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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/form990

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 EAST COMMUNITIES

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
645 MARYVILLE CENTRE DRIVE STE 100

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63141

**D Employer identification number**
43-1771217

E Telephone number
(314) 364-3731

**G** Gross receipts $ 330,873,814

**F** Name and address of principal officer
JOHN HUBERT
645 MARYVILLE CENTRE DRIVE STE 100
ST LOUIS, MO 63141

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW MERCY NET/STLOUISMO

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1994

**M** State of legal domicile MO

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
MERCY CLINIC EAST COMMUNITIES ("MCEC") COORDINATES PHYSICIAN-RELATED ASPECTS OF HEALTH CARE WITHIN THE MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM

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

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 28 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 0 |
| **5** | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | **5** | 1,761 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 0 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 418,869 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | -13,932 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| **9** | Program service revenue (Part VIII, line 2g) | 311,584,892 | 330,249,659 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 240,957 | 62,859 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 275,807 | 561,296 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 312,101,656 | 330,873,814 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 177,875 | 150,000 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 278,894,246 | 302,826,151 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 125,820,609 | 134,380,292 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 404,892,730 | 437,356,443 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -92,791,074 | -106,482,629 |

Revenue

Expenses

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 101,703,283 | 102,533,351 |
| **21** | Total liabilities (Part X, line 26) | 132,836,432 | 46,520,245 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | -31,133,149 | 56,013,106 |

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 — 2017-05-10 Date

CHERYL MATEJKA TREASURER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| DOUGLAS G PLEUS | DOUGLAS G PLEUS | | | P00013488 |

Firm's name ▶ PLEUS AND COMPANY LLC — Firm's EIN ▶ 56-2632458

Firm's address ▶ 14500 S OUTER 40 SUITE 201A
CHESTERFIELD, MO 63017 — Phone no (314) 317-9916

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

## 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 $ 419,859,201 including grants of $ 150,000 ) (Revenue $ 330,149,659 )

THE PRIMARY PURPOSE OF MERCY CLINIC EAST COMMUNITIES ("CLINIC") IS TO COORDINATE PHYSICIAN-RELATED ASPECTS OF HEALTH CARE WITHIN MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM THESE PHYSICIAN-RELATED ACTIVITIES INCLUDE 1 DELIVERY OF HEALTH CARE SERVICES TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO PHYSICIAN SERVICES, CONTRACTING FOR PHYSICIAN SERVICES WITH LOCAL NETWORKS, HEALTH MAINTENANCE ORGANIZATIONS, OTHER PROVIDER GROUPS, AND HOSPITALS AND OTHER HEALTH CARE FACILITIES, AND EMPLOYING THE NECESSARY STAFF OF PHYSICIANS AND OTHER PERSONNEL NECESSARY TO DELIVER SUCH HEALTH CARE SERVICES AND CARRY OUT OTHER PURPOSES OF THE CLINIC THE CLINIC ALSO PROVIDES SERVICES (OVER $48,083,000) TO A LARGE NUMBER (OVER 260,000 VISITS) OF MEDICAID AND CHARITY CARE PATIENTS IN ITS SERVICE TO THE COMMUNITY 2 FURTHERING SCIENTIFIC RESEARCH TO BENEFIT THE PUBLIC THROUGH PARTICIPATION IN CLINICAL DRUG STUDIES THE PHYSICIAN DIRECTORS AND EMPLOYEES OF THE CLINIC CARRY OUT SUCH ACTIVITIES INDIVIDUALLY AND AS A CORPORATION THROUGH COMMITTEES, TASK FORCES, AND OTHER GROUPS, TO FURTHER THE CHARITABLE PURPOSES OF THE CLINIC THE COORDINATION OF SERVICES BY AND BETWEEN MERCY HEALTH EAST COMMUNITIES AND THE CLINIC ENABLES MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM TO PROVIDE MORE EFFECTIVE AND COST EFFICIENT SERVICES BY ALLOWING EACH PART OF THE SYSTEM TO FOCUS ON ITS AREA OF EXPERTISE, AVOID DUPLICATION OF SERVICES, AND PROVIDE INTEGRATED DELIVERY OF HEALTH CARE SERVICES THE CLINIC OPERATES EXCLUSIVELY FOR THE BENEFIT OF OR TO ESTABLISH AND MAINTAIN ONE OR MORE MEDICAL PRACTICES AS INSTITUTIONS WITH PERMANENT HEALTH SERVICE FACILITIES FOR THE DIAGNOSIS AND TREATMENT OF PATIENTS AND TO PROVIDE SUCH MEDICAL SERVICES AS MAY BE REQUIRED BY PATIENTS, TO CONDUCT EDUCATIONAL ACTIVITIES RELATED TO CARE OF THE SICK AND INJURED OR TO THE PROMOTION OF HEALTH, TO DEVELOP EFFICIENT AND PRACTICAL ARRANGEMENTS FOR PROVIDING HEALTH SERVICES, TO FOSTER THE TEACHING AND RESEARCH FUNCTIONS AT ITS FACILITIES IN COOPERATION WITH OTHER HEALTH SERVICES AND EDUCATIONAL INSTITUTIONS, AND TO PROVIDE ORIENTATION AND IN-SERVICE TRAINING PROGRAMS TO PERSONNEL EMPLOYED AT ITS FACILITIES IN ORDER TO MAINTAIN THEIR SKILLS AND TO MAKE THEM AWARE OF DEVELOPMENTS IN THE HEALTH SERVICES FIELD AMONG THE COMMUNITY SUPPORT ACTIVITIES OFFERED BY THE CLINIC WERE THE FOLLOWING HEALTH FAIRS AND SCREENINGS- CLINIC PHYSICIANS AND CO-WORKERS STAFFED "ASK THE DOCTOR" BOOTHS AND/OR PROVIDED FREE HEALTH SCREENINGS AND HEALTH INFORMATION AT VARIOUS NONPROFIT AND COMMUNITY EVENTS- IN ADDITION, CLINIC PHYSICIANS STAFFED BOOTHS OR PROVIDED SCREENINGS AT EMPLOYEE HEALTH FAIRS FOR AREA CORPORATIONSPROVISION OF FREE HEALTH INFORMATION- CLINIC PHYSICIANS SHARED THEIR KNOWLEDGE WITH THE ST LOUIS COMMUNITY THROUGH VARIOUS MEDIA INTERVIEWS ON SPECIFIC HEALTH TOPICS - CLINIC PHYSICIANS PROVIDED TALKS TO THE COMMUNITY ON VARIOUS HEALTH RELATED TOPICS- SEVERAL CLINIC PHYSICIANS SERVE AS CONSULTING PHYSICIANS FOR ST LOUIS AREA SCHOOL DISTRICTS, BOY SCOUTS, AND ATHLETIC TEAMSCHARITABLE OUTREACH- CO-WORKERS OF CLINIC PRACTICES COLLECTED CANNED GOODS AND PANTRY ITEMS TO DONATE TO LOCAL FOOD PANTRIES, AND BOXED UP DONATIONS OF FOOD FOR FAMILIES SERVED BY AREA CATHOLIC CHURCHES- DURING THE HOLIDAYS, CLINIC CO-WORKERS SPONSORED RAFFLES AND DRESS-DOWN DAYS TO RAISE FUNDS TO SUPPORT FAMILIES IN NEED CO-WORKERS DONATED CASH, WRAPPING PAPER, AND SUPPLIES, SHOPPED FOR AND WRAPPED GIFTS, AND DELIVERED THE ITEMS TO FAMILY MEMBERS, WHO WERE REFERRED BY MERCY NEIGHBORHOOD MINISTRY AND MISSION SERVICES SUPPORT OF COMMUNITY PROGRAMS- IN ADDITION TO ORGANIZATION-WIDE SUPPORT FOR THE AMERICAN HEART ASSOCIATION, THE SUSAN G KOMEN FOUNDATION RACE FOR THE CURE, THE ST LOUIS ZOO'S "BOO AT THE ZOO, AND THE UNITED WAY OF GREATER ST LOUIS, INDIVIDUAL PHYSICIANS AND CO-WORKERS VOLUNTEERED THEIR TIME AS WORKERS AND/OR HEALTH CARE PROVIDERS, AND/OR PARTICIPATED IN FUNDRAISING ACTIVITIESMEDICAL EDUCATION PROGRAMS- CLINIC PHYSICIANS AND CO-WORKERS MENTORED INTERNS AND NEW ENTRANTS TO THE HEALTH CARE FIELD, AND SERVED AS PRECEPTORS FOR MEDICAL, PHARMACY, AND NURSE PRACTITIONER STUDENTS- SEVERAL CLINIC PHYSICIANS TAUGHT RESIDENTS AND STAFF THROUGH WEEKLY GRAND ROUNDS AND LECTURES FOR MEDICAL DEPARTMENTS AT MERCY HOSPITAL ST LOUIS

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

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

**4d** Other program services (Describe in Schedule O )
(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses ▶** 419,859,201

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | Yes | |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

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

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 0 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 1,761 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | 14b | | |

## Part VI Governance, Management, and Disclosure

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

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

### Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 28 | | |
| | 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 | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 0 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | No |
| 6 | Did the organization have members or stockholders? | 6 | | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | No |

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

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

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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 ▶KERRY DUNGER 645 MARYVILLE CENTRE DRIVE STE 100 ST LOUIS, MO 63141 (314) 364-3731

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** ▶ | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** ▶ | | | | | | | | 25,526,761 | 7,478,189 | 2,447,327 |

**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 ▶ 656

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| METRO HEART GROUP<br>12855 N 40 DR STE 300<br>ST LOUIS, MO 63141 | PHYSICIAN/APC SERVICES | 2,875,091 |
| MUSICK CONSTRUCTION CO<br>254 HANLEY INDUSTRIAL CT<br>ST LOUIS, MO 63144 | CONSTRUCTION SERVICES | 1,165,947 |
| CONTEMPORARY OB AND GYN<br>1400 US HWY 61 STE 340<br>FESTUS, MO 63028 | PHYSICIAN/APC SERVICES | 940,364 |
| LAWLOR CORP<br>1440 STRASSNER DRIVE<br>ST LOUIS, MO 63144 | CONSTRUCTION | 700,281 |
| MEDICAL EMPLOYMENT DIRECTORY<br>11701 BORMAN DR STE 280<br>ST LOUIS, MO 63146 | TEMPORARY AGENCY | 651,122 |

**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 ▶ 23

**Part VIII Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . 1a | | | | |
| | b | Membership dues . . . . 1b | | | | |
| | c | Fundraising events . . . . 1c | | | | |
| | d | Related organizations . . . 1d | | | | |
| | e | Government grants (contributions) 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | | | |
| | | Business Code | | | | |
| Program Service Revenue | 2a | NET PATIENT REVENUE 621110 | 264,044,675 | 264,044,675 | | |
| | b | OTHER OPERATING REVENUE 621110 | 63,373,370 | 63,373,370 | | |
| | c | RESEARCH REVENUE 621500 | 2,513,778 | 2,513,778 | | |
| | d | COMMERCIAL RESEARCH 621500 | 317,836 | | 317,836 | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | 330,249,659 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | 62,859 | | | 62,859 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | |
| | 5 | Royalties . . . . . ▶ | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | b | Less cost or other basis and sales expenses | | | | |
| | c | Gain or (loss) | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | | | |
| | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from gaming activities . . . ▶ | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | |
| | b | Less cost of goods sold . . b | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | | | |
| | | Miscellaneous Revenue / Business Code | | | | |
| | 11a | CAFE & VENDING 722210 | 561,296 | | 101,033 | 460,263 |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue . . . . | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | 561,296 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | 330,873,814 | 329,931,823 | 418,869 | 523,122 |

## 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) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 150,000 | 150,000 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 18,685,492 | 18,685,492 | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 1,623,745 | 1,623,745 | | |
| 7 Other salaries and wages | 240,173,586 | 233,220,419 | 6,953,167 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 8,509,786 | 8,260,504 | 249,282 | |
| 9 Other employee benefits | 21,993,176 | 21,389,226 | 603,950 | |
| 10 Payroll taxes | 11,840,366 | 11,522,719 | 317,647 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 14,093,343 | 13,644,814 | 448,529 | |
| 12 Advertising and promotion | 192,535 | 186,407 | 6,128 | |
| 13 Office expenses | 4,180,230 | 4,047,192 | 133,038 | |
| 14 Information technology | 109,082 | 105,610 | 3,472 | |
| 15 Royalties | | | | |
| 16 Occupancy | 21,502,838 | 20,818,497 | 684,341 | |
| 17 Travel | 675,010 | 653,527 | 21,483 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 13,152 | 12,733 | 419 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,971,585 | 4,726,342 | 245,243 | |
| 23 Insurance | 7,180,905 | 6,952,368 | 228,537 | |
| 24 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 ) | | | | |
| a DRUGS & MEDICAL EXPENSE | 22,996,466 | 22,264,590 | 731,876 | |
| b SHARED SERVICE FEES | 11,756,634 | 6,113,450 | 5,643,184 | |
| c BAD DEBTS | 8,186,281 | 8,186,281 | 0 | |
| d REPAIRS & MAINTENANCE | 350,436 | 339,283 | 11,153 | |
| e All other expenses | 38,171,795 | 36,956,002 | 1,215,793 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 437,356,443 | 419,859,201 | 17,497,242 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 26,318 | 1 | 19,472 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 27,203,058 | 4 | 28,106,742 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 3,449,601 | 7 | 2,817,657 |
| | 8 | Inventories for sale or use | | 8,862 | 8 | 8,862 |
| | 9 | Prepaid expenses and deferred charges | | 774,662 | 9 | 446,315 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 46,744,201 | | | |
| | b | Less accumulated depreciation | 10b 26,455,447 | 19,030,029 | 10c | 20,288,754 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 6,880,951 | 12 | 6,785,641 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 43,226,205 | 14 | 43,278,905 |
| | 15 | Other assets See Part IV, line 11 | | 1,103,597 | 15 | 781,003 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 101,703,283 | 16 | 102,533,351 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 35,379,370 | 17 | 38,802,906 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | 31,774 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 97,457,062 | 25 | 7,685,565 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 132,836,432 | 26 | 46,520,245 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | -31,133,149 | 27 | 56,013,106 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | -31,133,149 | 33 | 56,013,106 |
| | 34 | Total liabilities and net assets/fund balances | | 101,703,283 | 34 | 102,533,351 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 330,873,814 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 437,356,443 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -106,482,629 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -31,133,149 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 193,628,884 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 56,013,106 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | 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>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | 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? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| 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 | 3b | | |

## Additional Data

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CASSAT JAMES<br>PHYSICIAN & BOARD MEMBER | 53 00<br>0 00 | X | | | | | | 355,471 | 0 | 30,854 |
| CHALK MD DAVID<br>PHYSICIAN & BOARD MEMBER | 50 00<br>7 00 | X | | | | | | 782,141 | 0 | 113,409 |
| CRAIG MD TODD<br>PHYSICIAN & BOARD MEMBER | 18 00<br>36 00 | X | | | | | | 273,100 | 0 | 35,771 |
| CZARNIK MD BRUCE<br>PHYSICIAN & BOARD MEMBER | 60 00<br>0 00 | X | | | | | | 796,619 | 0 | 32,940 |
| DUMONTIER MD GARY<br>PHYSICIAN & BOARD MEMBER | 45 00<br>2 00 | X | | | | | | 955,945 | 0 | 36,126 |
| DURAND MD DOUGLAS<br>PHYSICIAN & BOARD MEMBER | 60 00<br>0 00 | X | | | | | | 249,554 | 0 | 26,090 |
| GOODWIN KEVIN<br>VP-CLINICAL OPERATIONS & BOARD MEMBER | 40 00<br>20 00 | X | | | | | | 305,298 | 59,368 | 61,433 |
| GRIMES MD JAMES<br>PHYSICIAN & BOARD MEMBER | 50 00<br>0 00 | X | | | | | | 355,989 | 0 | 30,211 |
| HACK MD RICHARD<br>PHYSICIAN & BOARD MEMBER | 27 00<br>26 00 | X | | | | | | 212,696 | 0 | 38,670 |
| HILTON MD STEVEN<br>PHYSICIAN & BOARD MEMBER | 41 00<br>1 00 | X | | | | | | 404,224 | 0 | 43,119 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| HRUSKA MD LINDY<br>PHYSICIAN & BOARD MEMBER | 52 00<br>12 00 | X | | | | | | 531,356 | 0 | 19,510 |
| LOGAN MD WILLIAM<br>PHYSICIAN & BOARD MEMBER | 25 00<br>25 00 | X | | | | | | 501,829 | 0 | 61,309 |
| LONG MD TIM<br>PHYSICIAN & BOARD MEMBER | 60 00<br>0 00 | X | | | | | | 305,139 | 0 | 29,211 |
| MERBAUM MD MARC<br>PHYSICIAN & BOARD MEMBER | 60 00<br>0 00 | X | | | | | | 518,583 | 0 | 38,251 |
| MILLER MD BRIAN<br>PHYSICIAN & BOARD MEMBER | 60 00<br>0 00 | X | | | | | | 113,063 | 247,498 | 49,879 |
| MILLER MD DONNA<br>PHYSICIAN & BOARD MEMBER | 52 00<br>0 00 | X | | | | | | 240,453 | 0 | 44,254 |
| REHM MD CHARLES<br>CHIEF ADMINISTRATIVE OFFICER & BOARD MEMBER | 20 00<br>40 00 | X | | | | | | 0 | 717,088 | 48,718 |
| REINBERG MD JASON<br>PHYSICIAN & BOARD MEMBER | 53 00<br>0 00 | X | | | | | | 732,999 | 0 | 30,203 |
| RIECHERS MD THOMAS<br>PHYSICIAN & BOARD MEMBER | 50 00<br>20 00 | X | | | | | | 575,220 | 0 | 40,264 |
| RIEGEL MD BRET<br>PHYSICIAN & BOARD MEMBER | 50 00<br>1 00 | X | | | | | | 453,274 | 0 | 32,174 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RUNGE ANDREW<br>COO, CLINICS & BOARD MEMBER | 40 00<br>10 00 | X | | | | | | 0 | 472,524 | 79,146 |
| SANDERS MD STEPHEN<br>PHYSICIAN & BOARD MEMBER | 50 00<br>2 00 | X | | | | | | 486,325 | 0 | 45,487 |
| SEECK MD BRIAN<br>PHYSICIAN & BOARD MEMBER | 31 00<br>13 00 | X | | | | | | 1,057,184 | 0 | 25,455 |
| SORENSEN DONN<br>PRESIDENT-EAST COMMUNITIES & BOARD MEMBER | 5 00<br>59 00 | X | | | | | | 0 | 1,021,817 | 325,703 |
| WASSERMAN MD GARY<br>PHYSICIAN & BOARD MEMBER | 40 00<br>36 00 | X | | | | | | 644,179 | 0 | 22,127 |
| WEICK MD RAYMOND<br>PHYSICIAN & BOARD MEMBER | 46 00<br>6 00 | X | | | | | | 339,609 | 204,527 | 18,310 |
| HANNASCH SUSAN<br>REGIONAL VP-GENERAL COUNSEL | 15 00<br>45 00 | X | | X | | | | 0 | 373,926 | 58,299 |
| HUBERT MD JOHN W<br>PRESIDENT, MERCY CLINIC & BOARD MEMBER | 50 00<br>10 00 | X | | X | | | | 0 | 1,087,272 | 29,658 |
| MATEJKA CHERYL L<br>CHIEF FINANCIAL OFFICER | 10 00<br>47 00 | | | X | | | | 0 | 552,339 | 82,953 |
| BAIN KELLY<br>PHYSICIAN | 39 00<br>0 00 | | | | X | | | 510,567 | 0 | 34,711 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CORT DAVID<br>PHYSICIAN | 66 00<br>0 00 | | | | X | | | 740,213 | 0 | 32,962 |
| GUSS DAVID<br>MEDICAL DEPT CHAIRMAN | 52 00<br>0 00 | | | | X | | | 581,992 | 0 | 17,195 |
| HAND MD JASON<br>PHYSICIAN | 50 00<br>0 00 | | | | X | | | 619,165 | 0 | 32,705 |
| HUYNHM JASON<br>PHYSICIAN, QUALITY MEDICAL DIRECTOR | 60 00<br>0 00 | | | | X | | | 520,039 | 0 | 30,843 |
| MARCRANDER MARGARET<br>PHYSICIAN | 65 00<br>0 00 | | | | X | | | 752,991 | 0 | 32,152 |
| MEINERS DAVID<br>PHYSICIAN | 52 00<br>1 00 | | | | X | | | 852,102 | 0 | 31,896 |
| MOHART JOHN<br>MEDICAL DEPT CHAIRMAN | 65 00<br>0 00 | | | | X | | | 1,470,716 | 0 | 30,556 |
| RIORDAN MD TRACY<br>MEDICAL DEPT CHAIRMAN | 50 00<br>0 00 | | | | X | | | 401,915 | 101,241 | 39,900 |
| SCHEER JENNIFER<br>PHYSICIAN | 48 00<br>0 00 | | | | X | | | 494,657 | 0 | 40,320 |
| SCHLANSKY HOWARD<br>PHYSICIAN | 50 00<br>0 00 | | | | X | | | 0 | 351,379 | 38,539 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| FINNIE JOHN W<br>PHYSICIAN | 60 00<br>0 00 | | | | | X | | 1,219,107 | 0 | 30,843 |
| HU H SHAWN<br>PHYSICIAN | 59 00<br>1 00 | | | | | X | | 1,496,770 | 0 | 33,049 |
| PADRATZIK JAY<br>PHYSICIAN | 50 00<br>0 00 | | | | | X | | 1,094,253 | 0 | 43,335 |
| RODGERS HEIDE A<br>PHYSICIAN | 60 00<br>0 00 | | | | | X | | 1,112,073 | 0 | 28,775 |
| WOOD MICHAEL L<br>PHYSICIAN | 60 00<br>0 00 | | | | | X | | 1,060,256 | 0 | 31,802 |
| MCCURRY MICHAEL<br>FORMER OFFICER | 0 00<br>60 00 | | | | | | X | 0 | 1,703,896 | 189,822 |
| HALSTED MD ROBERT<br>FORMER KEY EMPLOYEE | 54 00<br>2 00 | | | | | | X | 800,932 | 0 | 36,124 |
| KAHN MD JOSEPH<br>FORMER KEY EMPLOYEE | 5 00<br>55 00 | | | | | | X | 0 | 585,314 | 97,390 |
| PIEPER STEPHEN<br>FORMER KEY EMPLOYEE | 60 00<br>0 00 | | | | | | X | 256,868 | 0 | 25,669 |
| ZALEWSKI JOHN<br>FORMER KEY EMPLOYEE | 64 00<br>0 00 | | | | | | X | 351,895 | 0 | 39,205 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**
MERCY CLINIC EAST COMMUNITIES

**Employer identification number**
43-1771217

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.** Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2015**

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants ) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

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 (or fiscal year beginning in) ▶ | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | 47,094 | | | 0 | 47,094 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 134,263,372 | 228,378,376 | 247,799,801 | 311,029,173 | 330,249,659 | 1,251,720,381 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 134,263,372 | 228,425,470 | 247,799,801 | 311,029,173 | 330,249,659 | 1,251,767,475 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | | | | | | 0 |
| 8 **Public support.** (Subtract line 7c from line 6 ) | | | | | | 1,251,767,475 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 134,263,372 | 228,425,470 | 247,799,801 | 311,029,173 | 330,249,659 | 1,251,767,475 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 64,352 | 626,973 | 901,799 | 240,957 | 62,859 | 1,896,940 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 64,352 | 626,973 | 901,799 | 240,957 | 62,859 | 1,896,940 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 143,214 | 99,294 | 106,750 | 374,477 | 418,869 | 1,142,604 |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | 134,470,938 | 229,151,737 | 248,808,350 | 311,644,607 | 330,731,387 | 1,254,807,019 |

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

| | | |
|---|---|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | 99 760 % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | 99 670 % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 150 % |
| 18 Investment income percentage from **2014** Schedule A, Part III, line 17 | 18 | 0 260 % |

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 |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)* | 10b | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | 11c | | |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 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* | 1 | | |
| 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* | 2 | | |

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? | 1 | | |
| 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)* | 2 | | |
| 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* | 3 | | |

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

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

| | | | Yes | No |
|---|---|---|---|---|
| 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* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement* | 2b | | |
| 3 | Parent of Supported Organizations. **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard* | 3b | | |

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

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

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

| Facts And Circumstances Test |
| --- |
| |

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

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

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

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

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

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

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

| Name of the organization | Employer identification number |
|---|---|
| MERCY CLINIC EAST COMMUNITIES | 43-1771217 |

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

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

| | **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|---|
| | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c If zero or less, enter -0- | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** Grassroots nontaxable amount | | | | | |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| **f** Grassroots lobbying expenditures | | | | | |

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

| | For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 1,372 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total Add lines 1c through 1i | | | 1,372 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

## Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| PART II-B, LINE 1 | THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE FOLLOWING ASSOCIATION CATHOLIC HEALTH ASSOCIATION FOR THE YEAR ENDED JUNE 30, 2016, DUES WERE $44,100 APPROXIMATELY 3 11% OF CATHOLIC HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THIS ASSOCIATION |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**
MERCY CLINIC EAST COMMUNITIES

**Employer identification number**
43-1771217

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

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

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

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

## Part II Conservation Easements. Complete if the organization answered "Yes" 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 |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

| | | | Amount |
|---|---|---|---|
| b | If "Yes," explain the arrangement in Part XIII and complete the following table | | |
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | | | | | |
| b | Contributions | | | | | |
| c | Net investment earnings, gains, and losses | | | | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | | | | | |
| g | 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 |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | 621,787 | 106,604 | 515,183 |
| c Leasehold improvements | | 20,434,468 | 11,395,040 | 9,039,428 |
| d Equipment | | 25,039,027 | 14,953,803 | 10,085,224 |
| e Other | | 648,919 | | 648,919 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 20,288,754 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) MH INV FUND | 6,785,641 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 6,785,641 | |

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

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15 )* . . . . . ▶ | |

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| INTERCOMPANY PAYABLE | 7,681,939 |
| OTHER LIABILITIES | 3,626 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 7,685,565 |

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

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

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| PART X, LINE 2 | FEDERAL INCOME TAX PRIMARILY ALL OF THE MERCY HEALTH ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY MERCY COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2016 OR 2015 |

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

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

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
MERCY CLINIC EAST COMMUNITIES

**Employer identification number**
43-1771217

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

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

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
MERCY CLINIC EAST COMMUNITIES

**Employer identification number**
43-1771217

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | 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 | | | |
| | ☑ First-class or charter travel | ☑ Housing allowance or residence for personal use | | |
| | ☑ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | 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 | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| **6** | 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 | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III | | | |
| **7** | 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 | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured 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 | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**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 |
|---|---|
| PART I, LINE 1A | CHARTER TRAVEL IS PROVIDED TO CERTAIN EMPLOYEES AS AND WHEN APPROPRIATE, AND AS DEEMED NECESSARY FOR BUSINESS TRAVEL AFTER CHARTER TRAVEL APPROVAL HAS BEEN GRANTED IN ACCORDANCE WITH THE FINANCIAL JUSTIFICATION PROCESS, THE APPROVED CHARTER TRAVEL FOR BUSINESS IS A REIMBURSABLE EXPENSE WHICH IS NOT TAXABLE TO THE EMPLOYEES TRAVEL FOR COMPANIONS FOR NONBUSINESS REASONS IS PROVIDED IN CERTAIN INSTANCES AND IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL SPOUSAL TRAVEL WAS PROVIDED FOR THE FOLLOWING EMPLOYEES OF A RELATED ORGANIZATION MICHAEL MCCURRY, CHARLES REHM LIMITED INSTANCES OF TAX GROSS-UPS MAY HAVE OCCURRED WITH RESPECT TO EXECUTIVES HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY SUCH BENEFITS ARE SUBJECT TO TAX FOR AN EMPLOYEE, KEVIN GOODWIN PAYMENT BY THE COMPANY OF COSTS FOR TEMPORARY HOUSING BY EMPLOYEES FOR THE CONVENIENCE OF THE COMPANY IS MADE IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES AS A REIMBURSABLE EXPENSE, THIS TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE |
| PART I, LINE 4B | PART I, LINE 4B MERCY HEALTH, THE ULTIMATE PARENT COMPANY, OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON VESTING DATE BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN THE PLANS ARE CLOSED TO NEW ENTRANTS THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE FOLLOWING PLANS THERE WERE NO PAYMENTS FOR THE FISCAL YEAR ENDED 6/30/2016 SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) SORENSEN,DONN (DC), MCCURRY,MICHAEL (DB) SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN (SMRP) MATEJKA,CHERYL L, HUBERT,JOHN, CHALK MD,DAVID, KAHN MD,JOSEPH, REHM MD,CHARLES H, RUNGE,ANDREW D, SORENSEN,DONN, GOODWIN,KEVIN, HANNASCH,SUSAN THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C) |
| PART I, LINE 3 | MERCY HEALTH (PARENT COMPANY) IS RESPONSIBLE FOR ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR THE FOLLOWING METHODS WERE USED BY MERCY HEALTH TO ESTABLISH COMPENSATION -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE MERCY CLINIC EAST COMMUNITIES USES A WRITTEN EMPLOYMENT CONTRACT |

## Additional Data

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| **1**CASSAT JAMES<br>PHYSICIAN & BOARD MEMBER | (I) | 317,866 | 0 | 37,605 | 16,900 | 13,954 | 386,325 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1**CHALK MD DAVID<br>PHYSICIAN & BOARD MEMBER | (I) | 557,328 | 176,298 | 48,515 | 94,906 | 18,503 | 895,550 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2**CRAIG MD TODD<br>PHYSICIAN & BOARD MEMBER | (I) | 232,045 | 12,974 | 28,081 | 18,122 | 17,649 | 308,871 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3**CZARNIK MD BRUCE<br>PHYSICIAN & BOARD MEMBER | (I) | 633,795 | 114,384 | 48,440 | 13,520 | 19,420 | 829,559 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4**DUMONTIER MD GARY<br>PHYSICIAN & BOARD MEMBER | (I) | 886,852 | 32,724 | 36,369 | 16,900 | 19,226 | 992,071 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5**DURAND MD DOUGLAS<br>PHYSICIAN & BOARD MEMBER | (I) | 210,152 | 10,000 | 29,402 | 8,699 | 17,391 | 275,644 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6**GOODWIN KEVIN<br>VP-CLINICAL OPERATIONS & BOARD MEMBE | (I) | 171,701 | 73,406 | 60,191 | 43,206 | 15,115 | 363,619 | 0 |
| | (II) | 48,203 | 0 | 11,165 | 0 | 3,112 | 62,480 | 0 |
| **7**GRIMES MD JAMES<br>PHYSICIAN & BOARD MEMBER | (I) | 316,351 | 11,943 | 27,695 | 11,756 | 18,455 | 386,200 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8**HACK MD RICHARD<br>PHYSICIAN & BOARD MEMBER | (I) | 144,542 | 32,227 | 35,927 | 21,066 | 17,604 | 251,366 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9**HILTON MD STEVEN<br>PHYSICIAN & BOARD MEMBER | (I) | 238,575 | 135,398 | 30,251 | 24,355 | 18,764 | 447,343 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **10**HRUSKA MD LINDY<br>PHYSICIAN & BOARD MEMBER | (I) | 409,084 | 82,416 | 39,856 | 11,482 | 8,028 | 550,866 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **11**LOGAN MD WILLIAM<br>PHYSICIAN & BOARD MEMBER | (I) | 444,922 | 16,243 | 40,664 | 42,518 | 18,791 | 563,138 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **12**LONG MD TIM<br>PHYSICIAN & BOARD MEMBER | (I) | 266,579 | 9,741 | 28,819 | 15,799 | 13,412 | 334,350 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **13**MERBAUM MD MARC<br>PHYSICIAN & BOARD MEMBER | (I) | 372,523 | 115,185 | 30,875 | 19,037 | 19,214 | 556,834 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **14**MILLER MD BRIAN<br>PHYSICIAN & BOARD MEMBER | (I) | 74,310 | 29,327 | 9,426 | 17,003 | 6,129 | 136,195 | 0 |
| | (II) | 195,485 | 24,946 | 27,067 | 17,003 | 9,744 | 274,245 | 0 |
| **15**MILLER MD DONNA<br>PHYSICIAN & BOARD MEMBER | (I) | 187,210 | 15,929 | 37,314 | 27,749 | 16,505 | 284,707 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **16**REHM MD CHARLES<br>CHIEF ADMINISTRATIVE OFFICER & BOARD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 485,066 | 178,689 | 53,333 | 34,034 | 14,684 | 765,806 | 0 |
| **17**REINBERG MD JASON<br>PHYSICIAN & BOARD MEMBER | (I) | 687,260 | 0 | 45,739 | 11,700 | 18,503 | 763,202 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **18**RIECHERS MD THOMAS<br>PHYSICIAN & BOARD MEMBER | (I) | 494,462 | 27,249 | 53,509 | 21,126 | 19,138 | 615,484 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **19**RIEGEL MD BRET<br>PHYSICIAN & BOARD MEMBER | (I) | 363,282 | 41,563 | 48,429 | 13,281 | 18,893 | 485,448 | 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 | | | | |
| **21** RUNGE ANDREW<br>COO, CLINICS & BOARD MEMBER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 306,386 | 127,528 | 38,610 | 60,485 | -18,661 | -551,670 | 0 |
| **1** SANDERS MD STEPHEN<br>PHYSICIAN & BOARD MEMBER | (I) | 425,748 | 19,619 | 40,958 | 26,126 | 19,361 | 531,812 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **2** SEECK MD BRIAN<br>PHYSICIAN & BOARD MEMBER | (I) | 953,559 | 75,000 | 28,625 | 11,700 | 13,755 | 1,082,639 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **3** SORENSEN DONN<br>PRESIDENT-EAST COMMUNITIES & BOARD M | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 647,761 | 345,241 | 28,815 | 312,651 | -13,052 | -1,347,520 | 0 |
| **4** WASSERMAN MD GARY<br>PHYSICIAN & BOARD MEMBER | (I) | 582,292 | 0 | 61,887 | 12,848 | 9,279 | 666,306 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **5** WEICK MD RAYMOND<br>PHYSICIAN & BOARD MEMBER | (I) | 304,821 | 8,896 | 25,892 | 17,017 | 925 | 357,551 | 0 |
| | (II) | 122,179 | 81,122 | 1,226 | 0 | -368 | -204,895 | 0 |
| **6** HANNASCH SUSAN<br>REGIONAL VP-GENERAL COUNSEL | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 234,457 | 102,417 | 37,052 | 44,292 | -14,007 | -432,225 | 0 |
| **7** HUBERT MD JOHN W<br>PRESIDENT, MERCY CLINIC & BOARD MEMB | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 675,313 | 366,571 | 45,388 | 14,259 | -15,399 | -1,116,930 | 0 |
| **8** MATEJKA CHERYL L<br>CHIEF FINANCIAL OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 348,636 | 151,352 | 52,351 | 64,123 | -18,830 | -635,292 | 0 |
| **9** BAIN KELLYPHYSICIAN | (I) | 433,801 | 46,285 | 30,481 | 16,900 | 17,811 | 545,278 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **10** CORT DAVIDPHYSICIAN | (I) | 663,433 | 13,695 | 63,085 | 16,900 | 16,062 | 773,175 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **11** GUSS DAVID<br>MEDICAL DEPT CHAIRMAN | (I) | 566,372 | 4,633 | 10,987 | 14,300 | 2,895 | 599,187 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **12** HAND MD JASON<br>PHYSICIAN | (I) | 516,532 | 72,109 | 30,524 | 13,036 | 19,669 | 651,870 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **13** HUYNHM JASON<br>PHYSICIAN, QUALITY MEDICAL DIRECTOR | (I) | 409,949 | 80,170 | 29,920 | 11,876 | 18,967 | 550,882 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **14** MARCRANDER MARGARET<br>PHYSICIAN | (I) | 703,890 | 0 | 49,101 | 12,775 | 19,377 | 785,143 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **15** MEINERS DAVIDPHYSICIAN | (I) | 742,843 | 44,775 | 64,484 | 16,900 | 14,996 | 883,998 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **16** MOHART JOHN<br>MEDICAL DEPT CHAIRMAN | (I) | 1,274,086 | 171,246 | 25,384 | 11,700 | 18,856 | 1,501,272 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **17** RIORDAN MD TRACY<br>MEDICAL DEPT CHAIRMAN | (I) | 305,379 | 66,566 | 29,970 | 20,991 | 15,830 | 438,736 | 0 |
| | (II) | 65,785 | 35,456 | 0 | 0 | -3,079 | -104,320 | 0 |
| **18** SCHEER JENNIFER<br>PHYSICIAN | (I) | 358,117 | 105,710 | 30,830 | 22,389 | 17,931 | 534,977 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | -0 | 0 |
| **19** SCHLANSKY HOWARD<br>PHYSICIAN | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 291,348 | 40 | 59,991 | 24,192 | -14,347 | -389,918 | 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**FINNIE JOHN WPHYSICIAN | (I) | 1,206,729 | 0 | 12,378 | 11,903 | 18,940 | 1,249,950 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1**HU H SHAWNPHYSICIAN | (I) | 1,468,873 | 0 | 27,897 | 13,306 | 19,743 | 1,529,819 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2**PADRATZIK JAYPHYSICIAN | (I) | 914,929 | 128,738 | 50,586 | 22,903 | 20,432 | 1,137,588 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3**RODGERS HEIDE A PHYSICIAN | (I) | 711,731 | 369,666 | 30,676 | 9,100 | 19,675 | 1,140,848 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4**WOOD MICHAEL L PHYSICIAN | (I) | 938,707 | 75,000 | 46,549 | 11,700 | 20,102 | 1,092,058 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5**MCCURRY MICHAEL FORMER OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 847,545 | 788,026 | 68,325 | 174,494 | 15,328 | 1,893,718 | 0 |
| **6**HALSTED MD ROBERT FORMER KEY EMPLOYEE | (I) | 718,705 | 25,614 | 56,613 | 16,900 | 19,224 | 837,056 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7**KAHN MD JOSEPH FORMER KEY EMPLOYEE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 423,276 | 130,706 | 31,332 | 82,654 | 14,736 | 682,704 | 0 |
| **8**PIEPER STEPHEN FORMER KEY EMPLOYEE | (I) | 202,548 | 0 | 54,320 | 17,965 | 7,704 | 282,537 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9**ZALEWSKI JOHN FORMER KEY EMPLOYEE | (I) | 225,641 | 68,401 | 57,853 | 24,605 | 14,600 | 391,100 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
MERCY CLINIC EAST COMMUNITIES

**Employer identification number**
43-1771217

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

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

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | No |
|---|---|---|---|---|
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2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

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

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

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

## Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
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## 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) JAN DUMONTIER | FAMILY MEMBER OF GARY DUMONTIER, BOARD MEMBER | 36,988 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (2) GAIL WEICK | FAMILY MEMBER OF RAY WEICK, BOARD MEMBER | 68,791 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (3) VERNON YOUNG | FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE | 257,008 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (4) PATRICK LONG | FAMILY MEMBER OF TIM LONG, BOARD MEMBER | 99,989 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (5) ANN MOHART | FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE AND ROBERT HALSTED, KEY EMPLOYEE | 156,943 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (6) GINA MOHART | FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE AND ROBERT HALSTED, KEY EMPLOYEE | 207,691 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (7) SARAH SEECK | FAMILY MEMBER OF BRIAN SEECK, BOARD MEMBER | 229,399 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (8) JOHN SOPUCH | FAMILY MEMBER OF MARGARET MARCRANDER, KEY EMPLOYEE | 411,104 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| (9) MARISSA STOCK | FAMILY MEMBER OF DAVID GUSS, KEY EMPLOYEE | 155,833 | EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES | | No |
| | | | | | |

## Part V Supplemental Information

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

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

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**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.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
MERCY CLINIC EAST COMMUNITIES

**Employer identification number**
43-1771217

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

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

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

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

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 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, SECTION B, LINE 15B | FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), MERCY HEALTH (ULTIMATE PARENT COMPANY) USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE COMPENSATION COMMITTEE OF THE MERCY HEALTH BOARD FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE FOLLOWING ARE USED TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT OF MERCY HEALTH EAST COMMUNITIES COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR |

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

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

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | NET TRANSFERS TO/FROM AFFILIATES 193,628,887 ROUNDING -3 |

| Return Reference | Explanation |
| --- | --- |
| PART XII, LINE 2 | AUDITED FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2016 (THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPARATE AUDIT OPINION IS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE STEWARDSHIP COMMITTEE (FORMERLY FINANCE, AUDIT, AND COMPLIANCE COMMITTEE) OF THE MERCY HEALTH BOARD OF DIRECTORS AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE |

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

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART V, QUESTION 2A | W-3 FILING SALARIES AND WAGES WITH LIMITED EXCEPTIONS, THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX, LINE 7 REPRESENT AN ALLOCATION OF SALARIES AND WAGES FROM A RELATED ORGANIZATION MOST EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT AS SUCH, ALL REQUIRED PAYROLL FILING FOR THESE EMPLOYEES (INCLUDING W-2 AND W-3'S) IS REPORTED UNDER THE RELATED ORGANIZATION, MHM SUPPORT SERVICES,EIN 20-2553101 |

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

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

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
MERCY CLINIC EAST COMMUNITIES

**Employer identification number**
43-1771217

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| See Additional Data Table | | | | | |
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**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** SOUTHERN OKLAHOMA DIAG CTR LLC<br>1011 FOURTEENTH AVENUE NW<br>ARDMORE, OK 73401<br>43-1971232 | MRI SERVICES - DISSOLVED 12/2015 | OK | MERCY HOSPITAL ARDMORE INC | N/A | | | | No | | | No | |
| **(2)** RESOURCE OPTIMIZ & INNOVLLC<br>645 MARYVILLE CTR DRSTE 200<br>ST LOUIS, MO 63141<br>46-0468368 | CENTRAL DISTRIBUTION CENTER | MO | MHN INC - MHNSR INC | N/A | | | | No | | | No | |
| **(3)** MERCY AMBULATORY SURGERY CENTER LLC<br>7301 ROGERS AVENUE<br>FORT SMITH, AR 72917<br>71-0827721 | AMBULATORY SURGERY CENTER | AR | MERCY HOSPITAL FORT SMITH | N/A | | | | No | | | No | |
| **(4)** FORT SMITH EMERGENCY MEDICAL SERVICES<br>1701 SOUTH GREENWOOD<br>FORT SMITH, AR 72901<br>71-0416615 | EMERGENCY MEDICAL SERVICES | AR | MERCY HOSPITAL FORT SMITH | N/A | | | | No | | | No | |
| **(5)** ST EDWARD MERCY MED CTR M-P OFFICE BLDG<br>7301 ROGERS AVENUE<br>FORT SMITH, AR 72903<br>71-0554050 | OFFICE BUILDING | AR | MERCY HOSPITAL FORT SMITH | N/A | | | | No | | | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | |
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**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

| | | Yes | No |
|---|---|---|---|
| **1** | During the tax year, did the orgranization 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 | **1a** | | **No** |
| **b** | Gift, grant, or capital contribution to related organization(s) | **1b** | | **No** |
| **c** | Gift, grant, or capital contribution from related organization(s) | **1c** | | **No** |
| **d** | Loans or loan guarantees to or for related organization(s) | **1d** | | **No** |
| **e** | Loans or loan guarantees by related organization(s) | **1e** | | **No** |
| **f** | Dividends from related organization(s) | **1f** | | **No** |
| **g** | Sale of assets to related organization(s) | **1g** | | **No** |
| **h** | Purchase of assets from related organization(s) | **1h** | | **No** |
| **i** | Exchange of assets with related organization(s) | **1i** | | **No** |
| **j** | Lease of facilities, equipment, or other assets to related organization(s) | **1j** | | **No** |
| **k** | Lease of facilities, equipment, or other assets from related organization(s) | **1k** | | **No** |
| **l** | Performance of services or membership or fundraising solicitations for related organization(s) | **1l** | | **No** |
| **m** | Performance of services or membership or fundraising solicitations by related organization(s) | **1m** | | **No** |
| **n** | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | **1n** | **Yes** | |
| **o** | Sharing of paid employees with related organization(s) | **1o** | **Yes** | |
| **p** | Reimbursement paid to related organization(s) for expenses | **1p** | **Yes** | |
| **q** | Reimbursement paid by related organization(s) for expenses | **1q** | **Yes** | |
| **r** | Other transfer of cash or property to related organization(s) | **1r** | | **No** |
| **s** | Other transfer of cash or property from related organization(s) | **1s** | | **No** |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| See Additional Data Table | | | |
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**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

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

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

## Additional Data

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|---|---|---|---|---|---|
| (1) JEFFERSON PHYSICIAN NETWORK LLC<br>14528 SOUTH OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>26-3753905 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (1) MERCY AFFILIATED PHYSICIANS LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>81-0559009 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (2) MERCY CARDIOLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>26-1135019 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (3) MERCY CLINIC BURN AND PLASTIC SURGERY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>20-1626706 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (4) MERCY CLINIC CARDIOVASCULAR AND THORACIC SURGERYLLC<br>645 MARYVILLE CENTRE DRIVESUITE 100<br>ST LOUIS, MO 63141<br>56-2595510 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (5) MERCY CLINIC CHILD AND ADOLESCENT PSYCHIATRYLLC<br>645 MARYVILLE CENTRE DRIVESUITE 100<br>ST LOUIS, MO 63141<br>43-1893326 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (6) MERCY CLINIC CHILD NEUROLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>27-4187705 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (7) MERCY CLINIC CHILDREN'S CANCER AND HEMATOLOGYLLC<br>645 MARYVILLE CENTRE DRIVESUITE 100<br>ST LOUIS, MO 63141<br>43-1905879 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (8) MERCY CLINIC CHILDREN'S HEART CENTER LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>20-1626888 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (9) MERCY CLINIC CHILDREN'S INFECTIOUS DISEASES LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>27-2252716 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (10) MERCY CLINIC CHILDREN'S PALLIATIVE CARE LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>45-4436211 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (11) MERCY CLINIC CHILDRENS RESPIR & SLEEP MEDLLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>20-1626863 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (12) MERCY CLINIC CHILDREN'S SURGERY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>20-1626627 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (13) MERCY CLINIC CHILDREN'S UROLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>45-1581113 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (14) MERCY CLINIC DERMATOLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>45-5357743 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (15) MERCY CLINIC ENDOCRINOLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>27-2127648 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (16) MERCY CLINIC ENT LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>45-5444208 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (17) MERCY CLINIC GASTROENTEROLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>26-4777940 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (18) MERCY CLINIC GERIATRICS LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>20-1626475 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (19) MERCY CLINIC GYN ONCOLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>30-0413949 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|---|---|---|---|---|---|
| (21) MERCY CLINIC HEART AND VASCULAR LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>41-2175615 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (1) MERCY CLINIC HYPERBARIC AND WOUND CARE LLC<br>14528 SOUTH OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>46-5332055 | CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (2) MERCY CLINIC INFECTIOUS DISEASE LLC<br>14528 SOUTH OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>46-1459234 | CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (3) MERCY CLINIC KIDS GI LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>26-4186905 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (4) MERCY CLINIC KIDS PLASTIC SURGERYLLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>33-1123018 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (5) MERCY CLINIC NEPHROLOGY LLC<br>14528 SOUTH OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>46-5532932 | CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (6) MERCY CLINIC NEUROLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>86-1176023 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (7) MERCY CLINIC ONCOLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>27-2127523 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (8) MERCY CLINIC OPHTHALMOLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>45-5450768 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (9) MERCY CLINIC PAIN MANAGEMENT LLC<br>14528 SOUTH OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>46-3705963 | CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (10) MERCY CLINIC PALLIATIVE CARE LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>26-2572054 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (11) MERCY CLINIC PODIATRY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>45-5484507 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (12) MERCY CLINIC POST ACUTE SERVICES LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>45-4440279 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (13) MERCY CLINIC PULMONOLOGY-ST LOUIS LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>26-4186970 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (14) MERCY CLINIC PULMONOLOGY-WASHINGTON LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>27-2882104 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (15)<br>MERCY CLINIC ST LOUIS CANCER AND BREAST INSTITUTELLC<br>645 MARYVILLE CENTRE DRIVESUITE 100<br>ST LOUIS, MO 63141<br>26-3290360 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (16) MERCY CLINIC SURGICAL SPECIALISTS LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>27-2481555 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (17) MERCY CLINIC TRAUMA AND GENERAL SURGERY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>20-1626820 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (18) MERCY CLINIC UROLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>33-1123019 | PHYSICIAN PRACTICE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (19) MERCY PODIATRY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>51-0546434 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|---|---|---|---|---|---|
| (41) MIDWEST HEART GROUP OF ROLLA LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>68-0659908 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (1) MISSOURI INTERNISTS LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>20-1627002 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (2) ST JOHN'S CARDIOLOGY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>73-1735426 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |
| (3) ST LOUIS PLASTIC AND HAND SURGERY LLC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>33-1123017 | INACTIVE | MO | | | MERCY CLINIC EAST COMMUNITIES |

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| MERCY HEALTH FOUNDATION JOPLIN<br>100 MERCY WAY<br>JOPLIN, MO 64804<br>27-0906136 | FOUNDATION | MO | 501C3 | 11-I | MERCY HEALTH SW MOKS COMM | Yes | |
| MERCY HEALTH FOUNDATION LINCOLN<br>1000 EAST CHERRY STREET<br>TROY, MO 63379<br>81-1477159 | FOUNDATION | MO | 501C3 | 11-II | MERCY HEALTH EAST COMMUNITIES | Yes | |
| MERCY HEALTH FOUNDATION NW ARK<br>2710 RIFE MEDICAL LN<br>ROGERS, AR 72858<br>71-0601687 | FOUNDATION | AR | 501C3 | 11-III | MERCY HOSPITAL ROGERS | Yes | |
| MERCY HEALTH FOUNDATION OF OK<br>4300 W MEMORIAL ROAD<br>OKLAHOMA CITY, OK 73120<br>45-4732301 | FOUNDATION | OK | 501C3 | 11-I | MERCY HEALTH OK COMMUNITIES | Yes | |
| MERCY HEALTH FOUNDATION OK CITY<br>4300 W MEMORIAL ROAD<br>OKLAHOMA CITY, OK 73120<br>46-3184231 | FOUNDATION | OK | 501C3 | 11-I | MERCY HEALTH OK COMMUNITIES | Yes | |
| MERCY HEALTH FOUNDATION SPRINGFIELD<br>1235 E CHEROKEE STREET<br>SPRINGFIELD, MO 65804<br>32-0195818 | FOUNDATION | MO | 501C3 | 11-II | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MERCY HEALTH FOUNDATION STL<br>615 SOUTH NEW BALLAS ROAD<br>ST LOUIS, MO 63141<br>56-2410020 | FOUNDATION | MO | 501C3 | 11-II | MERCY HEALTH EAST COMMUNITIES | Yes | |
| MERCY HEALTH FOUNDATION WASHINGTON<br>901 E FIFTH STREET<br>WASHINGTON, MO 63090<br>56-2410022 | FOUNDATION | MO | 501C3 | 11-II | MERCY HEALTH EAST COMMUNITIES | Yes | |
| MERCY HEALTH NW ARK COMMUNITIES<br>2710 RIFE MEDICAL LN<br>ROGERS, AR 72758<br>62-1684203 | PHYSICIAN GROUP | AR | 501C3 | 11-II | MERCY HEALTH | Yes | |
| MERCY HEALTH OK COMMUNITIES<br>4300 W MEMORIAL ROAD<br>OKLAHOMA CITY, OK 73120<br>73-1453048 | HEALTH SYSTEM | OK | 501C3 | 11-II | MERCY HEALTH | Yes | |
| MERCY HEALTH PLANS OF MISSOURIINC<br>3265 S NATIONAL AVENUE<br>SPRINGFIELD, MO 65807<br>32-0481419 | HMO | MO | 501C4 | | MERCY HEALTH | Yes | |
| MERCY HEALTH PLANSINC<br>3265 S NATIONAL AVENUE<br>SPRINGFIELD, MO 65807<br>32-0486150 | PPO | MO | 501C4 | | MERCY HEALTH PLANS OF MISSOURIINC | Yes | |
| MERCY HEALTH SW MOKS COMM<br>100 MERCY WAY<br>JOPLIN, MO 64804<br>30-0584463 | HEALTH SYSTEM | MO | 501C3 | 11-II | MERCY HEALTH | Yes | |
| MERCY HEALTH SPRINGFIELD COMM<br>1235 E CHEROKEE STREET<br>SPRINGFIELD, MO 65804<br>43-1856028 | HEALTH SYSTEM | MO | 501C3 | 11-II | MERCY HEALTH | Yes | |
| MERCY HOME HEALTH BERRYVILLE<br>804 W FREEMAN SUITE 4<br>BERRYVILLE, AR 72616<br>87-0781247 | HOME HEALTH AND HOSPICE OPERATIONS | AR | 501C3 | 11-III | MERCY HOSPITAL SPRINGFIELD | Yes | |
| MERCY HOSPITAL ADA INC<br>430 N MONTE VISTA STREET<br>ADA, OK 74820<br>46-2288155 | HOSPITAL | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | Yes | |
| MERCY HOSPITAL ARDMORE<br>1011 14TH AVENUE NW<br>ARDMORE, OK 73401<br>73-1500629 | HOSPITAL | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | Yes | |
| MERCY HOSPITAL AURORA<br>500 PORTER AVENUE<br>AURORA, MO 65605<br>43-1936696 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MERCY HOSPITAL BERRYVILLE<br>214 CARTER STREET<br>BERRYVILLE, AR 72616<br>71-0759299 | HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MERCY HOSPITAL BOONEVILLE<br>880 WEST MAIN STREET<br>BOONEVILLE, AR 72927<br>46-3851119 | HOSPITAL | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| MERCY HOSPITAL CARTHAGE<br>3125 DR RUSSELL SMITH WAY<br>CARTHAGE, MO 64836<br>45-3808607 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SW MOKS COMM | Yes | |
| MERCY HOSPITAL CASSVILLE<br>94 MAIN STREET<br>CASSVILLE, MO 65625<br>43-1936699 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MERCY HOSPITAL COLUMBUS<br>220 PENNSYLVANIA AVENUE<br>COLUMBUS, KS 66725<br>27-0842031 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SW MOKS COMM | Yes | |
| MERCY HOSPITAL EL RENO<br>2115 PARKVIEW DRIVE<br>EL RENO, OK 73036<br>27-2716065 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL OKLAHOMA CITY | Yes | |
| MERCY HOSPITAL FORT SMITH<br>7301 ROGERS AVENUE<br>FORT SMITH, AR 72917<br>71-0240352 | HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH FORT SMITH COMM | Yes | |
| MERCY HOSPITAL HEALDTON INC<br>3462 HOSPITAL RD<br>HEALDTON, OK 73438<br>26-3173902 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL ARDMORE INC | Yes | |
| MERCY HOSPITAL JEFFERSON<br>1400 HIGHWAY 61 SOUTH<br>FESTUS, MO 63028<br>43-0687077 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH EAST COMMUNITIES - SR | Yes | |
| MERCY HOSPITAL JOPLIN<br>100 MERCY WAY<br>JOPLIN, MO 64804<br>27-0814858 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SW MOKS COMM | Yes | |
| MERCY HOSPITAL KINGFISHER INC<br>1000 HOSPITAL CIRCLE<br>KINGFISHER, OK 73750<br>46-3433074 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL OKLAHOMA CITY | Yes | |
| MERCY HOSPITAL LEBANON<br>100 HOSPITAL DRIVE<br>LEBANON, MO 65536<br>43-1767432 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MERCY HOSPITAL LINCOLN<br>1000 EAST CHERRY STREET<br>TROY, MO 63379<br>47-2219204 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH EAST COMMUNITIES | Yes | |
| MERCY HOSPITAL LOGAN COUNTY INC<br>200 SOUTH ACADEMY<br>GUTHRIE, OK 73044<br>45-2998842 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL OKLAHOMA CITY | Yes | |
| MERCY HOSPITAL OKLAHOMA CITY<br>4300 W MEMORIAL ROAD<br>OKLAHOMA CITY, OK 73120<br>73-0579285 | HOSPITAL | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | Yes | |
| MERCY HOSPITAL OZARK<br>801 W RIVER STREET<br>OZARK, AR 72949<br>71-0689680 | HOSPITAL | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | Yes | |
| MERCY HOSPITAL PARIS<br>500 E ACADEMY<br>PARIS, AR 72855<br>71-0655753 | HOSPITAL | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | Yes | |
| MERCY HOSPITAL ROGERS<br>2710 RIFE MEDICAL LN<br>ROGERS, AR 72758<br>71-0294390 | HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH NW ARK COMMUNITIES | Yes | |
| MERCY HOSPITAL SPRINGFIELD<br>1235 E CHEROKEE STREET<br>SPRINGFIELD, MO 65804<br>44-0552485 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MERCY HOSPITAL TISHOMINGO<br>1000 SOUTH BYRD<br>TISHOMINGO, OK 73460<br>27-4433830 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL ARDMORE | Yes | |
| MERCY HOSPITAL WALDRON<br>1341 W 6TH STREET<br>WALDRON, AR 72958<br>71-0557895 | HOSPITAL | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | Yes | |
| MERCY HOSPITAL WATONGA INC<br>500 CLARENCE NASH BLVD<br>WATONGA, OK 73772<br>45-5199762 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL OKLAHOMA CITY | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| MERCY HOSPITALS EAST COMM<br>645 MARYVILLE CTR DR STE 100<br>ST LOUIS, MO 63141<br>43-0653493 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH EAST COMMUNITIES | Yes | |
| MERCY KANSAS COMMUNITIES INC<br>401 WOODLAND HILLS BLVD<br>FT SCOTT, KS 66701<br>48-0956045 | HOSPITAL | KS | 501C3 | 3 | MERCY HEALTH SW MOKS COMM | Yes | |
| MERCY RESEARCH<br>1235 E CHEROKEE STREET<br>SPRINGFIELD, MO 65804<br>87-0796305 | RESEARCH - CLINICAL TRIALS | MO | 501C3 | 4 | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MERCY MINISTRIES OF LAREDO<br>2500 ZACATECAS<br>LAREDO, TX 78043<br>20-0198462 | OUTREACH | TX | 501C3 | 7 | MERCY HEALTH | Yes | |
| MERCY ST FRANCIS HOSPITAL<br>100 W HIGHWAY 60<br>MOUNTAIN VIEW, MO 65548<br>44-0607149 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | Yes | |
| MHM SUPPORT SERVICES<br>14528 S OUTER FORTY ST 100<br>CHESTERFIELD, MO 63017<br>20-2553101 | CENTRALIZED HEALTH SYSTEM FUNCTIONS | MO | 501C3 | 11-II | MERCY HEALTH | Yes | |
| MISSION CLINICAL SERVICES<br>300 WERNER STREET<br>HOT SPRINGS, AR 71913<br>13-4239691 | CHILD ADVOCACY CENTER | 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 | MERCY HOSPITAL FORT SMITH | Yes | |
| ST MARYS HOSP ENID OK<br>14528 S OUTER FORTY ST 100<br>CHESTERFIELD, MO 63017<br>73-0614655 | INACTIVE | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | Yes | |
| THE SR M CORNELIA BLASKO FN<br>100 W HIGHWAY 60<br>MOUNTAIN VIEW, MO 65548<br>43-1873914 | FOUNDATION | MO | 501C3 | 11-I | MERCY ST FRANCIS HOSPITAL | Yes | |
| UNITY AMBULATORY CARE<br>14528 S OUTER FORTY ST 100<br>CHESTERFIELD, MO 63017<br>43-1861745 | INACTIVE | MO | 501C3 | 11-III | MERCY HEALTH EAST COMMUNITIES | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| (1) MERCY COMM SERVICES INC<br>401 WOODLAND HILLS BLVD<br>FORT SCOTT, KS 66701<br>48-1078101 | RETAIL PHARMACY | KS | MERCY KANSAS COMM INC | C | | | | | No |
| (1) FRONTENAC PROPERTIES INC<br>14528 S OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>52-1914421 | HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT | DE | MERCY HEALTH | C | | | | | No |
| (2) INVENO HEALTH INC<br>1235 E CHEROKEE STREET<br>SPRINGFIELD, MO 65804<br>26-4509571 | TECHNOLOGY TRANSFER COMPANY | MO | MERCY HEALTH SPRINGFIELD COMM | C | | | | | No |
| (3) UNITY SUPPORT SERVICES INC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>43-1797042 | INACTIVE | MO | MERCY HEALTH EAST COMMUNITIES | C | | | | | No |
| (4) UH L CORP INC<br>645 MARYVILLE CENTRE DRIVE SUITE 10<br>ST LOUIS, MO 63141<br>74-2499535 | HOLDING COMPANY | MO | MERCY HEALTH SERVICES LLC | C | | | | | No |
| (5)<br>MHN OF THE SOUTHERN REGION INC<br>1011 14TH AVENUE NW<br>ARDMORE, OK 73401<br>73-1580607 | HOLDING COMPANY | OK | MERCY MANAGED CARE CORP | C | | | | | No |
| MERCY HEALTH CENTER (6) CONDOMINIUM INC<br>4300 W MEMORIAL RD<br>OKLAHOMA CITY, OK 73120<br>68-0640970 | ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS | OK | MERCY HOSPITAL OKLAHOMA CITYINC | C | | | | | No |
| (7)<br>MERCY MANAGED CARE CORPORATION<br>4300 W MEMORIAL ROAD<br>OKLAHOMA CITY, OK 73120<br>73-1441665 | HOLDING COMPANY | OK | MERCY HEALTH | C | | | | | No |
| (8) MERCY HEALTH NETWORK INC<br>4300 W MEMORIAL ROAD<br>OKLAHOMA CITY, OK 73120<br>73-1381689 | HOLDING COMPANY | OK | MERCY MANAGED CARE CORP | C | | | | | No |
| (9) MERCY COMMERCIAL SERVICES INC<br>14528 SOUTH OUTER FORTY SUITE 100<br>CHESTERFIELD, MO 63017<br>46-4953543 | CORP PARENT OF VCC TAXABLE COMMERCIALIZ SVCS | OK | MHN INC AND MHNSR INC | C | | | | | No |

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

| | (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | MERCY HEALTH | P | 315,979 | FMV |
| (1) | MERCY FAMILY CENTER | Q | 227,628 | FMV |
| (2) | MERCY HEALTH EAST COMMUNITIES | Q | 28,643,918 | FMV |
| (3) | MERCY HOSPITALS EAST COMMUNITIES | P | 109,339,988 | FMV |
| (4) | MHM SUPPORT SERVICES | Q | 170,571,342 | FMV |
| (5) | RESOURCE OPTIMIZATION & INNOVATION LLC | P | 728,116 | FMV |
| (6) | MERCY HOSPITAL JEFFERSON | Q | 915,306 | FMV |
| (7) | MERCY HEALTH FOUNDATION ST LOUIS | P | 281,922 | FMV |
| (8) | MERCY MEDICAL RESEARCH INSTITUTE | Q | 185,195 | FMV |