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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/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization
MERCY CLINIC SPRINGFIELD COMMUNITIES
% SCOTT REYNOLDS
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1235 E Cherokee
City or town, state or province, country, and ZIP or foreign postal code
Springfield, MO 65804

D Employer identification number
43-1560263

E Telephone number
(314) 579-6100

G Gross receipts \$ 326,958,002

F Name and address of principal officer
Scott Reynolds
1235 E Cherokee
Springfield, MO 65804

H(a) Is this a group return for subordinates?
No Yes
H(b) Are all subordinates included?
Yes No
If "No," attach a list (see instructions)

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

J Website: www.mercy.net

H(c) Group exemption number 0928

K Form of organization
Corporation Trust Association Other

L Year of formation 1999

M State of legal domicile
MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 3 columns: Description, 3, 4, 5, 6, 7a, 7b. Rows include: Number of voting members, independent voting members, total individuals employed, total volunteers, total unrelated business revenue, net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Contributions and grants, program service revenue, investment income, other revenue, total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Grants and similar amounts paid, benefits paid, salaries and compensation, professional fundraising fees, total fundraising expenses, other expenses, total expenses, revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: Total assets, total liabilities, net assets or fund balances.

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: Scott Reynolds CFO - Central Comm
Date: 2017-05-12

Paid Preparer Use Only
Print/Type preparer's name: ABBEY E LEIBEL
Preparer's signature: ABBEY E LEIBEL
Date:
Check if self-employed:
PTIN: P01517527
Firm's name: ERNST & YOUNG US LLP
Firm's EIN:
Firm's address: 312 WALNUT STREET STE 1900 CINCINNATI, OH 45202
Phone no: (513) 612-1623

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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 O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 425,420,918 including grants of \$ 1,050 ) (Revenue \$ 326,582,145 )

MERCY HEALTH SPRINGFIELD COMMUNITIES AND ITS SUBSIDIARIES PROVIDE HIGH-QUALITY, COMPASSIONATE, FAITH-BASED HEALTH CARE IN A VARIETY OF TRADITIONAL MEDICAL SETTINGS THIS ORGANIZATION, AS PART OF MERCY HEALTH SPRINGFIELD COMMUNITIES, PROVIDES SERVICES TO THE COMMUNITIES WE SERVE, WITH PARTICULAR CONCERN FOR THE ECONOMICALLY POOR, IN THE WAY OF INPATIENT HOSPITAL SERVICES, OUTPATIENT SERVICES, EMERGENCY ROOM CARE, HOME HEALTH SERVICES, AND PHYSICIAN CLINIC OFFICE VISITS

**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 ▶ 425,420,918

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>    | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?    | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | No |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>   |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>    |     | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>  |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>    |     | No |
| <b>11</b> 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  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>    | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>    |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>    |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>   |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>    | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>   |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>   |     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>    | Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>   |     | No |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | No |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

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

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  |     | No |
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> | Yes |    |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  | Yes |    |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | Yes |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     | No |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b>  | 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 . . . . .  | <b>38</b>  | 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 . . . . . [X]

Table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

**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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 |     |    |
|           | 23  |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
|           | 0   |     |    |
| <b>2</b>  | 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?   |     | No |
| <b>3</b>  | 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?   |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b> | 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?  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | a The governing body?   | Yes |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | 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  |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  |     | No |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15a</b> | 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?   |     | No |
| <b>15b</b> | a The organization's CEO, Executive Director, or top management official<br>b Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |     | No |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | No |
| <b>16b</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 ▶

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- 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.  
 Own website    Another's website    Upon request    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  
 ▶ SCOTT REYNOLDS 1235 E CHEROKEE Springfield, MO 65804 (314) 579-6100



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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
|  |  |   |                       |         |              |                              |            |  |   |   |
| <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>                           |  |   |                       |         |              |                              | 22,221,221 | 9,778,807  | 2,726,358   |   |

**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 ▶ 911

|  | 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? <i>If "Yes," complete Schedule J for such individual</i>  | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i>                       | 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)<br>Name and business address                                   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| RHINO MEDICAL SERVICES,<br>PO BOX 16253<br>GREENVILLE, SC 29606    | PHYSICIAN STAFFING             | 1,611,219           |
| WEATHERBY LOCUMS,<br>PO BOX 972633<br>DALLAS, TX 75397             | PHYSICIAN STAFFING             | 1,449,192           |
| COMPHEALTH,<br>PO BOX 972651<br>DALLAS, TX 75397                   | PHYSICIAN STAFFING             | 1,221,999           |
| NEWMAN FRANK R JR,<br>1324 E LAKEPOINT CT<br>SPRINGFIELD, MO 65804 | PHYSICIAN STAFFING             | 543,122             |
| BT CONSULTING,<br>9707 MANOR RD<br>LEAWOOD, KS 66206               | PHYSICIAN STAFFING             | 469,335             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 16

**Part VIII Statement of Revenue**

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

|   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>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>  |   | 0                    |  |   |   |          |
|   | <b>d</b> Related organizations . . . . . <b>1d</b>   |   | 69,000               |  |   |   |          |
|   | <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>  |   | 9,273                |  |   |   |          |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$  |   | 0                    |  |   |   |          |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |   | 78,273               |  |   |   |          |
| <b>Program Service Revenue</b>  | <b>2a</b> NET PATIENT SERVICE REVENUE  | Business Code<br>621110   | 325,462,630          | 325,462,630  | 0                                       | 0   |          |
|   | <b>b</b> OTHER OPERATING REVENUE   | 900099  | 1,106,515            | 1,106,515  | 0                                       | 0   |          |
|   | <b>c</b> RENTAL INCOME FROM RELATED ORG  | 531120  | 13,000               | 13,000   | 0                                       | 0   |          |
|   | <b>d</b>   |   |                      |  |   |   |          |
|   | <b>e</b>   |   |                      |  |   |   |          |
|   | <b>f</b> All other program service revenue   |   |                      |  |   |   |          |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |   | 326,582,145          |  |   |   |          |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶  |   | 297,584              |  |   | 297,584   |          |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶  |   | 0                    |  |   |   |          |
|   | <b>5</b> Royalties . . . . . ▶   |   | 0                    |  |   |   |          |
|   | <b>6a</b> Gross rents  | (i) Real  | (ii) Personal        |  |   |   |          |
|   |  | <b>b</b> Less rental expenses                                     |                      |  |   |   |          |
|   |  | <b>c</b> Rental income or (loss)                                  | 0                    | 0  |   |   |          |
|   |  | <b>d</b> Net rental income or (loss) . . . . . ▶                  |                      | 0  |   |   |          |
|   | <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              |                      |  | 285,841                                 |   |          |
|   |  | <b>c</b> Gain or (loss)   |                      |  | -285,841                                |   |          |
|   |  | <b>d</b> Net gain or (loss) . . . . . ▶                           |                      | -285,841   |   |   | -285,841 |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |   |                      |  |   |   |          |
|   |  | <b>b</b> Less direct expenses . . . . . <b>b</b>                  |                      |  |   |   |          |
|   |  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶ |                      | 0  |   |   |          |
|   | <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |   |                      |  |   |   |          |
|   |  | <b>b</b> Less direct expenses . . . . . <b>b</b>                  |                      |  |   |   |          |
|   |  | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶  |                      | 0  |   |   |          |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b> |  |   |                      |  |   |   |          |
|   | <b>b</b> Less cost of goods sold . . . . . <b>b</b>  |   |                      |  |   |   |          |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶  |   | 0                    |  |   |   |          |
| Miscellaneous Revenue   | Business Code  |   |                      |  |   |   |          |
| <b>11a</b> _____  |  |   |                      |  |   |   |          |
| <b>b</b> _____  |  |   |                      |  |   |   |          |
| <b>c</b> _____  |  |   |                      |  |   |   |          |
| <b>d</b> All other revenue . . . . .  |  |   |                      |  |   |   |          |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                       |  | 0   |                      |  |   |   |          |
| <b>12 Total revenue.</b> See Instructions . . . . . ▶                               |  | 326,672,161   | 326,582,145          | 0  | 11,743                                  |   |          |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 1,050                 | 1,050                           |  |                             |
| <b>2</b>   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0                     | 0                               |  |                             |
| <b>3</b>   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                     | 0                               |  |                             |
| <b>4</b>   | Benefits paid to or for members . . . . .   | 0                     | 0                               |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 11,946,108            | 11,885,930                      | 60,178                                 | 0                           |
| <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) . . . . .   | 594,954               | 591,957                         | 2,997                                  | 0                           |
| <b>7</b>   | Other salaries and wages . . . . .  | 268,412,314           | 267,585,651                     | 826,663                                | 0                           |
| <b>8</b>   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 8,498,535             | 8,310,754                       | 187,781                                | 0                           |
| <b>9</b>   | Other employee benefits . . . . .   | 23,511,151            | 23,012,222                      | 498,929                                | 0                           |
| <b>10</b>  | Payroll taxes . . . . .   | 11,857,796            | 11,608,783                      | 249,013                                | 0                           |
| <b>11</b>  | Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b>   | Management . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b>   | Legal . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>c</b>   | Accounting . . . . .  | 3,383                 |                                 | 3,383                                  | 0                           |
| <b>d</b>   | Lobbying . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>e</b>   | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  | 0                           |
| <b>f</b>   | Investment management fees . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>g</b>   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 3,528,528             | 2,820,839                       | 707,689                                |                             |
| <b>12</b>  | Advertising and promotion . . . . .   | 366,516               | 337,553                         | 28,963                                 | 0                           |
| <b>13</b>  | Office expenses . . . . .   | 4,846,507             | 4,703,823                       | 142,684                                | 0                           |
| <b>14</b>  | Information technology . . . . .  | 206,631               | 171,831                         | 34,800                                 | 0                           |
| <b>15</b>  | Royalties . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b>  | Occupancy . . . . .   | 9,647,830             | 9,615,717                       | 32,113                                 | 0                           |
| <b>17</b>  | Travel . . . . .  | 543,014               | 485,661                         | 57,353                                 | 0                           |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .  | 12,621                | 576                             | 12,045                                 | 0                           |
| <b>20</b>  | Interest . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>21</b>  | Payments to affiliates . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .   | 3,283,431             | 2,589,338                       | 694,093                                | 0                           |
| <b>23</b>  | Insurance . . . . .   | 10,279,328            | 10,279,328                      | 0                                      | 0                           |
| <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 EXPENSES  | 28,815,694            | 28,815,694                      | 0                                      | 0                           |
| <b>b</b>   | SHARED SERVICE FEES   | 28,767,797            | 28,537,575                      | 230,222                                | 0                           |
| <b>c</b>   | BAD DEBT  | 12,416,239            | 12,416,239                      | 0                                      | 0                           |
| <b>d</b>   | REPAIRS & MAINTENANCE   | 1,199,136             | 1,197,667                       | 1,469                                  | 0                           |
| <b>e</b>   | All other expenses  | 504,729               | 452,730                         | 51,999                                 |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24e   | 429,243,292           | 425,420,918                     | 3,822,374                              | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0                     |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)                   |            | (B)                   |
|---|---|-----------------------|------------|-----------------------|
|   |   | Beginning of year     |            | End of year           |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 164,263               | <b>1</b>   | 38,630                |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 0                     | <b>2</b>   | 0                     |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                     | <b>3</b>   | 0                     |
|   | <b>4</b> Accounts receivable, net . . . . .   | 36,005,312            | <b>4</b>   | 23,556,172            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 0                     | <b>5</b>   | 0                     |
|   | <b>6</b> 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 . . . . . | 0                     | <b>6</b>   | 0                     |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 65,000                | <b>7</b>   | 0                     |
|   | <b>8</b> Inventories for sale or use . . . . .  | 1,118,767             | <b>8</b>   | 1,243,009             |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 217,243               | <b>9</b>   | 120,810               |
|   | <b>10a</b> Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 71,224,140 |            |                       |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 50,186,457 | 22,657,897 | <b>10c</b> 21,037,683 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 0                     | <b>11</b>  | 0                     |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 0                     | <b>12</b>  | 0                     |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                     | <b>13</b>  | 0                     |
|   | <b>14</b> Intangible assets . . . . .   | 0                     | <b>14</b>  | 0                     |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 0                     | <b>15</b>  | 34,492                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 60,228,482  | <b>16</b>             | 46,030,796 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 47,605,053            | <b>17</b>  | 45,504,226            |
|   | <b>18</b> Grants payable . . . . .  | 0                     | <b>18</b>  | 0                     |
|   | <b>19</b> Deferred revenue . . . . .  | 0                     | <b>19</b>  | 0                     |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                     | <b>20</b>  | 0                     |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  | 0                     | <b>21</b>  | 0                     |
|   | <b>22</b> 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 . . . . .   | 0                     | <b>22</b>  | 0                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                     | <b>23</b>  | 0                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                     | <b>24</b>  | 0                     |
|   | <b>25</b> 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 . . . . .  | 53,107,383            | <b>25</b>  | 4,324,590             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 100,712,436           | <b>26</b>  | 49,828,816            |
| <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>  |                       |            |                       |
|   | <b>27</b> Unrestricted net assets . . . . .   | -40,483,954           | <b>27</b>  | -3,798,020            |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0                     | <b>28</b>  | 0                     |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 0                     | <b>29</b>  | 0                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                       |            |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                       | <b>30</b>  |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                       | <b>31</b>  |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                       | <b>32</b>  |                       |
| <b>33</b> Total net assets or fund balances . . . . .                         | -40,483,954   | <b>33</b>             | -3,798,020 |                       |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 60,228,482  | <b>34</b>             | 46,030,796 |                       |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |              |
|-----------|---|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 326,672,161  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 429,243,292  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -102,571,131 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | -40,483,954  |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 0            |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  | 0            |
| <b>7</b>  | Investment expenses   | <b>7</b>  | 0            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  | 0            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 139,257,065  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | -3,798,020   |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> | 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?   |     | No |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

# Additional Data

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

**EIN:** 43-1560263

**Name:** MERCY CLINIC SPRINGFIELD COMMUNITIES

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Andrews MD Elizabeth<br>.....<br>Physician & Board member | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 358,075   | 0  | 53,993  |
| Bumberry MD John<br>.....<br>Physician & Board member     | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 440,189   | 0  | 44,368  |
| Butler MD Connie<br>.....<br>Physician & Board member     | 50 0<br>.....<br>10 0  | X   |                       |         |              |                              |        | 328,131   | 0  | 30,005  |
| De Hoyos Jose<br>.....<br>Physician & Board member        | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 535,177   | 0  | 24,175  |
| Fulnecky MD Eric<br>.....<br>Physician & Board member     | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 331,261   | 0  | 26,908  |
| Guffey Jay<br>.....<br>COO & Brd member                   | 10 0<br>.....<br>50 0  | X   |                       |         |              |                              |        | 0   | 555,639  | 120,278   |
| Hale MD Arthur<br>.....<br>Physician & Board member       | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 315,615   | 0  | 31,172  |
| Hawkins MD John<br>.....<br>Physician & Board member      | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 751,988   | 0  | 35,330  |
| Held Michael<br>.....<br>Attorney & Board member          | 10 0<br>.....<br>50 0  | X   |                       |         |              |                              |        | 0   | 200,871  | 0   |
| Hopkins MD John<br>.....<br>Physician & Board member      | 55 0<br>.....<br>5 0   | X   |                       |         |              |                              |        | 315,659   | 0  | 38,526  |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Huss MD Randall D<br>.....<br>Physician & Board member   | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 386,250   | 0  | 43,743  |
| Kennedy MD Russell<br>.....<br>Physician & Board member  | 55 0<br>.....<br>5 0   | X   |                       |         |              |                              |        | 0   | 412,855  | 22,973  |
| Lafrancis MD Irving<br>.....<br>Physician & Board member | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 376,515   | 0  | 21,933  |
| Lewis MD Stephanie<br>.....<br>Physician & Board member  | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 296,693   | 0  | 22,174  |
| Liu Danny<br>.....<br>Physician & Board member           | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 459,639   | 0  | 24,925  |
| Maynard MD Greg<br>.....<br>Physician & Board member     | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 501,696   | 0  | 29,865  |
| McDonald MD Hilton<br>.....<br>Physician & Board member  | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 747,709   | 0  | 28,619  |
| Meyer MD Stephen<br>.....<br>Physician & Board member    | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 1,124,518   | 0  | 25,347  |
| Morgan MD Linda<br>.....<br>Physician & Board member     | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 315,465   | 0  | 22,541  |
| Riscoe James<br>.....<br>Physician & Board member        | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 409,631   | 0  | 34,308  |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Shah MD Bharat<br>.....<br>Physician & Board member            | 40 0<br>.....<br>20 0  | X   |                       |         |              |                              |        | 747,815   | 0  | 38,850  |
| Smith MD Sean<br>.....<br>Physician & Board member             | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 0   | 454,141  | 31,520  |
| Stangeland Stuart G<br>.....<br>COO Sprgfd Clinic & BRD Member | 40 0<br>.....<br>20 0  | X   |                       |         |              |                              |        | 0   | 561,869  | 85,909  |
| Theobald MD Todd<br>.....<br>Physician & Board member          | 5 0<br>.....<br>15 0   | X   |                       |         |              |                              |        | 230,829   | 0  | 19,800  |
| Scarrow MD Alan<br>.....<br>Pres Sprg communities & BD MBR     | 8 0<br>.....<br>52 0   | X   |                       | X       |              |                              |        | 0   | 821,213  | 118,703   |
| Burke James<br>.....<br>Regional VP-Legal                      | 5 0<br>.....<br>55 0   |   |                       | X       |              |                              |        | 0   | 359,195  | 61,541  |
| Godfrey MD Tracy<br>.....<br>President, Joplin Clinic          | 40 0<br>.....<br>20 0  |   |                       | X       |              |                              |        | 0   | 352,174  | 64,842  |
| Haynes Rodney<br>.....<br>COO, Joplin Clinic                   | 60 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 0   | 270,930  | 26,358  |
| Hunter Shelly<br>.....<br>CFO-Joplin                           | 5 0<br>.....<br>55 0   |   |                       | X       |              |                              |        | 0   | 275,753  | 50,257  |
| Pulsipher Gary<br>.....<br>CEO - Joplin Communities            | 5 0<br>.....<br>55 0   |   |                       | X       |              |                              |        | 0   | 589,317  | 206,562   |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Reynolds Scott<br>.....<br>CFO-central communities            | 4 0<br>.....<br>56 0   |   |                       | X       |              |                              |        | 0   | 465,895  | 104,383   |
| Barbe MD David O<br>.....<br>PHYSICIAN,VP-REGIONAL SERVICES   | 30 0<br>.....<br>30 0  |   |                       |         | X            |                              |        | 364,861   | 0  | 81,278  |
| Birkner Richard<br>.....<br>VP-OPS, ADULT PRIMARY CARE        | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 0   | 237,619  | 19,656  |
| Burson MD John<br>.....<br>PHYS VP-WOMEN & CHILDREN SVCS      | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 658,166   | 0  | 39,071  |
| Cavagnol MD Robert<br>.....<br>Physician VP-SURGICAL SERVICES | 59 0<br>.....<br>1 0   |   |                       |         | X            |                              |        | 767,086   | 0  | 29,064  |
| Cochran MD David<br>.....<br>Physician VP-CARDIOLOGY SVCS     | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 965,892   | 0  | 36,603  |
| Dent Ronald L<br>.....<br>VP-Ambulatory finance               | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 0   | 326,177  | 86,440  |
| Duff MD James<br>.....<br>PHYS VP-ADULT PRIMARY CARE          | 55 0<br>.....<br>5 0   |   |                       |         | X            |                              |        | 229,839   | 0  | 23,233  |
| Earnest Linda<br>.....<br>VP-Ops, MEDICAL SPECIALTIES         | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 0   | 243,480  | 24,963  |
| Fuhr Enc<br>.....<br>VP-OPERATIONS, NEUROLOGY SVCS            | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 0   | 218,346  | 34,709  |



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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| Wyrsh MD Robert B<br>.....<br>Physician VP, ORTHOPEDIC SVCS | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 1,038,722   | 0  | 41,010  |
| Johnson MD Robert D<br>.....<br>Physician                   | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,231,538   | 0  | 47,679  |
| Kutz MD Scott C<br>.....<br>Physician                       | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,385,065   | 0  | 28,180  |
| Lee MD Sunghoon<br>.....<br>Physician                       | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,611,793   | 0  | 34,221  |
| Mostrom DPM Dan R<br>.....<br>Physician                     | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,478,135   | 0  | 42,583  |
| Pennella MD Raffaele<br>.....<br>Physician                  | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,319,877   | 0  | 40,942  |
| Fronczak Theodore K<br>.....<br>Former key employee         | 0 0<br>.....<br>60 0   |   |                       |         |              |                              | X      | 0   | 271,694  | 29,129  |
| Goodwin Kevin<br>.....<br>Former key employee               | 0 0<br>.....<br>60 0   |   |                       |         |              |                              | X      | 0   | 364,666  | 61,433  |

**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).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MERCY CLINIC SPRINGFIELD COMMUNITIES

Employer identification number

43-1560263

**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 (Form 990 or 990-EZ))
- 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)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>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<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)   |         |         |         |         |         |          |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| <b>4 Total.</b> Add lines 1 through 3  |         |         |         |         |         |          |
| <b>5</b> 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) |         |         |         |         |         |          |
| <b>6 Public support.</b> Subtract line 5 from line 4   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>7</b> Amounts from line 4  |         |         |         |         |         |          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |         |         |         |         |         |          |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |         |         |         |         |         |          |
| <b>11 Total support.</b> Add lines 7 through 10   |         |         |         |         |         |          |

**12** Gross receipts from related activities, etc. (see instructions) **12**

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

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

|  |           |  |
|--|-----------|--|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> |  |
| <b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14                        | <b>15</b> |  |

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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<br>(or fiscal year beginning in) ▶  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> 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   |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <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  |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |         |         |         |         |         |          |
| <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.)  |         |         |         |         |         |          |

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

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>   |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**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 |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

**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 |
|----------|-----|----|
| <b>1</b> |     |    |

**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 |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

**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.*
- 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.*
- 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.*
- 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 |
|-----------|-----|----|
| <b>2a</b> |     |    |
| <b>2b</b> |     |    |
| <b>3a</b> |     |    |
| <b>3b</b> |     |    |

**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
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

|          | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| <b>1</b> |                |                             |
| <b>2</b> |                |                             |
| <b>3</b> |                |                             |
| <b>4</b> |                |                             |
| <b>5</b> |                |                             |
| <b>6</b> |                |                             |
| <b>7</b> |                |                             |
| <b>8</b> |                |                             |

**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 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

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

**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 |
|----------|--|--------------|
| <b>1</b> |  |              |
| <b>2</b> |  |              |
| <b>3</b> |  |              |
| <b>4</b> |  |              |
| <b>5</b> |  |              |
| <b>6</b> |  |              |

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

| <b>Section D - Distributions</b>  | <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 2015 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)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> From 2013. . . . . _____  |                                     |   |  |
| <b>e</b> From 2014. . . . . _____  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7   |                                     |   |  |
| \$ _____   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> Excess from 2013. . . . . _____   |                                     |   |  |
| <b>d</b> From 2014. . . . . _____  |                                     |   |  |
| <b>e</b> From 2015. . . . . _____  |                                     |   |  |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| Return Reference           | Explanation  |
|----------------------------|--|
| SCHEDULE A, PART I, LINE 3 | THE FILING ENTITY'S PUBLIC CHARITY STATUS IS A HOSPITAL, HOWEVER, THE FILING ENTITY DOES NOT HAVE A LICENSE OR OPERATE A HOSPITAL FACILITY FOR SCHEDULE H REPORTING PURPOSES |

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

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

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 SPRINGFIELD COMMUNITIES

**Employer identification number**  
43-1560263

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

|  | (a) Donor advised funds | (b) Funds and other accounts                             |
|--|-------------------------|--|
| <b>1</b> Total number at end of year   |                         |  |
| <b>2</b> Aggregate value of contributions to (during year)   |                         |  |
| <b>3</b> Aggregate value of grants from (during year)  |                         |  |
| <b>4</b> Aggregate value at end of year  |                         |  |
| <b>5</b> 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?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6</b> 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? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements   |                             |
| <b>b</b> Total acreage restricted by conservation easements   |                             |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   |                             |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |                             |

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

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

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

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

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

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

**1a** If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

(continued)

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

|  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <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 on lines 2a, 2b, and 2c should equal 100%

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

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <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)<br>Cost or other basis<br>(investment) | (b)<br>Cost or other basis<br>(other) | Accumulated<br>(c) depreciation | (d) Book value |
|--|--|---------------------------------------|---------------------------------|----------------|
| <b>1a</b> Land . . . . .   |  | 5,169,931                             |                                 | 5,169,931      |
| <b>b</b> Buildings . . . . .   |  | 22,696,814                            | 19,165,016                      | 3,531,798      |
| <b>c</b> Leasehold improvements . . . . .  |  | 681,710                               | 478,541                         | 203,169        |
| <b>d</b> Equipment . . . . .   |  | 41,555,241                            | 29,997,618                      | 11,557,623     |
| <b>e</b> Other . . . . .   |  | 1,120,444                             | 545,282                         | 575,162        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . |  |                                       |                                 | 21,037,683     |



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

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

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

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

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

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

**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  |
|--------------------------------------|--|
| FORM 990, SCHEDULE D, PART X, LINE 2 | ASC 740 FOOTNOTE PRIMARILY ALL OF THE MERCY HEALTH ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) 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 ON THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2016 OR 2015 |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
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|                  |             |
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**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

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

|  |  |
|--|--|
| Name of the organization<br>MERCY CLINIC SPRINGFIELD COMMUNITIES | Employer identification number<br>43-1560263 |
|--|--|

**Part I Questions Regarding Compensation**

|  | Yes  | No   |  |  |  |  |   |  |  |  |
|--|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input checked="" type="checkbox"/> First-class or charter travel        | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax 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) |  |  |
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax 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>b</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.   | Yes  |  |  |  |  |  |   |  |  |  |
| <b>2</b> 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?  | Yes  |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input type="checkbox"/> Compensation survey or study                    |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |  |   |  |  |  |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:   |  |  |  |  |  |  |   |  |  |  |
| <b>a</b> Receive a severance payment or change-of-control payment?   |  | No   |  |  |  |  |   |  |  |  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | Yes  |  |  |  |  |  |   |  |  |  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?  |  | No   |  |  |  |  |   |  |  |  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |  |  |  |  |  |  |   |  |  |  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |  |  |  |  |  |  |   |  |  |  |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |  |  |  |  |  |  |   |  |  |  |
| <b>a</b> The organization?   |  | No   |  |  |  |  |   |  |  |  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.  |  | No   |  |  |  |  |   |  |  |  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |  |  |  |  |  |  |   |  |  |  |
| <b>a</b> The organization?   |  | No   |  |  |  |  |   |  |  |  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.  |  | No   |  |  |  |  |   |  |  |  |
| <b>7</b> For persons listed on 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.   |  | No   |  |  |  |  |   |  |  |  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  |  | No   |  |  |  |  |   |  |  |  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |  |  |  |  |  |  |   |  |  |  |

**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 on 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 on 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  |
|---|--|
| FORM 990, SCHEDULE J, PART I, LINE 1      | 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.   |
| FORM 990, SCHEDULE J, PART I, QUESTION 3  | MERCY CLINIC SPRINGFIELD COMMUNITIES RELIES ON A RELATED ORGANIZATION, REFER TO SCHEDULE O, PART VI, QUESTIONS 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS.   |
| FORM 990, SCHEDULE J, PART I, QUESTION 4B | MERCY HEALTH 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 PLANS ARE CLOSED TO NEW ENTRANTS. THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE DAVID BARBE, RANDALL HUSS, ALAN SCARROW, STUART STANGELAND, JON SWOPE, JAMES BURKE, RONALD DENT, KEVIN GOODWIN, ALEXANDER HOVER, SCOTT REYNOLDS AND TANYA MARION. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-1560263  
**Name:** MERCY CLINIC SPRINGFIELD 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 on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 Andrews MD Elizabeth<br>Physician & Board member | (i)  | 255,915  | 54,695                              | 47,465                              | 37,816   | 16,177                  | 412,068                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 1 Bumberry MD John<br>Physician & Board member     | (i)  | 373,757  | 34,042                              | 32,390                              | 28,982   | 15,386                  | 484,557                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 Butler MD Connie<br>Physician & Board member     | (i)  | 253,001  | 49,160                              | 25,970                              | 13,758   | 16,247                  | 358,136                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 De Hoyos Jose<br>Physician & Board member        | (i)  | 499,027  | 10,000                              | 26,150                              | 12,166   | 12,009                  | 559,352                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 Fulnecky MD Eric<br>Physician & Board member     | (i)  | 293,449  | 29,662                              | 8,150                               | 10,661   | 16,247                  | 358,169                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 Guffey Jay<br>COO & Brd member                   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 371,156  | 140,682                             | 43,801                              | 102,296  | 17,982                  | 675,917                         | 0   |
| 6 Hale MD Arthur<br>Physician & Board member       | (i)  | 248,682  | 40,783                              | 26,150                              | 21,358   | 9,814                   | 346,787                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 Hawkins MD John<br>Physician & Board member      | (i)  | 568,366  | 132,632                             | 50,990                              | 19,083   | 16,247                  | 787,318                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 Held Michael<br>Attorney & Board member          | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 200,871  | 0                                   | 0                                   | 0  | 0                       | 200,871                         | 0   |
| 9 Hopkins MD John<br>Physician & Board member      | (i)  | 250,934  | 46,275                              | 18,450                              | 22,279   | 16,247                  | 354,185                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 Huss MD Randall D<br>Physician & Board member   | (i)  | 262,650  | 70,720                              | 52,880                              | 31,734   | 12,009                  | 429,993                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 Kennedy MD Russell<br>Physician & Board member  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 352,231  | 34,474                              | 26,150                              | 15,071   | 7,902                   | 435,828                         | 0   |
| 12 Lafrancis MD Irving<br>Physician & Board member | (i)  | 297,006  | 47,780                              | 31,729                              | 10,433   | 11,500                  | 398,448                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 Lewis MD Stephanie<br>Physician & Board member  | (i)  | 229,959  | 22,734                              | 44,000                              | 16,211   | 5,963                   | 318,867                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14 Lu Danny<br>Physician & Board member            | (i)  | 423,641  | 0                                   | 35,998                              | 9,100  | 15,825                  | 484,564                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15 Maynard MD Greg<br>Physician & Board member     | (i)  | 415,330  | 60,216                              | 26,150                              | 13,618   | 16,247                  | 531,561                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 16 McDonald MD Hilton<br>Physician & Board member  | (i)  | 620,742  | 87,287                              | 39,680                              | 12,397   | 16,222                  | 776,328                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 17 Meyer MD Stephen<br>Physician & Board member    | (i)  | 945,074  | 158,918                             | 20,526                              | 9,100  | 16,247                  | 1,149,865                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 18 Morgan MD Linda<br>Physician & Board member     | (i)  | 250,337  | 37,663                              | 27,465                              | 12,727   | 9,814                   | 338,006                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 19 Riscoe James<br>Physician & Board member        | (i)  | 343,789  | 30,332                              | 35,510                              | 18,061   | 16,247                  | 443,939                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 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 on prior Form 990 |
|   |      | (i) Base Compensation                              | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 21Shah MD Bharat<br>Physician & Board member  | (i)  | 669,346  | 28,079                              | 50,390                              | 22,603   | 16,247                  | 786,665                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 1Smith MD Sean<br>Physician & Board member  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 378,863  | 19,128                              | 56,150                              | 15,343   | 16,177                  | 485,661                         | 0   |
| 2Stangeland Stuart G<br>COO Sprgfd Clinic & BRD<br>Member   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 343,269  | 136,036                             | 82,564                              | 68,030   | 17,879                  | 647,778                         | 0   |
| 3Theobald MD Todd<br>Physician & Board member   | (i)  | 184,827  | 2,127                               | 43,875                              | 10,866   | 8,934                   | 250,629                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4Scarrow MD Alan<br>Pres Sprg communities & BD<br>MBR   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 568,385  | 246,637                             | 6,191                               | 99,408   | 19,295                  | 939,916                         | 0   |
| 5Burke James<br>Regional VP-Legal   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 245,591  | 92,752                              | 20,852                              | 43,214   | 18,327                  | 420,736                         | 0   |
| 6Godfrey MD Tracy<br>President, Joplin Clinic   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 270,312  | 63,220                              | 18,642                              | 46,644   | 18,198                  | 417,016                         | 0   |
| 7Haynes Rodney<br>COO, Joplin Clinic  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 202,581  | 49,082                              | 19,267                              | 8,475  | 17,883                  | 297,288                         | 0   |
| 8Hunter ShellyCFO-Joplin  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 199,677  | 47,978                              | 28,098                              | 38,849   | 11,408                  | 326,010                         | 0   |
| 9Pulsipher Gary<br>CEO - Joplin Communities   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 385,012  | 167,797                             | 36,508                              | 189,632  | 16,930                  | 795,879                         | 0   |
| 10Reynolds Scott<br>CFO-central communities   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 317,099  | 93,883                              | 54,913                              | 89,876   | 14,507                  | 570,278                         | 0   |
| 11Barbe MD David O<br>PHYSICIAN,VP-REGIONAL<br>SERVICES   | (i)  | 266,546  | 69,161                              | 29,154                              | 69,269   | 12,009                  | 446,139                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12Birkner Richard<br>VP-OPS, ADULT PRIMARY<br>CARE  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 189,460  | 46,671                              | 1,488                               | 2,025  | 17,631                  | 257,275                         | 0   |
| 13Burson MD John<br>PHYS VP-WOMEN &<br>CHILDREN SVCS  | (i)  | 545,396  | 68,080                              | 44,690                              | 22,824   | 16,247                  | 697,237                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14Cavagnol MD Robert<br>Physician VP-SURGICAL<br>SERVICES   | (i)  | 603,579  | 136,967                             | 26,540                              | 12,817   | 16,247                  | 796,150                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15Cochran MD David<br>Physician VP-CARDIOLOGY<br>SVCS   | (i)  | 766,283  | 150,725                             | 48,884                              | 30,414   | 6,189                   | 1,002,495                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 16Dent Ronald L<br>VP-Ambulatory finance  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 198,784  | 71,802                              | 55,591                              | 68,329   | 18,111                  | 412,617                         | 0   |
| 17Duff MD James<br>PHYS VP-ADULT PRIMARY<br>CARE  | (i)  | 157,606  | 25,590                              | 46,643                              | 11,973   | 11,260                  | 253,072                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 18Eamest Linda<br>VP-Ops, MEDICAL<br>SPECIALTIES  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 170,517  | 47,461                              | 25,502                              | 14,356   | 10,607                  | 268,443                         | 0   |
| 19Fuhr Enc<br>VP-OPERATIONS,<br>NEUROLOGY SVCS  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 160,660  | 41,260                              | 16,426                              | 17,288   | 17,421                  | 253,055                         | 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 on prior Form 990 |
|   |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 41 Hover MD Alexander R<br>Senior VP-Clinical excellence  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 385,419  | 164,047                             | 36,458                              | 47,108   | 14,639                  | 647,671                         | 0   |
| 1 Khoshyomn MD Sami<br>Physician VP, NEUROLOGY SVCS   | (i)  | 718,356  | 91,220                              | 44,690                              | 14,259   | 16,247                  | 884,772                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 Ledger MD Gregory<br>Phys VP-MEDICAL SPECIALTIES  | (i)  | 554,533  | 68,830                              | 32,930                              | 29,011   | 16,247                  | 701,551                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 Manon Tanya<br>Regional VP-Human Resources  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 185,233  | 59,500                              | 37,190                              | 39,676   | 17,933                  | 339,532                         | 0   |
| 4 McNay MD Jennifer<br>PHYS VP-ADULT PRIMARY CARE   | (i)  | 316,734  | 57,257                              | 32,930                              | 25,613   | 16,177                  | 448,711                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 Rash Kevin<br>VP-Operations, SURGICAL SVCS  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 156,265  | 43,417                              | 26,096                              | 19,089   | 17,508                  | 262,375                         | 0   |
| 6 Redfern MD David<br>Physician VP-WOMEN'S SERVICES   | (i)  | 233,281  | 26,088                              | 20,543                              | 21,522   | 16,247                  | 317,681                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 Stutzman Ted<br>VP-OPS, CARDIOLOGY WOMEN & CHD  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 191,077  | 48,783                              | 2,080                               | 3,263  | 17,659                  | 262,862                         | 0   |
| 8 Swope Jon<br>President, central communities   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 651,753  | 524,380                             | 54,295                              | 153,276  | 19,564                  | 1,403,268                       | 0   |
| 9 Vincent Jenine<br>VP-Operations, REGIONAL SVCS  | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 179,559  | 43,372                              | 8,049                               | 13,758   | 17,460                  | 262,198                         | 0   |
| 10 Wyrsch MD Robert B<br>Physician VP, ORTHOPEDIC SVCS  | (i)  | 817,913  | 170,419                             | 50,390                              | 24,763   | 16,247                  | 1,079,732                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 Johnson MD Robert D<br>Physician   | (i)  | 272,833  | 931,496                             | 27,209                              | 41,186   | 6,493                   | 1,279,217                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12 Kutz MD Scott C<br>Physician   | (i)  | 1,132,761  | 195,804                             | 56,500                              | 12,864   | 15,316                  | 1,413,245                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 Lee MD Sunghoon<br>Physician   | (i)  | 1,321,892  | 230,164                             | 59,737                              | 17,924   | 16,297                  | 1,646,014                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14 Mostrom DPM Dan R<br>Physician   | (i)  | 221,725  | 1,212,316                           | 44,094                              | 28,367   | 14,216                  | 1,520,718                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15 Pennella MD Raffaele<br>Physician  | (i)  | 1,161,827  | 142,200                             | 15,850                              | 24,695   | 16,247                  | 1,360,819                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 16 Fronczak Theodore K<br>Former key employee   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 189,302  | 57,753                              | 24,639                              | 17,800   | 11,329                  | 300,823                         | 0   |
| 17 Goodwin Kevin<br>Former key employee   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 219,904  | 73,406                              | 71,356                              | 43,206   | 18,227                  | 426,099                         | 0   |



**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 |
| (1) Meera Scarrow             | Family of board member  | 106,793                   | Employment                     |   | No |
| (2) Debbie Barbe              | Family of board member  | 15,529                    | Employment                     |   | No |
| (3) Thomas Lewis              | Family of board member  | 430,037                   | Employment                     |   | No |
| (4) Cindy Hoovens             | Family of board member  | 35,418                    | Employment                     |   | No |
| (5) KAREN COX                 | FAMILY MEMBER OF OFFICER  | 19,466                    | EMPLOYMENT                     |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**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).

**2015**

**Open to Public  
Inspection**

Name of the organization  
MERCY CLINIC SPRINGFIELD COMMUNITIES

**Employer identification number**

43-1560263

| Return Reference                 | Explanation   |
|----------------------------------|---|
| FORM 990, PART V,<br>QUESTION 1A | FORM 1099/1096 FILING VENDORS 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 MERCY HEALTH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN |

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| FORM 990, PART VI, LINE 6A, 7A, & 7B | <p>CLASSES OF MEMBERS OR STOCKHOLDERS THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH SPRINGFIELD COMMUNITIES THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED SOLELY TO THE CORPORATE MEMBER -TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION SHALL OPERATE, -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES X OF THESE BYLAWS, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE OVERALL STRATEGIC GOALS AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING, CAPITAL, AND CONSTRUCTION BUDGETS (INCLUDING AGGREGATE PHYSICIAN COMPENSATION MODELS) FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER, -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF ANY AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, -TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) AND TO 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 INCURRENCE OF SUCH DEBT, -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO CHAPTER 355 OF THE REVISED STATUTES OF MISSOURI FOR NONPROFIT CORPORATIONS, AND, -TO APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION</p> |

| Return Reference                | Explanation   |
|---------------------------------|---|
| FORM 990, PART VI, QUESTION 11B | <p>DSCR THE PROCESS USED BY MANAGEMENT &amp;/OR GOVERNING BODY TO REVIEW 990 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 DIRECTOR OF FINANCE 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' FORMS 990 AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS MADE AVAILABLE TO BOTH THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CFO AND CEO, AND THE STEWARDSHIP COMMITTEE OF THE MERCY HEALTH SPRINGFIELD COMMUNITIES BOARD OF DIRECTORS FOR THEIR REVIEW MERCY HEALTH SPRINGFIELD COMMUNITIES IS THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION AND HAS ULTIMATE RESPONSIBILITY FOR ALL FINANCIAL DECISIONS THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS</p> |

| Return Reference                | Explanation   |
|---------------------------------|---|
| FORM 990, PART VI, QUESTION 12C | DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST 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, 2016 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, LINES 15A & 15B | FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH 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 BOARD OF MERCY HEALTH FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR. |

| Return Reference               | Explanation  |
|--------------------------------|--|
| FORM 990, PART VI, QUESTION 19 | AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMT TO GEN PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BUT ARE NOT PUBLISHED PUBLICLY |

| 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  |
|-------------------------|--|
| FORM 990 PART XI LINE 9 | OTHER CHANGES IN NET ASSETS NET TRANSFERS TO/FROM AFFILIATES \$139,257,065 |

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990,<br>PART XII,<br>QUESTION 2C | AUDIT OF FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2016 (THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPARATE AUDIT OPINION WAS 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 |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MERCY CLINIC SPRINGFIELD COMMUNITIES

Employer identification number

43-1560263

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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

Table with 7 columns: (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).

**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)<br>Name, address, and EIN of related organization                             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| <b>(1)</b> MERC AMBU SURG CTR<br>7301 Rogers<br>FT SMITH, AR 72917<br>71-0827721  | AMBUL SURG CT           | AR   | NA                               |  |                              |                                    |                                      |    |  |                                     |    |                             |
| <b>(2)</b> RES OPT & INNOV<br>645 MARYVILLE<br>St Louis, MO 63141<br>46-0468368   | CENTRAL DIST            | MO   | NA                               |  |                              |                                    |                                      |    |  |                                     |    |                             |
| <b>(3)</b> SO OK DIAG CTR<br>1011 14TH<br>Ardmore, OK 73401<br>43-1971232         | MRI Services            | OK   | NA                               |  |                              |                                    |                                      |    |  |                                     |    |                             |
| <b>(4)</b> FORT SMITH EMS<br>1701 S GREENWOOD<br>FT SMITH, AR 72901<br>71-0416615 | Emergency Medical       | AR   | NA                               |  |                              |                                    |                                      |    |  |                                     |    |                             |
| <b>(5)</b> ST ED MER MED MOB<br>7301 Rogers<br>FT SMITH, AR 72903<br>71-0554050   | Office Building         | AR   | NA                               |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>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> |     | No |
| <b>1o</b> |     | No |
|           |     |    |
| <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

| <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved |
|--|--------------------------------------|-------------------------------|---|
| See Additional Data Table                  |                                      |                               |   |
|  |                                      |                               |   |
|  |                                      |                               |   |
|  |                                      |                               |   |
|  |                                      |                               |   |
|  |                                      |                               |   |
|  |                                      |                               |   |



**Part VII Supplemental Information**

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

| Return Reference              | Explanation  |
|-------------------------------|--|
| FORM 990, SCHEDULE R, PART II | MERCY HOSPITALS EAST COMMUNITIES MERCY HOSPITALS EAST COMMUNITIES CONSISTS OF MERCY HOSPITAL ST LOUIS, EIN 43-0653493, AND MERCY HOSPITAL WASHINGTON, EIN 43-1066883   |
| FORM 990, SCHEDULE R, PART V  | LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED 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 |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-1560263  
**Name:** MERCY CLINIC SPRINGFIELD COMMUNITIES

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| Casa de Misericordia<br>1602 McClelland Street<br>Laredo, TX 78044<br>74-2912461                                | SHELTER                 | TX   | 501c3                      | 7   | MM LAREDO                        | Yes   |    |
| Jefferson Land Company Inc<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>43-1330360               | HOLDING CO              | MO   | 501c2                      | N/A   | MH JFRSON                        | Yes   |    |
| McAuley Portfolio Management Company<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>26-1708048     | PORT MGMT               | MO   | 501c3                      | 11b   | Mercy Health                     | Yes   |    |
| Mercy ACO Clinical Services Inc<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>46-4504901          | VIRTUAL CARE            | MO   | 501c3                      | 3   | Mercy Health                     | Yes   |    |
| Mercy Clinic East Communities<br>645 Maryville Center Drive Suite 1<br>St Louis, MO 63141<br>43-1771217         | PHYS GROUP              | MO   | 501c3                      | 9   | MH EAST COMM                     | Yes   |    |
| Mercy Clinic Fort Smith Communities<br>7301 Rogers Avenue<br>Fort Smith, AR 72903<br>26-1318597                 | PHYS CLINIC             | AR   | 501c3                      | 3   | MH FS COMM                       | Yes   |    |
| Mercy Clinic Oklahoma Communities Inc<br>4300 W Memorial Road<br>Oklahoma City, OK 73120<br>27-0473057          | PHYS GROUP              | OK   | 501c3                      | 3   | MH OK COMM                       | Yes   |    |
| Mercy Family Center<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>72-1069468                      | COUNSELING              | MO   | 501c3                      | 7   | Mercy Health                     | Yes   |    |
| Mercy Health Foundation<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>20-0901499                  | Foundation              | MO   | 501c3                      | 11b   | Mercy Health                     | Yes   |    |
| Mercy Health<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>43-1423050                             | CORP OFFICE             | MO   | 501c3                      | 1   | NA                               |   | No |
| Mercy Health East Communities<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>43-1718408            | HLTH SYSTEM             | MO   | 501c3                      | 11b   | Mercy Health                     | Yes   |    |
| Mercy Health East Communities - Southern<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>46-1412322 | HLTH SYSTEM             | MO   | 501c3                      | 11b   | MH EAST COMM                     | Yes   |    |
| Mercy Health Fort Smith Communities<br>7301 Rogers Avenue<br>Fort Smith, AR 72917<br>26-1318515                 | HOLDING CO              | AR   | 501c3                      | 11b   | Mercy Health                     | Yes   |    |
| Mercy Health Foundation Ada<br>430 N Monte Vista Street<br>Ada, OK 74820<br>46-3596274                          | Foundation              | OK   | 501c3                      | 11a   | MH ADA INC                       | Yes   |    |
| Mercy Health Foundation Ardmore<br>1011 14th Avenue NW<br>Ardmore, OK 73401<br>71-0962525                       | Foundation              | OK   | 501c3                      | 11a   | MH ARDMORE                       | Yes   |    |
| Mercy Health Foundation Berryville<br>214 Carter Street<br>Berryville, AR 72616<br>71-0759301                   | Foundation              | AR   | 501c3                      | 11a   | MH FT SMITH                      | Yes   |    |
| Mercy Health Foundation Fort Scott<br>401 Woodland Hills Blvd<br>Fort Scott, KS 66701<br>48-1077073             | Foundation              | KS   | 501c3                      | 11c   | M KS COMM                        | Yes   |    |
| Mercy Health Foundation Hot Springs<br>300 Werner Street<br>Hot Springs, AR 71913<br>71-0804718                 | Foundation              | AR   | 501c3                      | 11b   | MC SRVCS                         | Yes   |    |
| Mercy Health Foundation Independence<br>800 W Myrtle<br>Independence, KS 67301<br>48-1079981                    | Foundation              | KS   | 501c3                      | 11a   | M ST FRANCIS                     | Yes   |    |
| Mercy Health Foundation Jefferson<br>1400 US Highway 61 South<br>Festus, MO 63028<br>46-2797051                 | Foundation              | MO   | 501c3                      | 11b   | MH E COMM SR                     | Yes   |    |

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|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |                         |  |                            |   |                                  | Yes  | No |
| Mercy Health Foundation Joplin<br>100 Mercy Way<br>Joplin, MO 64804<br>27-0906136                       | Foundation              | MO   | 501c3                      | 11a   | MH SWMK COMM                     | Yes  |    |
| Mercy Health Foundation Lincoln<br>1000 East Cherry Street<br>Troy, MO 63379<br>81-1477159              | Foundation              | MO   | 501c3                      | 11b   | MH EAST COMM                     | Yes  |    |
| Mercy Health Foundation NW Arkansas<br>2710 Rife Medical Lane<br>Rogers, AR 72758<br>71-0601687         | Foundation              | AR   | 501c3                      | 11c   | MH ROGERS                        | Yes  |    |
| Mercy Health Foundation of Oklahoma<br>4300 W Memorial Road<br>Oklahoma City, OK 73120<br>45-4732301    | Foundation              | OK   | 501c3                      | 11a   | MH OK COMM                       | Yes  |    |
| Mercy Health Foundation Oklahoma City<br>4300 W Memorial Road<br>Oklahoma City, OK 73120<br>46-3184231  | Foundation              | OK   | 501c3                      | 11a   | MH OK COMM                       | Yes  |    |
| Mercy Health Foundation Springfield<br>1235 E Cherokee Street<br>Springfield, MO 65804<br>32-0195818    | Foundation              | MO   | 501c3                      | 11b   | MH SF COMM                       | Yes  |    |
| Mercy Health Foundation St Louis<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>56-2410020 | Foundation              | MO   | 501c3                      | 11b   | MH EAST COMM                     | Yes  |    |
| Mercy Health Foundation Washington<br>901 E Fifth Street<br>Washington, MO 63090<br>56-2410022          | Foundation              | MO   | 501c3                      | 11b   | MH EAST COMM                     | Yes  |    |
| Mercy Health NW Arkansas Communities<br>2710 Rife Medical Lane<br>Rogers, AR 72758<br>62-1684203        | PHYS GROUP              | AR   | 501c3                      | 9   | Mercy Health                     | Yes  |    |
| Mercy Health Oklahoma Communities Inc<br>4300 W Memorial Road<br>Oklahoma City, OK 73120<br>73-1453048  | HLTH SYSTEM             | OK   | 501c3                      | 11b   | Mercy Health                     | Yes  |    |
| Mercy Health Plans of Missouri Inc<br>3265 S National Avenue<br>Springfield, MO 65807<br>32-0481419     | HMO                     | MO   | 501c4                      | N/A   | Mercy Health                     | Yes  |    |
| Mercy Health Plans Inc<br>3265 S National Avenue<br>Springfield, MO 65807<br>32-0486150                 | PPO                     | MO   | 501c4                      | N/A   | MH PLANS MO                      | Yes  |    |
| Mercy Health Southwest MOKS Communities<br>100 Mercy Way<br>Joplin, MO 64804<br>30-0584463              | HLTH SYSTEM             | MO   | 501c3                      | 11b   | Mercy Health                     | Yes  |    |
| Mercy Health Springfield Communities<br>1235 E Cherokee Street<br>Springfield, MO 65804<br>43-1856028   | HLTH SYSTEM             | MO   | 501c3                      | 11b   | Mercy Health                     | Yes  |    |
| Mercy Home Health Berryville<br>804 W Freeman Suite 4<br>Berryville, AR 72616<br>87-0781247             | HOME HEALTH             | AR   | 501c3                      | 11c   | MM LAREDO                        | Yes  |    |
| Mercy Hospital Ada Inc<br>430 N Monte Vista Street<br>Ada, OK 74820<br>46-2288155                       | HOSPITAL                | OK   | 501c3                      | 3   | MH OK COMM                       | Yes  |    |
| Mercy Hospital Ardmore Inc<br>1011 14th Avenue NW<br>Ardmore, OK 73401<br>73-1500629                    | HOSPITAL                | OK   | 501c3                      | 3   | MH OK COMM                       | Yes  |    |
| Mercy Hospital Aurora<br>500 Porter Avenue<br>Aurora, MO 65605<br>43-1936696                            | HOSPITAL                | MO   | 501c3                      | 3   | MH SF COMM                       | Yes  |    |
| Mercy Hospital Berryville<br>214 Carter Street<br>Berryville, AR 72616<br>71-0759299                    | HOSPITAL                | AR   | 501c3                      | 3   | MH SF COMM                       | Yes  |    |
| Mercy Hospital Booneville<br>880 West Main Street<br>Booneville, AR 72927<br>46-3851119                 | HOSPITAL                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes  |    |

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| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| Mercy Hospital Carthage<br>3125 Dr Russell Smith Way<br>Carthage, MO 64836<br>45-3808607             | HOSPITAL                | MO   | 501c3                      | 3   | MH SWMK COMM                     | Yes   |    |
| Mercy Hospital Cassville<br>94 Main Street<br>Cassville, MO 65625<br>43-1936699                      | HOSPITAL                | MO   | 501c3                      | 3   | MH SF COMM                       | Yes   |    |
| Mercy Hospital Columbus<br>220 Pennsylvania Avenue<br>Columbus, KS 66725<br>27-0842031               | HOSPITAL                | MO   | 501c3                      | 3   | MH SWMK COMM                     | Yes   |    |
| Mercy Hospital El Reno Inc<br>2115 Parkview Drive<br>El Reno, OK 73036<br>27-2716065                 | HOSPITAL                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |
| Mercy Hospital Fort Smith<br>7301 Rogers Avenue<br>Fort Smith, AR 72917<br>71-0240352                | HOSPITAL                | AR   | 501c3                      | 3   | MH NWAR COMM                     | Yes   |    |
| Mercy Hospital Healdton Inc<br>3462 Hospital Rd<br>Healdton, OK 73438<br>26-3173902                  | HOSPITAL                | OK   | 501c3                      | 3   | MH ARDMORE                       | Yes   |    |
| Mercy Hospital Jefferson<br>1400 Highway 61 South<br>Festus, MO 63028<br>43-0687077                  | HOSPITAL                | MO   | 501c3                      | 3   | MH E COMM SR                     | Yes   |    |
| Mercy Hospital Joplin<br>100 Mercy Way<br>Joplin, MO 64804<br>27-0814858                             | HOSPITAL                | MO   | 501c3                      | 3   | MH SWMK COMM                     | Yes   |    |
| Mercy Hospital Kingfisher Inc<br>1000 Kingfisher Regional Hosp<br>Kingfisher, OK 73750<br>46-3433074 | HOSPITAL                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |
| Mercy Hospital Lebanon<br>100 Hospital Drive<br>Lebanon, MO 65536<br>43-1767432                      | HOSPITAL                | MO   | 501c3                      | 3   | MH SF COMM                       | Yes   |    |
| Mercy Hospital Lincoln<br>1000 East Cherry Street<br>Troy, MO 63379<br>47-2219204                    | HOSPITAL                | MO   | 501c3                      | 3   | MH EAST COMM                     | Yes   |    |
| Mercy Hospital Logan County Inc<br>200 South Academy<br>Guthrie, OK 73044<br>45-2998842              | HOSPITAL                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |
| Mercy Hospital Oklahoma City Inc<br>4300 W Memorial Road<br>Oklahoma City, OK 73120<br>73-0579285    | HOSPITAL                | OK   | 501c3                      | 3   | MH OK COMM                       | Yes   |    |
| Mercy Hospital Ozark<br>801 W River Street<br>Ozark, AR 72949<br>71-0689680                          | HOSPITAL                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes   |    |
| Mercy Hospital Paris<br>500 E Academy<br>Paris, AR 72855<br>71-0655753                               | HOSPITAL                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes   |    |
| Mercy Hospital Rogers<br>2710 Rife Medical Lane<br>Rogers, AR 72758<br>71-0294390                    | HOSPITAL                | AR   | 501c3                      | 3   | MH NWAR COMM                     | Yes   |    |
| Mercy Hospital Springfield<br>1235 E Cherokee Street<br>Springfield, MO 65804<br>44-0552485          | HOSPITAL                | MO   | 501c3                      | 3   | MH SF COMM                       | Yes   |    |
| Mercy Hospital Tishomingo Inc<br>1000 South Byrd<br>Tishomingo, OK 73460<br>27-4433830               | HOSPITAL                | OK   | 501c3                      | 3   | MH ARDMORE                       | Yes   |    |
| Mercy Hospital Waldron<br>1341 W 6th Street<br>Waldron, AR 72958<br>71-0557895                       | HOSPITAL                | AR   | 501c3                      | 3   | MH FT SMITH                      | Yes   |    |
| Mercy Hospital Watonga Inc<br>500 Clarence Nash Blvd<br>Watonga, OK 73772<br>45-5199762              | HOSPITAL                | OK   | 501c3                      | 3   | MH OK CITY                       | Yes   |    |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| Mercy Hospitals East Communities<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>43-0653493    | HOSPITAL                | MO   | 501c3                      | 3   | MH EAST COMM                     | Yes  |    |
| Mercy Kansas Communities Inc<br>401 Woodland Hills Blvd<br>Ft Scott, KS 66701<br>48-0956045                | HOSPITAL                | KS   | 501c3                      | 3   | MH SWMK COMM                     | Yes  |    |
| Mercy Research<br>1235 E Cherokee Street<br>Springfield, MO 65804<br>87-0796305                            | HOSPITAL                | MO   | 501c3                      | 4   | MH SF COMM                       | Yes  |    |
| Mercy Ministries of Laredo<br>2500 Zacatecas<br>Laredo, TX 78046<br>20-0198462                             | HOSPITAL                | TX   | 501c3                      | 7   | Mercy Health                     | Yes  |    |
| Mercy St Francis Hopsital<br>100 W Highway 60<br>Mountain View, MO 65548<br>44-0607149                     | HOSPITAL                | MO   | 501c3                      | 3   | MH SF COMM                       | Yes  |    |
| MHM Support Services<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>20-2553101                | CTRL SYS FUNC           | MO   | 501c3                      | 11b   | Mercy Health                     | Yes  |    |
| Mission Clinical Services<br>300 Werner Street<br>Hot Springs, AR 71913<br>13-4239691                      | CHILD ADVOC             | AR   | 501c3                      | 9   | Mercy Health                     | Yes  |    |
| St Edward Mercy Foundation<br>7301 Rogers Avenue<br>Fort Smith, AR 72917<br>23-7330425                     | Foundation              | AR   | 501c3                      | 7   | MH FT SMITH                      | Yes  |    |
| St Mary's Hospital of Enid Oklahoma<br>14528 S Outer Forty Ste 100<br>Chesterfield, MO 63017<br>73-0614655 | Inactive                | OK   | 501c3                      | 3   | MH OK COMM                       | Yes  |    |
| The Sister M Cornelia Blasko Foundation<br>100 W Highway 60<br>Mountain View, MO 65548<br>43-1873914       | Foundation              | MO   | 501c3                      | 11a   | M ST FRANCIS                     | Yes  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes   | No |
| (1) Frontenac Properties Inc<br>14528 S Outer Forty Suite 100<br>Chesterfield, MO 63017<br>52-1914421          | Holding<br>company      | DE  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (1) Inveno Health Inc<br>1235 E Cherokee Street<br>Springfield, MO 65804<br>26-4509571                         | PRODUCT<br>COMMER       | MO  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (2) Mercy Commercial Services Inc<br>14528 South Outer Forty Suite 100<br>Chesterfield, MO 63017<br>46-4953543 | PARENT OF<br>VCC        | MO  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (3) Mercy Community Services Inc<br>401 Woodland Hills Blvd<br>Fort Scott, KS 66701<br>48-1078101              | Retail pharmacy         | KS  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (4) Mercy Health Center Condominium Inc<br>4300 W Memorial Rd<br>Oklahoma City, OK 73120<br>68-0640970         | Real estate             | OK  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (5)<br>Mercy Health Network of the Southern Reg<br>1011 14th Avenue NW<br>Ardmore, OK 73401<br>73-1580607      | Holding<br>company      | OK  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (6) Mercy Health Network Inc<br>4300 W Memorial Road<br>Oklahoma City, OK 73120<br>73-1381689                  | Holding<br>company      | OK  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (7) Mercy Managed Care Corporation<br>4300 W Memorial Road<br>Oklahoma City, OK 73120<br>73-1441665            | Holding<br>company      | OK  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (8) UHL Corp Inc<br>645 Maryville Centre Drive Suite 1<br>St Louis, MO 63141<br>74-2499535                     | Holding<br>company      | MO  | NA                                  | C-Corp  |                                 |   |                                |   |    |
| (9) Unity Support Services Inc<br>645 Maryville Centre Drive Suite 1<br>St Louis, MO 63141<br>43-1797042       | INACTIVE                | MO  | NA                                  | C-Corp  |                                 |   |                                |   |    |

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

|             | <b>(a)</b><br>Name of related organization  | <b>(b)</b><br>Transaction<br>type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount<br>involved |
|-------------|---|--|-------------------------------|--|
| <b>(1)</b>  | Mercy Health Springfield Communities        | Q                                      | 26,534,773                    |  |
| <b>(1)</b>  | Mercy Clinic Fort Smith Communities         | Q                                      | 124,704                       |  |
| <b>(2)</b>  | Mercy Clinic Oklahoma Communities Inc       | Q                                      | 167,179                       |  |
| <b>(3)</b>  | Mercy Health Northwest Arkansas Communities | Q                                      | 175,522                       |  |
| <b>(4)</b>  | Mercy Health Foundation Springfield         | P                                      | 78,630                        |  |
| <b>(5)</b>  | Mercy Hospital Aurora                       | P                                      | 278,333                       |  |
| <b>(6)</b>  | Mercy Hospital Berryville                   | P                                      | 97,158                        |  |
| <b>(7)</b>  | Mercy Hospital Cassville                    | Q                                      | 131,335                       |  |
| <b>(8)</b>  | Mercy Hospital Lebanon                      | Q                                      | 789,761                       |  |
| <b>(9)</b>  | Mercy Hospital Springfield                  | P                                      | 113,789,462                   |  |
| <b>(10)</b> | Mercy St Francis Hospital                   | P                                      | 97,158                        |  |
| <b>(11)</b> | MHM Support Services                        | Q                                      | 56,901,338                    |  |
| <b>(12)</b> | Mercy Medical Research Institute            | Q                                      | 161,153                       |  |
| <b>(13)</b> | Resource Optimization & Innovation LLC      | P                                      | 794,079                       |  |