO	966,890	86,552	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S UROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-1581113	PHYSICIAN PRACTICE	MO	1,094,766	129,476	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC DERMATOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5357743	PHYSICIAN PRACTICE	MO	2,787,388	512,143	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ENDOCRINOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2127648	PHYSICIAN PRACTICE	MO	1,235,475	61,061	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ENT LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5444208	PHYSICIAN PRACTICE	MO	1,372,043	285,131	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC GASTROENTEROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4777940	PHYSICIAN PRACTICE	MO	13,410,179	1,041,604	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC GERIATRICS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626475	PHYSICIAN PRACTICE	MO	586,735	53,920	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC GYN ONCOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 30-0413949	PHYSICIAN PRACTICE	MO	308,430	49,522	MERCY CLINIC EAST COMMUNITIES

## Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
MERCY CLINIC HEART AND VASCULAR LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 41-2175615	PHYSICIAN PRACTICE	MO	19,563,549	2,288,122	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC HYPERBARIC AND WOUND CARE LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-5332055	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	104,217	18,354	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC INFECTIOUS DISEASE LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-1459234	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	681,207	108,403	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC KIDS GI LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4186905	PHYSICIAN PRACTICE	MO	1,153,316	637,302	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC KIDS PLASTIC SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123018	PHYSICIAN PRACTICE	MO	666,444	83,229	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC NEPHROLOGY LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-5532932	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	190,217	86,927	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC NEUROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 86-1176023	PHYSICIAN PRACTICE	MO	4,342,287	638,355	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ONCOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2127523	PHYSICIAN PRACTICE	MO	5,626,618	1,088,259	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC OPHTHALMOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5450768	PHYSICIAN PRACTICE	MO	1,082,121	369,831	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PAIN MANAGEMENT LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-3705963	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	54,584	23,120	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PALLIATIVE CARE LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-2572054	PHYSICIAN PRACTICE	MO	1,379,585	200,597	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PODIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5484507	PHYSICIAN PRACTICE	MO	477,728	70,862	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC POST ACUTE SERVICES LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-4440279	PHYSICIAN PRACTICE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PULMOLOGY-ST LOUIS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4186970	PHYSICIAN PRACTICE	MO	1,969,003	417,015	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PULMOLOGY-WASHINGTON LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2882104	PHYSICIAN PRACTICE	MO	788,872	82,906	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ST LOUIS CANCER AND BREAST INSTITUTE LLC 645 MARYVILLE CENTRE DRIVE SUITE 100 ST LOUIS, MO 63141 26-3290360	PHYSICIAN PRACTICE	MO	1,989,400	8,368	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC SURGICAL SPECIALISTS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2481555	PHYSICIAN PRACTICE	MO	14,685,921	1,697,019	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC TRAUMA AND GENERAL SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626820	PHYSICIAN PRACTICE	MO	2,641,058	354,370	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC UROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123019	PHYSICIAN PRACTICE	MO	4,506,200	1,012,461	MERCY CLINIC EAST COMMUNITIES
MERCY PODIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 51-0546434	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES

## Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
MIDWEST HEART GROUP OF ROLLA LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 68-0659908	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MISSOURI INTERNISTS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1627002	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
ST JOHN'S CARDIOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 73-1735426	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
ST LOUIS PLASTIC AND HAND SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123017	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) CASA DE MISERICORDIA 1602 MCCLELLAND STREET LAREDO, TX 78044 74-2912461	WOMEN'S DOMESTIC VIOLENCE SHELTER	TX	501C3	7	MERCY MINISTRIES OF LAREDO	Yes	
(1) JEFFERSON LAND COMPANY INC 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1330360	HOLDING COMPANY	MO	501C2		MERCY HOSPITAL JEFFERSON	Yes	
(2) MCAULEY PORTFOLIO MGMT CO 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 26-1708048	PORTFOLIO MANAGEMENT	MO	501C3	11-II	MERCY HEALTH	Yes	
(3) MERCY ACO CLINICAL SERVICES INC 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 46-4504901	VIRTUAL CARE CENTER	MO	501C3	3	MERCY HEALTH	Yes	
(4) MERCY CLINIC FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	PHYSICIAN CLINIC	AR	501C3	3	MERCY HEALTH FORT SMITH COMM	Yes	
(5) MERCY CLINIC OKLAHOMA COMM 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 27-0473057	PHYSICIAN GROUP	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
(6) MERCY CLINIC SPRINGFIELD COMM 1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO 65804 43-1560263	PHYSICIAN GROUP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
(7) MERCY FAMILY CENTER 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 72-1069468	FAMILY COUNSELING SERVICES	MO	501C3	7	MERCY HEALTH	Yes	
(8) MERCY HEALTH FOUNDATION 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-0901499	FOUNDATION	MO	501C3	11-II	MERCY HEALTH	Yes	
(9) MERCY HEALTH 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1423050	CORPORATE OFFICE	MO	501C3	1	N/A		No
(10) MERCY HEALTH EAST COMMUNITIES 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1718408	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
(11) MERCY HEALTH EAST COMMUNITIES - SR 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 46-1412322	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
(12) MERCY HEALTH FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING COMPANY	AR	501C3	11-II	MERCY HEALTH	Yes	
(13) MERCY HEALTH FOUNDATION ADA 430 N MONTE VISTA STREET ADA, OK 74820 45-3596274	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ADA	Yes	
(14) MERCY HEALTH FOUNDATION ARDMORE 1011 14TH AVENUE NW ARDMORE, OK 73401 71-0962525	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ARDMORE	Yes	
(15) MERCY HEALTH FOUNDATION BERRYVILLE 214 CARTER STREET BERRYVILLE, AR 72616 71-0759301	FOUNDATION	AR	501C3	11-I	MERCY HOSPITAL BERRYVILLE	Yes	
(16) MERCY HEALTH FOUNDATION FT SCOTT 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501C3	11-III	MERCY KANSAS COMMUNITIES INC	Yes	
(17) MERCY HEALTH FOUNDATION HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR 71913 71-0804718	FOUNDATION	AR	501C3	11-II	MISSION CLINICAL SERVICES	Yes	
(18) MERCY HEALTH FOUNDATION INDEPENDENCE 800 W MYRTLE INDEPENDENCE, KS 67301 48-1079981	FOUNDATION	KS	501C3	11-I	MERCY KANSAS COMMUNITIES INC	Yes	
(19) MERCY HEALTH FOUNDATION JEFFERSON 1400 US HIGHWAY 61 SOUTH FESTUS, MO 63028 46-2797051	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES - SR	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						Yes      No
(21) MERCY HEALTH FOUNDATION JOPLIN  100 MERCY WAY JOPLIN, MO 64804 27-0906136	FOUNDATION	MO	501C3	11-I	MERCY HEALTH SW MOKS COMM	Yes
(1) MERCY HEALTH FOUNDATION NWARK  2710 RIFE MEDICAL LN ROGERS, AR 72858 71-0601687	FOUNDATION	AR	501C3	11-III	MERCY HOSPITAL ROGERS	Yes
(2) MERCY HEALTH FOUNDATION OF OK  4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 45-4732301	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes
(3) MERCY HEALTH FOUNDATION OK CITY  4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 46-3184231	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL OKLAHOMA CITY	Yes
(4) MERCY HEALTH FOUNDATION SPRINGFIELD  1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 32-0195818	FOUNDATION	MO	501C3	11-II	MERCY HEALTH SPRINGFIELD COMM	Yes
(5) MERCY HEALTH FOUNDATION STL  615 SOUTH NEWBALLAS ROAD ST LOUIS, MO 63141 56-2410020	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes
(6) MERCY HEALTH FOUNDATION WASHINGTON  901 E FIFTH STREET WASHINGTON, MO 63090 56-2410022	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes
(7) MERCY HEALTH NWARK COMMUNITIES  2710 RIFE MEDICAL LN ROGERS, AR 72758 62-1684203	PHYSICIAN GROUP	AR	501C3	9	MERCY HEALTH	Yes
(8) MERCY HEALTH OK COMMUNITIES  4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HOLDING COMPANY	OK	501C3	11-II	MERCY HEALTH	Yes
(9) MERCY HEALTH SW MOKS COMM  100 MERCY WAY JOPLIN, MO 64804 30-0584463	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes
(10) MERCY HEALTH SPRINGFIELD COMM  1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 43-1856028	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes
(11) MERCY HOME HEALTH BERRYVILLE  804 W FREEMAN SUITE 4 BERRYVILLE, AR 72616 87-0781247	HOME HEALTH AND HOSPICE OPERATIONS	AR	501C3	11-III	MERCY HOSPITAL SPRINGFIELD	Yes
(12) MERCY HOSPITAL ADA INC  430 N MONTE VISTA STREET ADA, OK 74820 46-2288155	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes
(13) MERCY HOSPITAL ARDMORE  1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes
(14) MERCY HOSPITAL AURORA  500 PORTER AVENUE AURORA, MO 65605 43-1936696	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes
(15) MERCY HOSPITAL BERRYVILLE  214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes
(16) MERCY HOSPITAL BOONEVILLE  880 WEST MAIN STREET BOONEVILLE, AR 72927 46-3851119	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes
(17) MERCY HOSPITAL CARTHAGE  3125 DR RUSSELL SMITH WAY CARTHAGE, MO 64836 45-3808607	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes
(18) MERCY HOSPITAL CASSVILLE  94 MAIN STREET CASSVILLE, MO 65625 43-1936699	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes
(19) MERCY HOSPITAL COLUMBUS  220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 27-0842031	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						Yes      No
(41) MERCY HOSPITAL EL RENO  2115 PARKVIEW DRIVE EL RENO, OK 73036 27-2716065	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes
(1) MERCY HOSPITAL FORT SMITH  7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501C3	3	MERCY HEALTH FORT SMITH COMM	Yes
(2) MERCY HOSPITAL HEALDTON INC  3462 HOSPITAL RD HEALDTON, OK 73438 26-3173902	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE INC	Yes
(3) MERCY HOSPITAL JEFFERSON  1400 HIGHWAY 61 SOUTH FESTUS, MO 63028 43-0687077	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES - SR	Yes
(4) MERCY HOSPITAL JOPLIN  100 MERCY WAY JOPLIN, MO 64804 27-0814858	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes
(5) MERCY HOSPITAL KINGFISHER INC  1000 HOSPITAL CIRCLE KINGFISHER, OK 73750 46-3433074	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes
(6) MERCY HOSPITAL LEBANON  100 HOSPITAL DRIVE LEBANON, MO 65536 43-1767432	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes
(7) MERCY HOSPITAL LINCOLN  1000 EAST CHERRY STREET TROY, MO 63379 47-2219204	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes
(8) MERCY HOSPITAL LOGAN COUNTY INC  200 SOUTH ACADEMY GUTHRIE, OK 73044 45-2998842	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes
(9) MERCY HOSPITAL OKLAHOMA CITY  4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-0579285	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes
(10) MERCY HOSPITAL OZARK  801 W RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes
(11) MERCY HOSPITAL PARIS  500 E ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes
(12) MERCY HOSPITAL ROGERS  2710 RIFE MEDICAL LN ROGERS, AR 72758 71-0294390	HOSPITAL	AR	501C3	3	MERCY HEALTH NWARK COMMUNITIES	Yes
(13) MERCY HOSPITAL SPRINGFIELD  1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 44-0552485	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes
(14) MERCY HOSPITAL TISHOMINGO  1000 SOUTH BYRD TISHOMINGO, OK 73460 27-4433830	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE	Yes
(15) MERCY HOSPITAL WALDRON  1341 W 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes
(16) MERCY HOSPITAL WATONGA INC  500 CLARENCE NASH BLVD WATONGA, OK 73772 45-5199762	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes
(17) MERCY HOSPITALS EAST COMM  645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-0653493	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes
(18) MERCY KANSAS COMMUNITIES INC  401 WOODLAND HILLS BLVD FT SCOTT, KS 66701 48-0956045	HOSPITAL	KS	501C3	3	MERCY HEALTH SW MOKS COMM	Yes
(19) MERCY MEDICAL RESEARCH INST  1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 87-0796305	RESEARCH - CLINICAL TRIALS	MO	501C3	4	MERCY HEALTH SPRINGFIELD COMM	Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						Yes      No
(61) MERCY MINISTRIES OF LAREDO  2500 ZACATECAS LAREDO, TX 78043 20-0198462	OUTREACH	TX	501C3	7	MERCY HEALTH	Yes
(1) MERCY ST FRANCIS HOSPITAL  100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes
(2) MHM SUPPORT SERVICES  14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-2553101	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MO	501C3	11-II	MERCY HEALTH	Yes
(3) MISSION CLINICAL SERVICES  300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	CHILD ADVOCACY CENTER	AR	501C3	9	MERCY HEALTH	Yes
(4) ST EDWARD MERCY FOUNDATION  7301 ROGERS AVENUE FORT SMITH, AR 72917 23-7330425	FOUNDATION	AR	501C3	7	MERCY HOSPITAL FORT SMITH	Yes
(5) ST JOHNS CHILDRENS HOSP  1235 E CHEROKEE STREET SPRINGFIELD, MO 65804	INACTIVE	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes
(6) ST MARYS HOSP ENID OK  14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 73-0614655	INACTIVE	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes
(7) THE SR M CORNELIA BLASKO FN  100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 43-1873914	FOUNDATION	MO	501C3	11-I	MERCY ST FRANCIS HOSPITAL	Yes
(8) UNITY AMBULATORY CARE  14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1861745	INACTIVE	MO	501C3	11-III	MERCY HEALTH EAST COMMUNITIES	Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
<b>Yes</b>	<b>No</b>							
MERCY COMM SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1078101	RETAIL PHARMACY	KS	MERCY KANSAS COMM INC	C				No
FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 52-1914421	HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT	DE	MERCY HEALTH	C				No
INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 26-4509571	TECHNOLOGY TRANSFER COMPANY	MO	MERCY HEALTH SPRINGFIELD COMM	C				No
UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1797042	INACTIVE	MO	MERCY HEALTH EAST COMMUNITIES	C				No
UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 74-2499535	HOLDING COMPANY	MO	MERCY HEALTH SERVICES LLC	C				No
MHN OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1580607	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C				No
MERCY HEALTH CENTER CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120 68-0640970	ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS	OK	MERCY HOSPITAL OKLAHOMA CITY INC	C				No
MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1441665	HOLDING COMPANY	OK	MERCY HEALTH	C				No
MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1381689	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C				No
APOTHECARY SERVICES INC PO BOX 350 CRYSTAL CITY, MO 63019 43-1627267	INACTIVE	MO	MERCY HOSPITAL JEFFERSON	C				No
MERCY COMMERCIAL SERVICES INC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-4953543	CORP PARENT OF VCC TAXABLE COMMERCIALIZ SVCS	OK	MHN INC AND MHNSR INC	C				No
ST JOHNS MERCY MAIL ORDER INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1014222	DISSOLVED 6/30/15	MO	UH HOLDINGS INC	C				No
ST JOHNS MERCY PBM INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 74-3089567	DISSOLVED 6/30/15	MO	UH L CORP INC	C				No
UH HOLDINGS INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1845682	DISSOLVED 6/30/15	MO	UH L CORP INC	C				No