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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MERCY HOSPITALS EAST COMMUNITIES

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

615 S NEW BALLAS ROAD

City or town, state or province, country, and ZIP or foreign postal code

ST LOUIS, MO 63141

D Employer identification number

43-0653493

E Telephone number

(314) 251-6000

G Gross receipts \$

1,450,651,602

F Name and address of principal officer

Jeff Johnston

615 S NEW BALLAS ROAD

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

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.mercy.net/stlouismmo

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1891

M State of legal domicile

MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Mercy Hospitals East Communities operates two hospitals that are located in Creve Coeur (St Louis metropolitan area) and Washington, MO

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

30

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

18

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

38

6 Total number of volunteers (estimate if necessary)

6

1,115

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

2,781,953

b Net unrelated business taxable income from Form 990-T, line 34

7b

134,941

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

5,625,139

1,329,655,750

7,238,449

19,482,593

1,362,001,931

Current Year

5,810,166

1,417,926,864

8,455,121

16,268,969

1,448,461,120

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

1,467,034

0

484,284,720

0

660,330,322

1,146,082,076

215,919,855

792,163

0

503,793,734

0

736,336,338

1,240,922,235

207,538,885

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

726,925,854

50,520,990

676,404,864

End of Year

697,312,786

29,461,038

667,851,748

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

2018-05-14

Date

CHERYL MATEJKA Chief Financial Officer

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 South Outer 40 Rd Ste 201A

Phone no (314) 317-9916

Chesterfield, MO 63017

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 1,126,245,174	including grants of \$ 792,163	(Revenue \$ 1,415,960,463)
See Additional Data				



















4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	1,126,245,174
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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 Yes	
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	No
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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 Yes	
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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No Yes 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 ComplianceCheck 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	38
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 30		
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 18		
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	Yes	
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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶Denise Scoffic 645 MARYVILLE CENTRE STE 100 St Louis, MO 63141 (314) 364-2959	

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

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

Form **990** (2016)

[illegible]

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 ▶ 246

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
McCarthy Building Companies 1341 North Rock Hill Road St Louis, MO 63124	Construction	8,869,698
MAYO MEDICAL LABS 200 SW First Street Rochester, MN 55805	Lab services	4,630,820
West County Radiological Group 11475 Olde Cabin Rd Suite 200 St Louis, MO 63141	Radiology services	3,229,838
Lawlor Corp 1440 Strassner Dr St Louis, MO 63144	construction	2,113,142
Fastaff 6399 S Fiddlers Green Circle Ste 1 Greenwood Village, CO 80111	Staffing services	1,940,002

<p>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 ► 81</p>	
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Part VIII Statement of RevenueCheck 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	5,064,439				
	e Government grants (contributions)	1e	745,727				
	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 ▶		5,810,166				
Program Service Revenue			Business Code				
	2a NET PATIENT REVENUE		622110	1,413,151,346	1,413,151,346		
	b Reference Labs		621500	4,775,518	3,910,881	864,637	
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		1,417,926,864				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		8,670,383			8,670,383	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		9,962,614					
		b Less rental expenses	1,975,220				
		c Rental income or (loss)	7,987,394				
	d Net rental income or (loss) ▶		7,987,394			7,987,394	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses	215,262				
		c Gain or (loss)	-215,262				
	d Net gain or (loss) ▶		-215,262	-215,262			
	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 Cafeteria & vending	722212	8,115,398			8,115,398		
b Pharmacy - Retail	624100	1,231,414		1,231,414			
c Optical - Retail	624100	685,902		685,902			
d All other revenue		-1,751,139	-1,751,139				
e Total. Add lines 11a-11d ▶		8,281,575					
12 Total revenue. See Instructions ▶		1,448,461,120	1,415,095,826	2,781,953	24,773,175		

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.	744,930	744,930		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	47,233	47,233		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,782,996		4,782,996	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	268,405	268,405		
7 Other salaries and wages.	403,302,358	397,763,198	5,539,160	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	18,133,738	17,557,266	576,472	
9 Other employee benefits.	49,686,802	49,328,179	358,623	
10 Payroll taxes.	27,619,435	26,992,876	626,559	
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).	37,587,481	37,140,178	447,303	
12 Advertising and promotion.	233,493	230,714	2,779	
13 Office expenses.	24,076,503	23,789,985	286,518	
14 Information technology.	192,322	190,033	2,289	
15 Royalties.				
16 Occupancy.	22,059,557	21,797,041	262,516	
17 Travel.	1,284,164	1,268,882	15,282	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	192,851	192,851		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	50,367,910	49,768,516	599,394	
23 Insurance.	6,185,974	6,112,359	73,615	
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 Medical Supplies.	320,105,165	316,295,813	3,809,352	
b Shared Service Fees.	202,376,602	105,235,833	97,140,769	
c Bad Debt Expense.	58,780,900	58,780,900		
d Equipment Repairs & Maintenance.	8,615,857	8,513,326	102,531	
e All other expenses.	4,277,559	4,226,656	50,903	
25 Total functional expenses. Add lines 1 through 24e.	1,240,922,235	1,126,245,174	114,677,061	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		26,197,421	1	28,106,636
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		158,913,399	4	161,495,733
	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		2,737,674	7	2,241,780
	8	Inventories for sale or use		23,578,511	8	21,599,370
	9	Prepaid expenses and deferred charges		759,035	9	1,123,481
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,287,567,710		
	b	Less: accumulated depreciation	10b	843,295,913		
				461,731,956	10c	444,271,797
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		3,583,853	12	3,951,782
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		24,380,359	14	24,380,359
15	Other assets. See Part IV, line 11		25,043,646	15	10,141,848	
16	Total assets. Add lines 1 through 15 (must equal line 34)		726,925,854	16	697,312,786	
Liabilities	17	Accounts payable and accrued expenses		40,522,965	17	20,740,636
	18	Grants payable		1,186,941	18	703,444
	19	Deferred revenue		4,283,860	19	3,748,377
	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		2,419,163	23	2,320,996
	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.		2,108,061	25	1,947,585
	26	Total liabilities. Add lines 17 through 25		50,520,990	26	29,461,038
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		673,165,282	27	663,905,566
	28	Temporarily restricted net assets		3,239,582	28	3,946,182
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		676,404,864	33	667,851,748
34	Total liabilities and net assets/fund balances		726,925,854	34	697,312,786	

Part XI Reconciliation of Net AssetsCheck 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	1,448,461,120
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,240,922,235
3	Revenue less expenses Subtract line 2 from line 1	3	207,538,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	676,404,864
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	-216,092,001
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	667,851,748

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:

Software Version:

EIN: 43-0653493

Name: MERCY HOSPITALS EAST COMMUNITIES

Form 990 (2016)

Form 990, Part III, Line 4a:

Mercy Hospitals East Communities ("MHEC") provides quality medical health care regardless of race, creed, sex, national origin, handicap, age or ability to pay. In active pursuit of this mission, MHEC provided services in FY 17 to 47,285 inpatients, 129,491 emergency room visits, 1,334,787 outpatient visits, 9,658 Births, and 241,401 clinic visits. MHEC is a Catholic health care corporation that, pursuant to the organizational core belief that health care services are a vital and integral part of the Church's healing mission, engages in a ministry which provides general acute care, ambulatory, long-term and home care health services to individuals and families in its service communities. Consistent with the organization's commitment to social accountability and the provision of community benefit, MHEC offers other services and programs which further health promotion, maintenance and care. MHEC's services include two clinics which were established specifically for individuals who are uninsured or underinsured and do not have a means to pay for healthcare services. These clinics provide a significant focus on prenatal care. Many clinic patients were also treated, on a charitable basis, as inpatients. In response to the increased needs of the underinsured in the St. Louis area, these clinics have continually expanded, offering new services to more patients. The institution continues to focus on the provision of primary health services and education to the community, regardless of their means to pay for these services. The organization also has a continuing commitment to health research and to health education at all levels. Although reimbursement for services rendered is critical to the continued ability to provide healthcare services to all patients, MHEC recognizes that not all individuals possess the ability to purchase essential medical services and, further, that part of our mission is to provide healthcare services and healthcare education to the communities in which our facilities are located. In keeping with MHEC's commitment to serve all members of the communities it serves, MHEC provides (i) free care and/or subsidized care, (ii) care to persons covered by governmental programs at below cost, (iii) health activities and programs to support the community, (iv) health education programs, and, (v) a variety of broad community support activities. Among the community support activities offered by MHEC are the following - Community Education Programs- Support Group Meetings- Health Fairs and Screenings- Immunizations- Smoking Cessation Programs- Indigent Care Clinics- Pre-Natal and Well Baby Care for the Indigent- Certified Application Counselors to assist community members with enrollment in qualified health plans - Health Professions Education Programs- Support of Community Programs, including active United Way participant, Healthcare for the Homeless Coalition, etc - Financial Counseling and Discharge Counseling Services for all Patients. MHEC provides care to patients who lack financial resources and are deemed to be medically indigent. As defined by the institution's charity policy, MHEC does not pursue collection of amounts determined to qualify for charity care. In addition, MHEC provides services to other patients under the Medicare Program and various state Medicaid programs. Such programs pay providers amounts that are substantially less than billed charges, and frequently less than the cost, of the services provided to the recipients. Care is provided to those with limited or no ability to pay. The cost, net of any payment received (net cost), to MHEC of providing care to persons qualifying for charity or Medicaid totaled \$37,010,040 in the year ended 6/30/17. Additionally, the net cost for services provided to elderly and disabled patients under the Medicare program totaled \$12,567,568. These amounts do not include the cost of health activities and programs to support the community, health education programs and other community support activities. The services provided by MHEC, as well as the amount of charity care provided, demonstrate the ongoing commitment of the organization to serve in a leadership role as an advocate for responsive healthcare services for the community, with a deep commitment and sensitivity to meeting the needs of the poor. Each activity for which income is reported in column (B) of Part VIII is undertaken in furtherance of the organization's healthcare and community benefit mission described above.

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			
Bauer PhD Jon Board member	1 00 1 00	X						0	0	0
Brunworth MD David Board member	1 00 0 00	X						0	0	0
Cleveland MD Jeanne Physician & Board member	1 00 40 00	X						0	664,300	30,285
Darrell Mark Board member	1 00 0 00	X						0	0	0
Diederich Gene Board member	1 00 0 00	X						0	0	0
Eckelkamp Bonnie Board member	1 00 0 00	X						0	0	0
Evans RSM Sr Gayle Board member	25 00 0 00	X						0	0	0
Galli MD William Physician & Board member	1 00 50 00	X						0	444,073	25,572
Garcia MD Eduardo Physician & Board member	60 00 0 00	X						100,458	0	25,859
Garea Joseph Board member	1 00 1 00	X						0	0	0

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			
Glosenger RSM Sr Katherine Board member	0 50 32 00	X						0	0	0
Glover MD Emily Physician & Board member	1 00 59 00	X						0	115,400	764
Halsted MD Robert Physician & Board member	2 00 54 00	X						0	512,771	33,893
Kelly John Board member	1 00 0 00	X						0	0	0
Kluesner Gretchen Physician & Board member	1 00 45 00	X						0	333,931	24,332
Lamb Darren Board member	1 00 0 00	X						0	0	0
Martin MD Scott Board member	1 00 0 00	X						0	0	0
McBride Anthony Board member	1 00 0 00	X						0	0	0
Miller Sr William Board member	1 00 0 00	X						0	0	0
Pennell Richard Physician & Board member	60 00 0 00	X						0	850,216	29,708

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			
Penny Mark Board member	1 00 1 00	X						0	0	0
Rehm MD Charles Chief Administrative Officer & Board member	25 00 35 00	X						0	838,329	107,770
Riechers MD Thomas Physician & Board member	20 00 50 00	X						0	553,174	38,341
Sanford Cassandra Board member	1 00 0 00	X						0	0	0
Steinbecker Roger Board member	4 00 1 00	X						0	0	0
Stroble Beth Board member	1 00 0 00	X						0	0	0
Voss Kurt Board member	1 00 0 00	X						0	0	0
Watz Tammy R Nurse Practitioner & Board member	50 00 0 00	X						0	101,419	12,713
Wittenauer RSM Sr Marilyn Board member	1 00 1 00	X						0	0	0
Johnston Jeffrey A President, Mercy Hospital St Louis & Board member	55 50 6 50	X		X				874,021	0	280,719

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	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			
Hannasch Susan Regional VP-General Counsel	24 00 36 00			X				0	361,065	58,095
Matejka Cheryl L Chief Financial Officer	18 00 42 00			X				0	600,367	85,576
Sorensen Donn President-East Communities-thru 04/17	10 00 54 00			X				0	1,070,621	332,541
Bollin Steven J VP - Support Services	50 00 5 00				X			233,054	0	24,332
Crain Christine COO-Mercy Children's Services	22 00 33 00				X			439,892	0	123,381
Eoloff Eric J President, Mercy Hospital Washington	55 00 5 00				X			516,249	0	69,857
Frazier Donna M Chief Nursing Officer	60 00 0 00				X			358,775	0	65,090
Frost Joan Chief Operating Officer	55 00 0 00				X			486,601	0	98,823
Geldbach Patricia L VP-Mercy Women's Services	50 00 0 00				X			0	353,297	86,595
Hintze Paul VP - Medical Affairs	60 00 0 00				X			628,451	0	89,824

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					
Kahn MD Joseph President-Mercy Children's Services	8 00 47 00				X			0	725,968	98,096		
Kalicak Donald VP - Business Development & Planning	31 00 19 00				X			0	386,454	101,809		
Nelson Kathryn VP - Performance Improvement	57 00 1 00				X			294,133	0	28,520		
Rothermich Anthony Administrator, Mercy Hosp Lincoln	25 00 30 00				X			0	252,685	35,028		
Scoffic Denise VP-Finance	30 00 25 00				X			0	262,799	31,529		
Weilbacher Robyn CNO - starting 05/16	50 00 0 00				X			249,787	0	37,292		
Hassler Joe W Chief CRNA	55 00 0 00					X		196,271	0	25,187		
Syed Power Nisar F Nurse Anesthetist	50 00 0 00					X		200,276	0	5,234		
Veronikis MD Dionysios Physician	50 00 0 00					X		199,258	0	30,839		
Winters Michelle A Physician	40 00 0 00					X		197,042	0	8,142		

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			
Witten MD Barold Physician	60 00 0 00					X		232,328	0	52,993
McCurry Michael Former officer	0 00 60 00						X	0	1,787,982	744,897
McLain Terri L Former key employee	0 00 5 00						X	753,531	0	27,374
Starke MD Keith M Former key employee	0 00 60 00						X	0	651,230	110,235
Cox Michael J Former highest compensated	0 00 60 00						X	119,920	429,333	25,869

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization MERCY HOSPITALS EAST COMMUNITIES	Employer identification number 43-0653493

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						

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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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 MERCY HOSPITALS EAST COMMUNITIES	Employer identification number 43-0653493
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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-

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)		(b)
		Yes	No	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		79,120
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			79,120
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	The filing organization is a member of and pays dues to the following hospital associations: Missouri Hospital Association, Catholic Health Association, and American Hospital Association. For the year ended June 30, 2017, dues were \$177,625, \$141,545, and \$77,862, respectively. Approximately 32.00% of Missouri Hospital Association dues, 3.76% of Catholic Hospital Association dues, and 21.78% of American Hospital Association dues were attributable to lobbying activities performed by these associations.

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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization MERCY HOSPITALS EAST COMMUNITIES				Employer identification number 43-0653493	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,530,893		8,530,893
b Buildings		897,611,018	542,769,742	354,841,276
c Leasehold improvements		17,303,018	14,059,396	3,243,622
d Equipment		348,381,789	275,475,866	72,905,923
e Other		15,740,992	10,990,909	4,750,083
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				444,271,797

Schedule D (Form 990) 2016

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	1,947,585
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,947,585

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-0653493
Name: MERCY HOSPITALS EAST COMMUNITIES

Supplemental 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, 2017 OR 2016

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
Attach to Form 990.
Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MERCY HOSPITALS EAST COMMUNITIES

Employer identification number

43-0653493

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,829,429		25,829,429	2 080 %
b Medicaid (from Worksheet 3, column a)			128,782,696	117,602,071	11,180,625	0 900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			154,612,125	117,602,071	37,010,054	2 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,251,573	592,050	1,659,523	0 130 %
f Health professions education (from Worksheet 5)			6,761,910	271,835	6,490,075	0 520 %
g Subsidized health services (from Worksheet 6)			135,680		135,680	0 010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			384,201	84,262	299,939	0 020 %
j Total. Other Benefits			9,533,364	948,147	8,585,217	0 680 %
k Total. Add lines 7d and 7j			164,145,489	118,550,218	45,595,271	3 660 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			256		256	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			26,468	6,213	20,255	0 %
7 Community health improvement advocacy			30,156		30,156	0 %
8 Workforce development			72,331		72,331	0 010 %
9 Other			101,192	8,563	92,629	0 010 %
10 Total			230,403	14,776	215,627	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	15,485,119	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	198,878,463
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	211,446,031
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-12,567,568
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Mercy Hospital St Louis

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.mercy.net/about/community-benefits</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>	10	Yes
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.mercy.net/about/community-benefits</u>	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Mercy Hospital St Louis

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www.mercy.net/open-pages/mercy-financial-assistance/		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.mercy.net/open-pages/mercy-financial-assistance/		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www.mercy.net/open-pages/mercy-financial-assistance/		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Mercy Hospital St Louis

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Mercy Hospital St Louis

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Mercy Hospital Washington

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.mercy.net/about/community-benefits</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>	10	Yes
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.mercy.net/about/community-benefits</u>	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Mercy Hospital Washington			
Name of hospital facility or letter of facility reporting group			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www.mercy.net/open-pages/mercy-financial-assistance/			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.mercy.net/open-pages/mercy-financial-assistance/			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www.mercy.net/open-pages/mercy-financial-assistance/			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Mercy Hospital Washington

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Mercy Hospital Washington

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 30

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	SUBSIDIZED HEALTH SERVICE THE ORGANIZATION DID NOT INCLUDE ANY PHYSICIAN CLINIC COSTS ON LINE 7G

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN (A) ARE \$1,241,137,497 INCLUDED IN THIS AMOUNT WAS BAD DEBT EXPENSE (CHARGES) OF \$58,780,900 EXPENSES FOR THE PURPOSE OF CALCULATING LINE 7, COLUMN (F) ARE \$15,485,119

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	COMMUNITY BENEFIT REPORTTHE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS PREPARED BY ITS ULTIMATE PARENT ENTITY, MERCY HEALTH (EIN 43-1423050)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>Mercy Hospital St. Louis (MHSL) and Mercy Hospital Washington's (MHW) community building activities promote the health, wellness, and safety of the community it serves. Through active participation on community boards, neighborhood/community coalitions, and involvement in community-based events, Mercy builds partnerships to develop collaborative solutions to address community needs. Some of these community building partnerships and community engagement activities include: Mercy Hospital St. Louis - Regional Health Commission- St. Louis Integrated Health Network - St. Louis Promise Zone- Continuum of Care for Ending Homelessness Coalitions - St. Louis County, St. Louis City and St. Charles, Warren & Lincoln Counties - 24/7 Healthy Communities- HEAL Healthcare Access Workgroup- United Way 2-1-1 Advisory Committee and Emergency Fund Network Mercy Hospital Washington - Franklin County Health Department- Washington Chamber of Commerce- Four Rivers YMCA- United Way of Franklin County. In addition, Mercy actively participates in several coalitions that align with each hospital's CHNA top health priorities of Access to Care, Mental Health, Substance Abuse and Health Equity (MHSL) including - Behavioral Health Network - Hospital Community Linkages (HCL) Program- National Alliance on Mental Illness (NAMI)- Integrated Health Network - Transitions of Care- FLOURISH/Generate Health- Regional Diabetes Coalition- St. Louis County Health Department- St. Louis City Health Department- Foundations for Franklin County- Franklin County Service Providers Group- Franklin County Homeless Task Force- Multi-County Drug Task Force & Franklin County Sheriff's Office. Examples of ongoing projects led by the coalitions listed above include - MHSL Adoption of the HCL program which focuses on enhancing transitions from hospital inpatient psychiatric care settings to the region's community mental health centers - FLOURISH Transportation Action Team focuses on improving birth outcomes through Prenatal Care, Infant Health, Behavioral Health, Health Communication, Navigation and Transportation - Collaborative engagement with the Regions Hospitals, Health Centers and Diabetes specialist working to implement one comprehensive resource hub for all things diabetes - Mercy Hospital Washington, in partnership with the Multi-County Drug Task Force and Franklin County Sheriff's Office, first responders received training so that they could begin carrying and utilizing Narcan to revive overdosed patients while waiting for the ambulance to arrive. Efforts with these coalitions will continue as MHSL and MHW have determined that Access to Care, Mental Health, Substance Abuse and Health Equity (MHSL) to be top health priorities through the 2016-2019 CHNA cycle. Cash/In-Kind Donations Mercy provides cash and in-kind donations through the support of co-worker engagement and community service activities. These community building activities allow Mercy co-workers to look beyond the walls of the facilities in which they serve to better understand and address the needs of the community. During FY17, cash donations were given to organizations throughout the community that included - St. Louis Christian Academy- Most Holy Trinity- The Urban League of Metropolitan St. Louis- Good Shepherd Catholic Charities- St. Augustine Wellston Center- IFM - Community Medicine- NAMI St. Louis (National Alliance on Mental Health)- American Heart Association - Foundations for Franklin County- Missouri Hospital Association- East Central College Foundation- United Way of Franklin County. A FULL DESCRIPTION OF OUR COMMUNITY BUILDING ACTIVITIES CAN BE FOUND AT WWW.MERCY.NET/ABOUT/COMMUNITYBENEFITS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE, AT COST, BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENT ACCOUNTS WAS MULTIPLIED BY A RATIO OF COST TO CHARGES THE RATIO OF COST TO CHARGES USED WAS BASED ON DETAILED COST ACCOUNT, WHERE AVAILABLE WHERE COST ACCOUNTING IS NOT AVAILABLE, COST REPORT COST TO CHARGE RATIOS WERE UTILIZED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	THE FILING ORGANIZATION DETERMINED THAT THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS \$0 ALTHOUGH THE CHARITY CARE POLICY REQUIRES THE PARTICIPATION OF THE PATIENT REQUESTING ASSISTANCE, WE HAVE A PROCESS UNDER PRESUMPTIVE CHARITY TO ADDRESS ACCOUNTS FOR PATIENTS WHO DO NOT PROVIDE THE INFORMATION WE BELIEVE THAT OUR CHARITY POLICY IS COMPREHENSIVE ENOUGH TO CAPTURE ALMOST ALL PATIENTS WHO QUALIFY FOR CHARITY CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	<p>THE TEXT OF THE FOOTNOTE THAT IS INCLUDED IN MERCY HEALTH AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE FOLLOWS "PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET THE HEALTH SYSTEM'S CHARITY CARE POLICY. THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES BASED UPON THE PAYOR COMPOSITION AND AGING OF RECEIVABLES AS OF THE REPORTING DATE WITH CONSIDERATION OF THE HISTORICAL PAYMENT AND WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING PAST-DUE BALANCES WITH COLLECTION AGENCIES."</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	IT IS THE POSITION OF MERCY HOSPITALS EAST COMMUNITIES THAT 100% OF ANY SHORT FALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS AMOUNT REPRESENTS COST OF PROVIDING SERVICES THAT REMAIN UNCOMPENSATED TO THE PROVIDER THE UNREIMBURSED COSTS OF MEDICARE IS CALCULATED BY THE GROSS CHARGES NET OF THE COST TO CHARGE RATIO LESS ANY PAYMENTS, DEDUCTIONS OR REIMBURSEMENTS USING THE ANNUAL MEDICARE COST REPORT (CMS FORM 2552-96)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	<p>MERCY'S COLLECTION POLICY PROVIDES THAT MERCY WILL PERFORM A REASONABLE COMMUNICATION AND/OR REVIEW OF PATIENT ACCOUNTS AS IT RELATES TO ANY SERVICE PROVIDED AT OUR FACILITIES BEFORE TURNING THE ACCOUNT TO BAD DEBT OR TAKING LEGAL ACTION FOR NONPAYMENT MERCY ACTIVELY SCRUBS ACCOUNTS FOR PAYOR PLAN COVERAGE'S, INCLUDING MEDICAID IN THE EVENT AN ACCOUNT IS TURNED TO COLLECTIONS, AND IS IDENTIFIED IN NEED OF FINANCIAL ASSISTANCE DUE TO CIRCUMSTANCE CHANGES, OR NOW REQUESTING ASSISTANCE, THE ACCOUNTS ARE RETURNED BY THE AGENCY AND CONSIDERED FOR CHARITY IF THE PATIENT PROVIDES THE REQUESTED INFORMATION IF THE PATIENT FAILS TO RETURN THE INFORMATION, THE ACCOUNT WILL QUALIFY FOR COLLECTIONS MERCY UTILIZES THE EXPERIAN TOOL TO ENHANCE THE ABILITY TO DETERMINE THE CHARITY QUALIFICATION PRIOR TO TURNING TO BAD DEBT, KNOWN AS PRESUMPTIVE CHARITY MERCY WILL GRANT CHARITY IN SITUATIONS WHERE THERE HAS BEEN AN INABILITY TO OBTAIN INFORMATION FROM PATIENTS OR THE INFORMATION PROVIDED IS NOT COMPLETE ENOUGH TO MAKE A CHARITY DETERMINATION WHEN A PATIENT HAS SUBMITTED AN APPLICATION IN ADDITION, MERCY UTILIZES THE SAME TOOL TO QUALIFY ACCOUNTS PER THE PRACTICE OF PRESUMPTIVE CHARITY PRIOR TO BAD DEBT PLACEMENT FOR BALANCES IN EXCESS OF \$6500 ALL ACCOUNT BALANCES RELATING TO ACCOUNTS IDENTIFIED BY THE HIGHER BALANCES WILL BE CONSIDERED AND FLAGGED FOR CHARITY IF THERE IS AN INABILITY TO PAY AFTER A RETURN FROM THE COLLECTION AGENCY AT APPROXIMATELY 120 DAYS MERCY WILL PURSUE APPROPRIATE MEANS IN THE COLLECTION OF DELINQUENT ACCOUNTS FROM PATIENTS WITH AN ESTABLISHED ABILITY TO PAY OR AN UNWILLINGNESS TO COOPERATE IN VALIDATING ELIGIBILITY FOR FINANCIAL ASSISTANCE THESE APPROPRIATE MEANS MAY INCLUDE LEGAL ACTION CONSISTENT WITH MERCY MISSION AND VALUES AFTER A SENDING 3 MONTHLY STATEMENTS WITH THE FINAL INCLUDING NOTIFICATION, IF NO RESOLUTION THEY WILL BE TURNED TO COLLECTIONS ADDITIONALLY, THEY MAY INCLUDE LIENS UPON REAL PROPERTY AND REASONABLE WAGE GARNISHMENTS LEGAL ACTIONS WILL GENERALLY NOT INCLUDE BANK GARNISHMENTS, REPOSSESSION OF ASSETS OR FORECLOSURES TO ENSURE SATISFACTION OF A LIEN MERCY HAS POLICIES AND PROCEDURES ESTABLISHED TO ADDRESS THE INITIATION OF LEGAL ACTION AND ANNUALLY REVIEW COMPLIANCE WITH POLICIES BUT ENSURE 120 DAYS OF BILLING AND COLLECTIONS OCCURS PRIOR TO ANY EXTRAORDINARY COLLECTIONS ARE PURSUED</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	<p>COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN JANUARY OF 2015, MERCY HOSPITAL ST LOUIS AND MERCY HOSPITAL WASHINGTON BEGAN PLANNING FOR THEIR 2016-2019 COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA). PRESIDENTS FROM THE HOSPITALS LED THEIR CORRESPONDING COMMUNITY HEALTH COUNCILS IN GUIDING THE NEEDS ASSESSMENT PROCESS. THE COUNCILS CONVENE QUARTERLY AND ARE ACCOUNTABLE FOR ENSURING THAT COMMUNITY BENEFIT ACTIVITIES MEET MISSION COMPLIANCE AND IRS GUIDELINES. THEY CONSIST OF MERCY LEADERS FROM VARIOUS DEPARTMENTS, SUCH AS BEHAVIORAL HEALTH, FINANCE, CARE MANAGEMENT, PHILANTHROPY, ETC., AND ONE HOSPITAL BOARD MEMBER. THE COUNCILS DETERMINE WHICH HEALTH INITIATIVES WILL BE PUT FORTH IN THE HOSPITAL'S THREE-YEAR COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). CO-WORKERS IN MERCY'S COMMUNITY HEALTH & ACCESS DEPARTMENT SERVE ON THE COUNCILS AND WERE PRIMARY LEADS OF THE 2016 CHNAs. A SAINT LOUIS UNIVERSITY MASTER OF HEALTH ADMINISTRATION STUDENT PROVIDED SUPPORT BY COLLECTING AND REVIEWING DATA FROM VARIOUS SOURCES. THESE INCLUDED SURVEYS, FOCUS GROUPS, PUBLISHED DATA, AND HOSPITAL SPECIFIC DATA. THE VOICES OF THE PEOPLE OF ST LOUIS COUNTY AND FRANKLIN COUNTY WERE CENTRAL TO THE HEALTH NEEDS ASSESSMENT PROCESS. MHSL AND MHW GATHERED COMMUNITY INPUT THROUGH - SURVEYS - ONLINE AND PRINTED (FOR THOSE WITH NO COMPUTER ACCESS)- MERCY COMMUNITY ADVISORY PANELS- COMMUNITY COALITIONS AND STAKEHOLDER MEETINGS. EXTERNAL SOURCES OF PUBLISHED DATA ARE AS FOLLOWS - COUNTY HEALTH RANKINGS 2016 (MHW & MHSL) WWW.COUNTYHEALTHRANKINGS.ORG/ - COMMUNITY DATA PROFILES & MISSOURI INFORMATION FOR COMMUNITY ASSESSMENT (MICA) (MHW & MHSL) HTTP://HEALTH.MO.GOV/DATA/COMMUNITYDATA/PROFILES/INDEX.HTML- CDC COMMUNITY HEALTH STATUS INDICATOR REPORT (MHW) HTTP://WWW.CDC.GOV/COMMUNITYHEALTH/PROFILE/CURRENTPROFILE/MO/FRANKLIN- COMMUNITY COMMONS (MHW & MHSL) HTTP://WWW.COMMUNITYCOMMONS.ORG/- ST LOUIS COUNTY - 2011 COMMUNITY HEALTH NEEDS ASSESSMENT (MHSL) HTTPS://WWW.STLOUISCO.COM/HEALTHANDWELLNESS/HEALTHPROMOTIONANDCHIP/2011COMMUNITYHEALTHNEEDSASSESSMENT-PROGRESS TOWARD BUILDING A HEALTHIER ST LOUIS - 2015 ACCESS TO CARE REPORT (MHSL) HTTP://WWW.STLRHC.ORG/WORK/PROVIDING-TRANSPARENCY-HEALTH-REPORTING/- FOR THE SAKE OF ALL (2014) (MHSL) HTTPS://FORTHESAKEOFALL.ORG/WP-CONTENT/UPLOADS/2016/06/FSOA_REPORT_2.PDF PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS. THE NOMINAL GROUP TECHNIQUE WAS USED IN THE PRIORITY SETTING PROCESS. THE MERCY HOSPITAL ST LOUIS AND MERCY HOSPITAL WASHINGTON COMMUNITY HEALTH COUNCILS WERE PRESENTED WITH THE QUANTITATIVE AND QUALITATIVE COMMUNITY HEALTH DATA AND MEMBERS WERE ASKED TO RANK THESE HEALTH ISSUES BY LEVEL OF CONCERN AND ABILITY TO COLLABORATE ON THE ISSUE TO PRODUCE RESULTS. THE STRENGTHS AND SERVICES OF THE HOSPITALS ALONG WITH THEIR STRATEGIC PLANS WERE ALSO CONSIDERED. UPON REVIEW AND DISCUSSION OF THE PRIMARY AND SECONDARY DATA GATHERED, THE HOSPITALS' STRATEGIC PLANS, AND THE RESOURCES AVAILABLE AT THE HOSPITALS AND IN THE COMMUNITIES, THE FOLLOWING PRIORITIES WERE SELECTED - MENTAL HEALTH- SUBSTANCE USE - ACCESS TO CARE- Health Equity (MHSL only). THE COMMUNITY HEALTH COUNCILS THEN CREATED COMMUNITY HEALTH IMPROVEMENT PLANS (CHIP) FOR THEIR HOSPITAL, IDENTIFYING SPECIFIC INITIATIVES RELATED TO IMPROVING EACH OF THESE HEALTH PRIORITIES. THE CHIPS WERE DESIGNED WITH REALISTIC, MEASUREABLE, AND ATTAINABLE GOALS THAT ALIGN WITH THE MISSION AND STRATEGY OF THE ORGANIZATIONS. MERCY HOSPITAL ST LOUIS AND MERCY HOSPITAL WASHINGTON ALSO ASSESS THE NEEDS OF THE COMMUNITY THROUGH REQUESTS BY LOCAL AGENCIES. ACCORDING TO THE CATHOLIC HEALTH ASSOCIATION, A REQUEST FROM A PUBLIC AGENCY OR COMMUNITY GROUP TO INITIATE OR CONTINUE AN ACTIVITY OR PROGRAM MEETS THE REQUIREMENTS FOR A DOCUMENTED COMMUNITY NEED. MERCY SERVING ON THE UNITED WAY 2-1-1 ADVISORY BOARD IS AN EXAMPLE OF OUR INVOLVEMENT WITH COMMUNITY ORGANIZATIONS BASED ON THE ORGANIZATION'S REQUEST FOR SUPPORT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>Mercy informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy through several means. If at any time a patient expresses hardship and inability to pay, the account is placed for review. In addition, patients have signage about the policy at the access points, and all staff working with the patient at Point of Service, Scheduling, Customer Service, and even through the Medicaid Eligibility Screening, have the means to send the account for review. There is the plain language summary that is being provided to all whom express hardship, in addition to the web address providing the application, policies, and even how uninsured accounts are handled. Lastly, the statements message to the patient that Mercy does have a Financial Assistance Program and to call to see if they are eligible. Mercy staffs internal resources certified to assist patients with Medicaid Applications as well.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>MERCY HOSPITALS EAST COMMUNITIES INCLUDES MERCY HOSPITAL ST LOUIS AND MERCY HOSPITAL WASHINGTON THE PRIMARY SERVICE AREA FOR MERCY HOSPITAL ST LOUIS INCLUDES 201 ZIP CODES ACROSS MISSOURI AND ILLINOIS THE FOLLOWING INFORMATION IS DERIVED FROM 2016 Sg2 ANALYTICS DATA AND Sg2 INSURANCE COVERAGE ESTIMATES THE AREA'S POPULATION IS 2,758,185 37% OF THE POPULATION'S AVERAGE HOUSEHOLD INCOME IS OVER \$75,000 42% OF THE POPULATION IS 45 AND OLDER 23% OF THE HOUSEHOLDS ARE ON MEDICARE, 15% ON MEDICAID, AND 9% UNINSURED THE PRIMARY SERVICE ARE FOR MERCY HOSPITAL WASHINGTON INCLUDES 14 ZIP CODES SOUTH OF ST LOUIS THE AREA'S POPULATION IS 110,649 32% OF THE POPULATION'S AVERAGE HOUSEHOLD INCOME IS OVER \$75,000 44% OF THE POPULATION IS 45 AND OLDER 30% OF THE HOUSEHOLDS ARE ON MEDICARE, 15% ON MEDICAID, AND 10% UNINSURED</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>OPEN MEDICAL STAFF MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR NEARLY ALL OF OUR DEPARTMENTS BOTH HOSPITALS HAVE EXCLUSIVE CONTRACTS WITH PHYSICIAN GROUPS FOR RADIOLOGY AND PATHOLOGY SERVICES MHS ALSO HAS NEONATOLOGY AND CV SURGERY, MHW HAS ANESTHESIA, CARDIOLOGY AND OBSTETRICS THIS MEANS THAT OVER 90% OF THE PHYSICIANS ON STAFF ARE IN CATEGORIES THAT ARE OPEN TO QUALIFIED PHYSICIANS IN THE COMMUNITY</p> <p>Community Boards - FY17 Mercy Health East Communities FY17 Board Members: Jon Bauer, PhD; Tricia Bolster, MD; Craig Boyd, MD; Steven Busch; Apollo Carey; Jeff Ciaramita, MD; Sr Katherine Glosenger, RSM; Sr Michael Mary Gutowski, RSM; Jeff Johnston - ex officio; William McKenna; Sr Susan O'Connor, RSM; Winn Reed; Charles Rehm, MD - ex officio; George Roman; Stephen Sanders, MD - Chair; Bryant E Scaife, Sr Kevin Short; Steve Swyers; Tessa Trelz; Sr Maria Luisa Vera, RSM; Mercy Hospital St Louis FY17 Board Members: Jeanne Cleveland, MD; Mark Darrell; Gene Diederich; Eduardo Garcia, MD; Joe Gareau; Sr Katherine Marie Glosenger, RSM; John Kelly; Steve Mackin; Anthony McBride; Scott Martin, MD; Anne Murphy; HillRick Pennell, MD; Mark Penny; Charles Rehm, MD; Cassandra Sanford; Beth Stroble; Sr Marilyn Wittenauer, RSM; Mercy Hospital Washington FY17 Board Members: John Bauer, PhD (Chairman); Bonnie Eckelkamp; Gayle Evans, RSM; William Galli, DO; Katherine Glosenger, RSM; Emily Glover, MD; Robert Halsted, MD; Gretchen Kluesner, MD, FAAP; Anthony Kreutz; Darren Lamb; Charles Rehm, MD; Kurt Voss; Tammy Watz, MSN, FNP; William L Miller, Sr (Ex-Officio); USE OF SURPLUS FUNDS SURPLUS FUNDS AND UNRESTRICTED ASSETS HELD BY MERCY HOSPITALS EAST COMMUNITIES ARE REINVESTED IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH INITIATIVES WHICH SUPPORT THE ORGANIZATION'S MISSION TO DELIVER COMPASSIONATE CARE AND EXCEPTIONAL HEALTH CARE SERVICES TO THE COMMUNITIES IT SERVES</p> <p>EXAMPLES INCLUDE THE FOLLOWING - Providing financial assistance to patients who have no other means to cover their cost of care- Investment in facilities and services to bring care to patients in their community, including - Expansion of Intensive Outpatient Behavioral Health programs at Mercy Hospital Washington - Expansion of GI physician services in the Washington community - Expansion of physician clinic services in the North County area of St Louis - Addition of several physician specialty clinic services in the Warrenton community- Continued investment in innovative technology and services to provide excellent care to our patients, including the following - New Magnetic Resonance Imaging (MRI) equipment at Mercy Hospital St Louis and Mercy Hospital Washington to provide patients access to high quality imaging service for medical diagnosis and follow up - Established an Epilepsy Inpatient Unit at Mercy Hospital St Louis to provide services for this population - New Neonatal Intensive Care (NICU) beds used for micro-preemie babies until they reach at least 32 weeks of age and are able to maintain their body temperature and grow - Expansion of three dimensional mammography service, which is a revolutionary screening and diagnostic tool designed for early breast cancer detection- Expansion of emergency department at Mercy Hospital St Louis to provide better access to care for this community, with a specific focus on behavioral health patients- Continued funding of graduate medical education program (provides residency training in family medicine, internal medicine, OB/GYN, dental medicine, orthopedics and critical care) and schools of radiology, respiratory and clinical laboratory science</p> <p>Additional Community Health Initiative/Information Currently not included through the reporting of Community Benefit or Community Building activities are In keeping with MHEC's commitment to serve all members of the community, MHEC Clinics (not under hospital EIN) provide - Free care and/or subsidized care- Care to persons covered by governmental programs at below cost- Health activities and programs to support the community- Health education programs, and- A variety of broad community support activities Many of the programs mentioned below are part of our current Community Health Impact Plan (CHIP) These are indicated by asterisks Numerous collection drives by co-workers are held throughout the year and the items such as food, clothing, personal care items, bus passes, gas cards, school supplies and other critical items are donated to non-profit agencies to distribute to their clients</p> <p>MERCY NEIGHBORHOOD MINISTRY (MNM) - MERCY EAST COMMUNITY Mercy Neighborhood Ministry is a department that supports the service areas of Mercy Hospital St Louis, Mercy Hospital Washington and the surrounding counties It focuses on connecting the economically underserved with appropriate health and social services as well as overall community health and access through promotion and education of current programs MNM partners with over 100 community health and social service agencies, clinics, churches and schools Nearly half of its</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>annual expenses are offset through Mercy Foundation ACCESS TO CARE CERTIFIED APPLICATION COUNSELORS* - MHSL & MHW Since the beginning of Open Enrollment through the Affordable Care Act in August 2013, Mercy has helped those in need of affordable health insurance to enroll in plans and/or educate them about their options. This coverage assistance program has been entirely funded through Missouri Foundation for Health grants and was available in the service areas of MHSL, MHW and beyond. Enrollments to-date total over 1,000 covered lives and the CACs have attended hundreds of events resulting in educational opportunities in understanding the terminology and usage of health insurance.</p> <p>COMMUNITY REFERRAL COORDINATOR * - MHSL Mercy continues to partner with the St. Louis Integrated Health Network (IHN) in providing a contracted Community Referral Coordinator (CRC) in the MHSL Emergency Department to connect discharged patients with needed follow-up medical care. The CRC primarily focuses on Medicaid and uninsured patients to - Ensure they have access to a primary care home and health resources regardless of their ability to pay - Reduce non-emergent use of emergency departments and low acuity readmissions - Enhance continuity of care - Strengthen communications/processes among hospital, safety net and other primary care providers, and community social services agencies/programs. The position is funded by the IHN and is a collaborative program between Mercy, the IHN and other area hospitals and clinics to improve access, quality and transitions of care. Each year the Mercy CRC helps more than 1,000 patients and refers more than 500 to primary care providers with a show-rate of 60%.</p> <p>TRANSPORTATION - MHW* As a community without public transportation, ongoing discussions and research are taking place in hopes of partnering with affordable providers to benefit our patients in need across Franklin County.</p> <p>MENTAL HEALTH ALIVE AND WELL IN STL* - MHSL & MHW Alive and Well STL is a community-wide effort started by the Regional Health Commission that focuses on reducing the impact of toxic stress and trauma on a person's health and well-being. Mercy acts as a community partner for this initiative and works to create a more trauma aware/informed community through training opportunities and analyzing best practices in the field of behavioral health. In FY 17 trauma awareness trainings, open to the community, were held at each Mercy East Community Hospital.</p> <p>MERCY KIDS IN SCHOOLS - MHSL Mercy Kids provides a counselor in three underserved/low-income North St. Louis City schools, providing counseling services and social service support.</p> <p>MERCY CLINIC AT ROOSEVELT HIGH SCHOOL - MHSL A partnership between St. Louis Public Schools and Mercy produced Mercy's first school-based clinic in one of the inner city's most challenging schools. Routine physicals and urgent care is complemented with on-site behavioral health services and educational programs focused on healthy lifestyles. Community partnerships include "For the Sake of All", a program of Washington University and FOCUS St. Louis Leadership, and participation in the Near Southside Coalition. This clinic is managed by our integrated physician group and is therefore not able to be included as a community benefit on Schedule H. See Part VI, Question 5 Continuation.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>AFFILIATED HEALTH CARE SYSTEM THE FILING ORGANIZATION IS PART OF MERCY HEALTH ("MERCY") MERCY IS A MISSOURI NON-PROFIT CORPORATION WITH ITS HEADQUARTERS ("MINISTRY OFFICE") IN ST LOUIS, MISSOURI MERCY PROVIDES HEALTH CARE SERVICES IN FOUR STATES - ARKANSAS, KANSAS, MISSOURI, AND OKLAHOMA - AND HAS OUTREACH MINISTRIES LOCATED IN LOUISIANA, MISSISSIPPI, AND TEXAS MERCY'S MISSION IS "AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE " AS OF JUNE 30, 2017, MERCY FACILITIES INCLUDED 30 ACUTE CARE HOSPITALS, 4 MANAGED HOSPITALS, 4 HEART HOSPITALS, 2 CHILDREN'S HOSPITALS, 2 ORTHOPEDIC HOSPITALS AND 3 REHAB HOSPITALS FOR THE FISCAL YEAR ENDED JUNE 30, 2017, MERCY HAD MORE THAN 9 6 MILLION OUTPATIENT AND PHYSICIAN OFFICE VISITS, APPROXIMATELY 2,100 EMPLOYED PHYSICIANS, AND APPROXIMATELY 40,000 FULL-TIME EQUIVALENT EMPLOYEES, MAKING MERCY THE FIFTH LARGEST CATHOLIC HEALTH SYSTEM IN THE UNITED STATES MERCY IS SPONSORED BY MERCY HEALTH MINISTRY, WHICH IS GOVERNED BY MEMBERS THAT INCLUDE SISTERS OF MERCY MANY SERVICES THAT ARE ESSENTIAL TO FULFILLING MERCY'S MISSION ARE CENTRALIZED AT THE MINISTRY OFFICE SUCH CENTRALIZED SERVICES INCLUDE FINANCE (INCLUDING TREASURY, FINANCIAL ACCOUNTING AND REPORTING, REVENUE MANAGEMENT, INTERNAL AUDIT, ACCOUNTS PAYABLE AND PAYROLL OPERATIONS, ANALYTICS AND DECISION SUPPORT), ENVIRONMENTAL SERVICES SUPPORT, CLINICAL INTEGRATION, CARE MANAGEMENT, CLINICAL PERFORMANCE ACCELERATION, CLINICAL ENGINEERING, CLINICAL QUALITY MANAGEMENT, COMPLIANCE, GRANTS AND RESEARCH SERVICES, LEGAL AND COMPLIANCE COUNSEL, MARKETING AND COMMUNICATIONS, PLANNING, DESIGN AND CONSTRUCTION, PRODUCT DEVELOPMENT INFORMATICS, REAL ESTATE, SUPPLY CHAIN MANAGEMENT, MANAGED CARE STRATEGY SUPPORT, HUMAN RESOURCES (INCLUDING COMPENSATION, BENEFITS AND RECRUITING), MISSION SERVICES AND ETHICS, PHILANTHROPY SUPPORT, INFORMATION TECHNOLOGY, AND, COMMUNITY RELATIONS THE CENTRALIZATION OF SUCH SUPPORT SERVICES ENABLES MERCY TO ENSURE THAT EACH OF ITS COMMUNITIES, WHETHER LARGE OR SMALL, HAS THE SERVICES IT NEEDS</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	MO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Question 5 continuation	<p>SUBSTANCE USED TERRA BAGS - MHSL & MHW* Over 16,000 Deterra bags were distributed throughout Mercy Hospital St. Louis and Mercy Hospital Washington providers in an effort to promote safe disposal of unused medications, especially narcotics. These bags are designed to neutralize the medication once water is added to the charcoal-based bag and also makes the bag earth-friendly.</p> <p>INTENSIVE OUTPATIENT PROGRAM (IOP) - MHW* Mercy Hospital Washington opened an IOP in December 2014. It provides the highest level of outpatient care for patients suffering from mental health and chemical dependency disorders and consistently runs near capacity and accepts insured and uninsured adult and adolescent patients.</p> <p>MERCY ROAD TO FREEDOM - MHSL & MHW This program was offered to the community and Mercy co-workers as a telephonic, one-on-one support system with a specialty trained counselor. Since 2013, over 80 people have kicked the habit.</p> <p>PHYSICIANS Mercy Health System has a large number of clinics, physician offices and other healthcare facilities located in the East Community that are not associated with a hospital EIN. These clinics and facilities provide financial assistance, participate in health professions education (i.e. student shadowing) and provide in-kind contributions to their communities. The total community benefit that cannot be reported for these activities in the East Community in FY17 is \$28,707,630.</p> <p>JFK & McAULEY HEALTH CENTERS - MHSL & MHW These health centers offer comprehensive health care to a diverse population of over 10,000 patients who are economically disadvantaged, uninsured or underinsured. With more than 60,000 patient visits each year, services include medical, obstetrical, gynecological and pediatric care and access to specialty care, behavioral health including counseling and treatment, discounted pharmacy services, and vision and dental care. The charity care and unreimbursed cost of Medicaid community benefit figures for these entities are included in the overall Charity Care for MHEC and not listed separately. The work of these Mercy providers who serve those who are struggling in our community are not described in any area of this report.</p>

Additional Data

Software ID:
Software Version:
EIN: 43-0653493
Name: MERCY HOSPITALS EAST COMMUNITIES

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2											
Name, address, primary website address, and state license number											
1	Mercy Hospital St Louis 615 S New Ballas Road St Louis, MO 63141 www.mercy.net/stlouismmo 226-53	X	X	X	X		X	X			
2	Mercy Hospital Washington 901 E Fifth Street Washington, MO 63090 www.mercy.net/stlouismmo 311-32	X	X					X			

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital St Louis	<p>Part V, Section B, Line 5 THE ST LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH) SERVED A S THE PRIMARY PARTNER FOR MERCY HOSPITAL ST LOUIS DURING THE COMMUNITY HEALTH NEEDS ASSES SMENT (CHNA) PROCESS, UTILIZING THE "MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHI P" (MAPP) MODEL TO COLLABORATIVELY ADDRESS THE COMMUNITY'S MOST SIGNIFICANT HEALTH NEEDS ADDITIONAL COMMUNITY PARTNERS INCLUDED - ST LOUIS REGIONAL HEALTH COMMISSION - ROBERT FRU END, CEO- THE MATERNAL CHILD & FAMILY HEALTH COALITION (GENERATE HEALTH) - KENDRA COPANAS, EXECUTIVE DIRECTOR- MISSOURI FOUNDATION FOR HEALTH - JESSI LAROSE, HEALTH POLICY OFFICER - BEYOND HOUSING - DEBBIE CHASE, EXECUTIVE DIRECTOR OF COMMUNITY RESOURCEMERCY ALSO PARTNE RED WITH OTHER HEALTH SYSTEMS/HOSPITALS AND COMMUNITY GROUPS STRIVING TO IMPROVE THE HEALT H OF ST LOUIS COUNTY'S RESIDENTS IN ORDER TO BETTER UNDERSTAND THE BROAD INTERESTS OF THE ST LOUIS COMMUNITY, A SURVEY, WAS DESIGNED BY QUALTRICS (A TOP DATA COLLECTION SOFTWARE APPLICATION) TO CAPTURE THE PERCEPTIONS AND THOUGHTS OF COMMUNITY MEMBERS REGARDING THEIR COMMUNITY'S HEALTH NEEDS TO INCLUDE THE VOICES OF THOSE WHO MAY HAVE HAD LIMITED COMPUTER ACCESS, A CONCENTRATED EFFORT WAS MADE TO DISTRIBUTE PRINTED SURVEYS TO FOOD PANTRIES AND DAY SHELTERS OVER A 15-MONTH TIME FRAME (OCTOBER 2014 THROUGH DECEMBER 2015), MERCY RECE IVED 535 COMPLETED SURVEYS, EIGHT PERCENT OF THE SURVEYS WERE COMPLETED BY UNINSURED COMMU NITY MEMBERS (PER SELF-REPORT) AND 166 OF THE SURVEYS WERE RECEIVED AS A RESULT OF DIRECT DISTRIBUTION IN AREAS WITH LARGE POPULATIONS OF LOW-INCOME RESIDENTSMERCY HOSPITAL WASHING TONIN FRANKLIN COUNTY, A COMMUNITY HEALTH COUNCIL, LED BY TERRI MCLAIN, PRESIDENT OF MERCY HOSPITAL WASHINGTON, GUIDED THE NEEDS ASSESSMENT PROCESS IT CONSISTS OF MERCY LEADERS FR OM VARIOUS DEPARTMENTS, SUCH AS BEHAVIORAL HEALTH, FINANCE, CARE MANAGEMENT, PHILANTHROPY, ETC , AND A HOSPITAL BOARD MEMBER THE COMMUNITY HEALTH COUNCIL EVALUATED ALL THE DATA TH AT WAS COLLECTED FOR THIS REPORT ALONGSIDE INTERNAL MERCY HOSPITAL WASHINGTON RECORDS AND INPUT FROM THE FRANKLIN COUNTY COMMUNITY CO-WORKERS IN MERCY'S COMMUNITY HEALTH & ACCESS DEPARTMENT SERVED ON THE COUNCIL AND WERE THE PRIMARY LEADS OF THE 2016 CHNA A SAINT LOUI S UNIVERSITY MASTER OF HEALTH ADMINISTRATION STUDENT PROVIDED SUPPORT BY COLLECTING AND RE VIEWING DATA FROM VARIOUS SOURCES, INCLUDING THE UNITED WAY OF FRANKLIN COUNTY NEEDS ASSES SMENT COMMUNITY AMBASSADORS MEETINGMERCY HOSPITAL WASHINGTON HOSTED A COMMUNITY AMBASSADOR S MEETING IN JANUARY OF 2016 ATTENDEES INCLUDED PAST AND PRESENT HOSPITAL BOARD MEMBERS, FRANKLIN COUNTY HEALTH DEPARTMENT WORKERS, REPRESENTATIVES OF OTHER HEALTH SERVICES IN THE AREA, COMMUNITY SERVICE LEADERS (INCLUDING THE MAYOR OF WASHINGTON AND A CRISIS INTERVENT ION TEAM (CIT) POLICE OFFICER FROM UNION, MO), AS WELL AS OTHER COMMUNITY STAKEHOLDERS DU RING THE MEETING, THE HOSPITAL PRESIDENT, TERRI MCLAIN, AND CHIEF MEDICAL OFFICER, DR DAV ID CHALK, DELIVERED A "STATE O</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital St Louis	<p>F MERCY" ADDRESS AS IT PERTAINED TO FRANKLIN COUNTY THE DIRECTOR OF COMMUNITY HEALTH & AC CESS, SHARON NEUMEISTER, ALSO REVIEWED THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPROVEME NT PLAN FROM THREE YEARS PRIOR AND REPORTED ON THE PROGRESS OF THE HEALTH PRIORITIES ADDRE SSED THOSE IN ATTENDANCE WERE ASKED TO INDIVIDUALLY RANK GIVEN HEALTH ISSUES BASED ON THE IR LEVEL OF CONCERN AS WELL AS THE POTENTIAL TO PRODUCE MEASURABLE OUTCOMES COMMUNITY ADV ISORY PANELSON-LINE COMMUNITY ADVISORY PANELS ARE A KEY PART OF MERCY'S ONGOING DIALOGUE W ITH THE COMMUNITIES THAT IT SERVES INDIVIDUALS, ESPECIALLY THOSE WHO HAVE RECENTLY VISITE D A MERCY HEALTH FACILITY, ARE ROUTINELY SURVEYED TO EVALUATE PROGRAMS, SERVICE EXPERIENCE , ASSESS NEED, AND PROVIDE FEEDBACK ADDITIONALLY, MEMBERS ARE CONTINUOUSLY ADDED TO THE A DVISORY PANEL AS THEY SIGN UP FOR MYMERCY, AN ON-LINE HEALTH CARE PROGRAM THAT PROVIDES AC CESS TO THE INDIVIDUAL'S MEDICAL RECORDS 24/7 RECENT SURVEY TOPICS INCLUDED SENIOR SERVIC ES, ACCESS TO WALK-IN/URGENT CARE SERVICES, AND PEDIATRIC SERVICE NEEDS ADDITIONALLY, MERC Y HOSPITAL ST LOUIS AND FRANKLIN COUNTY COMMUNITY OUTREACH COORDINATORS FOCUSED ON IDENTI FYING UNMET NEEDS AND GAPS IN SERVICES, MAKING CONNECTIONS AND REFERRALS, DEVELOPING PARTN ERSHIPS, IMPROVING COMMUNITY HEALTH, AND ADVOCATING FOR THE MOST VULNERABLE PARTNERING TA SK FORCES WITH AGENCY COWORKERS WHO HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN THE FIELD OF P UBLIC HEALTH INCLUDED - FRANKLIN COUNTY SERVICE PROVIDERS - ANNIE SCHULTE, FRANKLIN COUNT Y CHILDREN'S RESOURCE BOARD- FRANKLIN COUNTY HEALTH DEPARTMENT - ANGELA HITTSON, DIRECTOR- FRANKLIN COUNTY HUNGER TASK FORCE - LOETTA BLAIR, JEFFERSON FRANKLIN COMMUNITY ACTION COR PS - UNITED WAY OF FRANKLIN COUNTY - KIM STRUBBERG, EXECUTIVE DIRECTOR- CRIDER HEALTH CENT ER/COMPASS HEALTH NETWORK- KIM FARRIS- WILSON, CLINIC DIRECTORIN FRANKLIN COUNTY THE SAME SURVEY, QUALTRICS WAS AVAILABLE BOTH IN HARDCOPY AND ON-LINE A TOTAL OF 86 INDIVIDUALS WH O STATED THAT THEY RECEIVE THEIR HEALTH CARE IN FRANKLIN COUNTY COMPLETED THE SURVEY OVER A 15 MONTH TIMEFRAME (OCTOBER 2014 - DECEMBER 2015) THE MAJORITY OF PARTICIPANTS WERE RES IDENTS OF WASHINGTON, THE CITY IN WHICH MERCY HOSPITAL WASHINGTON IS LOCATED ADDITIONALLY, IN COLLABORATION WITH MHW, EFFORTS WERE MADE TO INCLUDE THE VOICES OF POPULATIONS LESS LI KELY TO ACCESS THE ON-LINE SURVEY BY GIVING GUESTS OF FOOD PANTRIES AND MEAL PROGRAMS THE OPPORTUNITY TO COMPLETE A PAPER COPY DURING THEIR VISIT</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital Washington	Part V, Section B, Line 5 See Mercy Hospital St Louis response

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital St Louis	Part V, Section B, Line 6a Mercy Hospital Washington

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital Washington	Part V, Section B, Line 6a Mercy Hospital St Louis

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Mercy Hospital St Louis	Part V, Section B, Line 6b St Louis County Department of Public Health and the Franklin County Health Department

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Mercy Hospital Washington	Part V, Section B, Line 6b St Louis County Department of Public Health and the Franklin County Health Department

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital St Louis	<p>Part V, Section B, Line 11 BASED ON THE FINDINGS OF ITS MOST RECENTLY CONDUCTED CHNA, MER CY HOSPITAL ST LOUIS HAS CHOSEN TO ADDRESS THE FOLLOWING THREE SIGNIFICANT HEALTH NEEDS I DENTIFIED IN ST LOUIS - ACCESS TO CARE- MENTAL HEALTH- SUBSTANCE USE- HEALTH EQUITYBASED ON THE FINDINGS OF ITS MOST RECENTLY CONDUCTED CHNA, MERCY HOSPITAL WASHINGTON HAS CHOSEN TO ADDRESS THE FOLLOWING THREE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN FRANKLIN COUNTY - ACCESS TO CARE- MENTAL HEALTH- SUBSTANCE USETHESE NEEDS ARE BEING ADDRESSED IN BOTH ST LO UIS & FRANKLIN COUNTY HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), WHICH CAN BE AC CESS ED HERE HTTPS //WWW MERCY NET/SITES/DEFAULT/FILES/VENDOR-RESOURCES/MHSL_CHIP_9_26_16 pdf AND HTTPS //WWW MERCY NET/SITES/DEFAULT/FILES/VENDOR-RESOURCES/CHIP_MHW_160808 pdf So me notable achievements during the FY17 year include - The Community Referral Coordinator (CRC) program at Mercy Hospital St Louis has evolved to a 60% appointment kept rate when encountered by a CRC which works in the department (ED) in order to provide patients witho ut a medical home assistance in finding a primary care or specialty care provider, along with social service support, as appropriate - Mercy Hospital St Louis implemented the Eme rgency Room Enhancement Project which focuses on enhancing supports for adult high utilize rs of ER with the primary goal of reducing preventable hospital contacts across the region by fostering engagement through support, intensive outreach and improving outcomes throug h connection to community - Mercy Hospital St Louis in partnership with Generate Health, Barnes Jewish Hospital and SSM Health System was awarded the BUILD Health Challenge Grant which focuses on decreasing Maternal/Child Health and infant mortality rates by addressing disparities and transportation - Mercy Hospital St Louis implemented the Diabetes Empowe rment Education Program for minorities battling diabetes in North St Louis County - Mercy Hospital Washington's McAuley Clinic Women's Program began tracking the number of expecta nt women who were using drugs, alcohol or tobacco at the time of their first appointment u ntil they delivered The women were counseled on these unhealthy behaviors for their sake and their babies Many were referred to treatment programs such as the onsite Mercy Intensive Outpatient Program - Mercy Hospital Washington, in partnership with the Multi-County D rug Task Force and Franklin County Sheriff's Office, began training first responders so th at they could begin carrying and utilizing Narcan to revive overdosed patients while waiti ng for the ambulance to arrive ADDITIONAL NEEDS BEING ADDRESSED BY MERCY HOSPITAL ST LOUI S INCLUDE - VIOLENCE DOMESTIC, ELDERLY, CHILD ABUSE, AND TRAFFICKINGMHSL WILL CONTINUE T O PARTNER WITH ALIVE, A LOCAL DOMESTIC VIOLENCE AGENCY, TO IMPLEMENT PROJECT HOPE, THE ONL Y PROGRAM IN THE GREATER ST LOUIS AREA THAT ALLOWS DOMESTIC VIOLENCE SURVIVORS TO FILE FO R, AND POTENTIALLY HAVE GRANTE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital St Louis	<p>D, ORDERS OF PROTECTION WHILE STILL IN A HOSPITAL SETTING INFORMATION REGARDING ALIVE'S PROGRAMMING AND SERVICES IS DISTRIBUTED THROUGHOUT MHSL, WITH SPANISH TRANSLATIONS PROVIDED TO BETTER REACH PATIENTS WHO SPEAK LIMITED ENGLISH MHSL IS ALSO ACTIVELY INVOLVED IN THE COALITION AGAINST TRAFFICKING AND EXPLOITATION (CATE), AND PARTNERS WITH ST MARTHA'S HAL L, A CATHOLIC CHARITIES ORGANIZATION THAT PROVIDES SHELTER AND SERVICES TO WOMEN AND CHILD REN WHO HAVE SURVIVED DOMESTIC VIOLENCE MERCY WILL CONTINUE ITS COLLABORATION AND INVOLVE MENT WITH THESE GROUPS, AS WELL AS THE AWARENESS AND EDUCATION CAMPAIGNS IT HAS BEGUN WITH RESTROOM RESOURCE POSTERS, A TRAINING VIDEO, AND THE INCORPORATION OF A SCREENING QUESTIO N/REFERRAL PROCESS IN MERCY'S ELECTRONIC MEDICAL RECORD (EMR) HOWEVER, IT WAS FELT BY MER CY'S CHC THAT WHILE CONTINUED ATTENTION TO THIS ISSUE WAS IMPORTANT, THE ISSUES OF ACCESS, HEALTH EQUITY, AND THE COMMUNITY'S CRISIS WITH BEHAVIORAL HEALTH AND ADDICTION DEMANDED M ERCY'S FOCUS AT THIS TIME Inpatient care management is currently looking into expanding t his resource to MHJ - OBESITY/POOR NUTRITION/PHYSICAL INACTIVITYALTHOUGH MHSL DID NOT CHOO SE HEALTHY LIFESTYLES AS A PRIORITY COMMUNITY HEALTH NEED TO BE ADDRESSED, MERCY HAS FOCUS ED ON ITS OWN COWORKERS, 10,000+ IN THE ST LOUIS REGION, AS A START TO ADDRESSING THIS NEE D A ROBUST INITIATIVE, MERCY'S HEALTHIFICATION PROGRAM, PROVIDES COMPREHENSIVE HEALTH EVA LUATION, SCREENING, EDUCATION, AND INCENTIVES TO INCREASE HEALTHY BEHAVIORS AND IMPROVE HE ALTH AMONG MERCY COWORKERS - CHRONIC CONDITIONS HEART DISEASE, DIABETES, OR ASTHMA AND A LLERGIESA SIGNIFICANT CONCERN RELATING TO CHRONIC CONDITIONS IS THE DISPARITY IN HEALTH OU TCOMES AND TREATMENT FOR BLACKS/AFRICAN-AMERICANS AND WHITES/CAUCASIANS MHSL RECENTLY SIG NED AN AMERICAN HOSPITAL ASSOCIATION HEALTH EQUITY PLEDGE AND IS BEGINNING TO IMPLEMENT "C ALL TO ACTION" GOALS AIMED AT IDENTIFYING AND, SUBSEQUENTLY, ADDRESSING AREAS OF HEALTH DI SPARITY AND SERVICE GAPS AS THE LEADER IN ST LOUIS COUNTY FOR NEWBORN DELIVERIES, MHSL HA S DECIDED TO TAKE ON THE SIGNIFICANT ISSUE OF HEALTH EQUITY BY BEGINNING WITH MATERNAL/CHI LD HEALTH DISPARITIES AND ADDRESSING SOME OF THE REGION'S NEEDS WITH LOW BIRTH WEIGHT BABI ES MERCY HAS ALSO COMMITTED TO ADDRESSING HEALTH EQUITY IN THE INNER NORTH REGION COMMUNI TY OF WELLSTON, MERCY IS OUTLINING A COLLABORATIVE COMMUNITY PLAN TO ADDRESS OVERALL HEALT H EQUITY WITH THESE COMMUNITY MEMBERS - CANCER LUNG/TOBACCO USEEFFORTS TO ADDRESS TOBACC O CESSATION WILL CONTINUE THROUGH MERCY'S CERTIFIED HEALTH AND WELLNESS COACH/MERCY ROAD T O FREEDOM PROGRAM THOUGH MERCY'S CARDIOPULMONARY REHAB AREA ADDITIONALLY, MERCY WILL CONT INUE TO ADVOCATE AROUND MEASURES THAT PROMOTE TOBACCO CESSATION, SUCH AS TOBACCO 21, A BIL L A MHSL PHYSICIAN INTRODUCED IN 2016 TO RAISE THE TOBACCO PRODUCTS PURCHASE AGE TO 21 IN ST LOUIS COUNTY THE BILL WAS PASSED AND THE NEW TOBACCO PRODUCTS PURCHASE AGE LAW WILL G O INTO EFFECT ON DECEMBER 1, 2</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Mercy Hospital St Louis	016 OTHER IDENTIFIED NEEDS NOT BEING ADDRESSED AND WHY NOT, IF APPLICABLE - SEXUALLY TRAN SMITTED INFECTIONSINFECTIOUS DISEASE PHYSICIANS AT MERCY WILL CONTINUE TO ADDRESS THIS ISS UE THROUGH COLLABORATIVE WORK MERCY WILL NOT, HOWEVER, TAKE A LEAD ROLE ON THIS ISSUE AS THERE ARE SOME LIMITATIONS TO THE ORGANIZATION'S PARTNERSHIPS IN THIS AREA AS A CATHOLIC H EALTH SYSTEM ADDITIONAL NEEDS BEING ADDRESSED BY MERCY HOSPITAL WASHINGTON INCLUDE MERCY HOSPITAL WASHINGTON (MHW) EXAMINED THE FRANKLIN COUNTY COMMUNITY HEALTH DATA PRESENTED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT AS WELL AS CONSIDERED THE RESOURCES AVAILABLE THROU GHOUT MERCY EAST COMMUNITY ACCESS TO CARE, MENTAL HEALTH AND SUBSTANCE USE/ABUSE WERE CHO SEN AS THE AREAS OF FOCUS OVER THE NEXT THREE YEARS MHW WILL CONTINUE TO SUPPORT, COLLABO RATE AND PARTNER WITH COMMUNITY AGENCIES TO ADDRESS THESE ADDITIONAL COMMUNITY NEEDS - AC CIDENTAL INJURIES/VIOLENCE DOMESTIC, ELDERLY, CHILD ABUSE, AND TRAFFICKINGMHW WORKS CLOSE LY WITH DOMESTIC VIOLENCE, SEX TRAFFICKING AND FAMILY SERVICES AGENCIES, SUCH AS ALTERNATI VES TO LIVING IN VIOLENT ENVIRONMENTS (ALIVE) AND LOCAL LAW ENFORCEMENT TO INSURE PATIENTS ARE GIVEN SAFE CHOICES WHILE IN A HOSPITAL SETTING MERCY HAS BEGUN SAFETY AWARENESS AND EDUCATIONAL CAMPAIGNS WHICH INCLUDES INTERNAL TRAINING VIDEOS, RESTROOM RESOURCE POSTERS, AND THE INCORPORATION OF A SAFETY SCREENING/REFERRAL QUESTION WHICH CUES UP IN EACH PATIEN T'S MERCY'S ELECTRONIC MEDICAL RECORD (EMR) SEE PART V, SECTION B, LINE 11 CONTINUATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUATION	<p>HEALTHY LIFESTYLES HEART DISEASE, HIGH BLOOD PRESSURE, OBESITY/POOR NUTRITION/PHYSICAL INACTIVITY</p> <p>MERCY HAS PRIORITIZED IMPROVING HEALTHY LIFESTYLES AMONG ITS 10,000+ COWORKERS IN THE EAST COMMUNITY THE HEALTHIFICATION PROGRAM IS A ROBUST INITIATIVE THAT PROVIDES COMPREHENSIVE HEALTH EVALUATION, SCREENING, EDUCATION, AND INCENTIVES TO INCREASE HEALTHY BEHAVIORS AND IMPROVE HEALTH AMONG MERCY COWORKERS</p> <p>MERCY CLINIC ALSO OFFERS A VARIETY OF PROGRAMS AND SERVICES TO ADDRESS CHRONIC CONDITIONS AND A HEALTHY LIFESTYLE - CANCERS COLON, RECTUM AND LUNG</p> <p>COMMUNITY CANCER SCREENINGS AND EDUCATION CONTINUE TO BE OFFERED REGIONALLY EFFORTS TO ADDRESS TOBACCO CESSATION WILL CONTINUE THROUGH MERCY'S CERTIFIED HEALTH AND WELLNESS COACH/MERCY ROAD TO FREEDOM PROGRAM THROUGH MERCY'S CARDIOPULMONARY REHAB AREA</p> <p>ADDITIONALLY, MERCY WILL CONTINUE TO ADVOCATE AROUND MEASURES THAT PROMOTE TOBACCO CESSATION A BILL RECENTLY PASSED IN ST LOUIS COUNTY WILL RAISE THE TOBACCO PRODUCTS PURCHASE AGE TO 21 AND MHW WILL LOOK FOR OPPORTUNITIES TO EXPAND THIS LEGISLATION TO FRANKLIN COUNTY THE FOLLOWING NEED IS NOT BEING ADDRESSED BY THE MHW HOSPITAL - PHYSICAL ENVIRONMENT AIR/WATER QUALITY AND HOUSING</p> <p>IN THE CATEGORY OF PHYSICAL ENVIRONMENT, MHW HAS CHOSEN TRANSPORTATION, UNDER THE ACCESS TO CARE PRIORITY COLLABORATION WITH LOCAL COALITIONS ADDRESSING HOMELESSNESS AND HOUSING WILL CONTINUE AS WILL MERCY'S SUPPORT OF INDUSTRY, GOVERNMENT, NON-GOVERNMENTAL ORGANIZATIONS AND THE PUBLIC IN ADDRESSING AIR AND WATER QUALITY IN OUR AREA</p>

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 - Mercy South Campus 901 Patients First Dr Washington, MO 63090	Hospital based outpatient depts Various Clinical Services
2 - Medical & Professional Services 15945 Clayton Road Ballwin, MO 63011	Hospital based outpatient depts Surg Ctr, various clinical services
3 - Mercy Urgent Care - O'Fallon 300 Winding Woods Drive OFallon, MO 63366	Hospital based outpatient depts UCC S&T Blood Dr St ImagCtr, Perin, Pulm
4 - Mercy Medical Building 12348 Old Tesson Road StLouis, MO 63128	Hospital based outpatient depts Women's Ctr, Imag Ctr, Nuc Med, Card Testin
5 - Mercy Medical Building - Olive and Mason 12680 Olive Creve Couer, MO 63141	Hospital based outpatient depts S&T, Nutrition Couns, Chirop, Imagine
6 - Mercy Urgent Care - Piper Hill 107 Piper Hill Drive St Peters, MO 63376	Hospital based outpatient depts Urgent Care, Sports & Therapy, Blood Draw
7 - Mercy Endoscopy Center 12990 Manchester Road Des Peres, MO 63131	Hospital based outpatient depts Endoscopy
8 - Fenton Medical Office Building 1203 Smizer Mill Road Fenton, MO 63026	Hospital based outpatient depts Imaging, Blood Draw Station
9 - Mercy Endoscopy Center 200 Brevco Plaza Lake St Louis, MO 63367	Hospital based outpatient depts Endoscopy
10 - Mercy Medical Building 11700 Studt Road St Louis, MO 63141	Hospital based outpatient depts Hyberbaric Wound Center, Fertility Services
11 - Mercy Diagnostic Testing 755 Dunn Road Hazelwood, MO 63042	Hospital based outpatient depts Sports & Therapy, Cardiac Testing, Nuc Medi
12 - Edgewood 970 Executive Parkway St Louis, MO 63141	Hospital based outpatient depts Outpatient Behavioral Health
13 - Mercy Sports Therapy - Tesson Ferry 13303 Tesson Ferry Road St Louis, MO 63128	Hospital based outpatient depts Sports & Therapy
14 - Mercy Sports Therapy 1176 Town Country Commons St Louis, MO 63017	Hospital based outpatient depts Sports Therapy & Rehab
15 - Mercy Urgent Care - Legends Parkway 20 Legends Parkway Eureka, MO 63025	Hospital based outpatient depts Various Clinical and Imaging Services

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 - Mercy Medical Building Hazelwood 801 Hazelwest Drive Hazelwood, MO 63042	Hospital based outpatient depts Imaging Center/Blood Draw Station
17 - Mercy Medical Building 1820 Zumbahl Road St Charles, MO 63303	Hospital based outpatient depts Cardiac Testing, Imaging, Blood Draw Statio
18 - Mercy Urgent Care - North County 637 Dunn Road Suite 101 Hazelwood, MO 63042	Hospital based outpatient depts Urgent Care
19 - Mercy Kids Mid Rivers 4525 Mid Rivers mall Drive St Peters, MO 63376	Hospital based outpatient depts Pediatric PT/OT/Speech,Blood Draw Station
20 - Mercy Sports Therapy - Crestwood 10024 Watson Road St Louis, MO 63126	Hospital based outpatient depts Sports & Therapy/Blood Draw Station
21 - St Louis Cancer & Breast Institute 6435 Chippewa St Louis, MO 63109	Hospital based outpatient depts Infusion Therapy
22 - Mercy Therapy Services 1935 Prairie Dell Road - Suite 300 Union, MO 63084	Hospital based outpatient depts Sports and Therapy
23 - Mercy Medical Building - Grover 16555 Manchester Road Grover, MO 63040	Hospital based outpatient depts Radiology, Sports & Therapy, Blood Draw Sta
24 - Liberty Point Medical Building 2023 Vadalabene Suite 300 Maryville, IL 62062	Hospital based outpatient depts Perinatal Center
25 - Mercy Therapy Services 735 West Springfield Road Gerald, MO 63037	Hospital based outpatient depts Sports and Therapy
26 - Mercy Sullivan 1326 S Service Rd West Sullivan, MO 63080	Hospital based outpatient depts Various Clinical and Imaging Services
27 - Mercy Sports Medicine - Emerson 633 Emerson Rd 20 Creve Couer, MO 63141	Hospital based outpatient depts sports Therapy
28 - Florissant Meadows Shopping Center 572 Highway 67 Florissant, MO 63031	Hospital based outpatient depts Blood Draw Station
29 - Mercy Water Tower Place 1237 Water Tower Place Arnold, MO 63010	Hospital based outpatient depts Women's care,Ortho surg,neurology,internal
30 - Mercy Medical Building - Winghaven 2223 Technology Drive OFallon, MO 63368	Hospital based outpatient depts Imaging Center/Blood Draw Station

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As Filed Data -

DLN: 93493134082488

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

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.

Name of the organization
MERCY HOSPITALS EAST COMMUNITIES

Employer identification number
43-0653493

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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 23

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

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
(1) Assistance with patients gas bills	56	5,496			
(2) Assistance toward cremation services for hospice patients	34	28,645			
(3) Assistance with patients electric bill	108	13,092			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	Grants are made to organizations which have an established history of providing health care support and/or community benefit. If necessary, periodic reports are provided to us. Grants are made to related organizations, which provide reporting on the use of the funds and work closely with our organization.

Additional Data

Software ID:
Software Version:
EIN: 43-0653493
Name: MERCY HOSPITALS EAST COMMUNITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Mercy Health Foundation St Louis 615 S New Ballas Road St Louis, MO 63141	56-2410020	501(c)(3)	375,000				Charitable support
Mercy Health Foundation Washington 901 E Fifth Street Washington, MO 63090	56-2410022	501(c)(3)	72,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
March of Dimes 11829 Dorsett Road Maryland Heights, MO 63043	13-1846366	501(c)(3)	23,275				Charitable support
Foundation Fighting Blindness 977 Lakeview Pkwy Ste 140 Vernon Hills, IL 60061	23-7135845	501(c)(3)	5,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
American Heart Association 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	10,000				Charitable support
Camp Rainbow Foundation 13990 Olive Blvd Suite 203-3 Chesterfield, MO 63017	43-1563030	501(c)(3)	5,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Cancer Care Foundation Inc One Clarkson Lake Court Chesterfield, MO 63017	45-2775463	501(c)(3)	10,000				Charitable support
Catch 22 Foundation 1841 Prescott Ridge St Charles, MO 63303	20-6207435	501(c)(3)	5,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Missouri Friends of Injured Marines 1351 Jefferson St Suite 110 Washington, MO 63090	26-2088725	501(c)(3)	5,000				Charitable support
Westminster Christian Academy 800 Maryville Centre Dr Town and Country, MO 63017	51-0158994	501(c)(3)	7,500				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Missouri Physicians Health Program 680 Craig Road Suite 308 St Louis, MO 63141	43-1572458	501(c)(3)	5,000				Charitable support
Friends of Kids with Cancer 530 Maryville Centre Dr Ste LL5 St Louis, MO 63141	43-1614563	501(c)(3)	5,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
American Cancer Society 4207 Lindell Blvd St Louis, MO 63141	13-1788491	501(c)(3)	6,000				Charitable support
Interfaith Residence 4385 Maryland Ave St Louis, MO 63108	43-1484279	501(c)(3)	5,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Metropolitan Amateur Golf Association 11777 Clayton Road St Louis, MO 63131	43-1631448	501(c)(4)	11,500				Charitable support
MS Center of Saint Louis 1176 Town Country Commons Chesterfield, MO 63017	27-0067529	501(c)(3)	10,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
National Alliance on Mental Illness (NAMI) 1750 S Brentwood Blvd Ste 511 St Louis, MO 63144	43-1143899	501(c)(3)	7,500				Charitable support
Operation food Search 6282 Olive Blvd St Louis, MO 63130	43-1241854	501(c)(3)	5,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Responder Rescue 3711 Mexico Road St Charles, MO 63303	27-1501578	501(c)(3)	6,650				Charitable support
St Louis Arc 1177 N Warson Rd St Louis, MO 63132	43-0718811	501(c)(3)	5,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
St Louis Regional Health Commission 1113 Mississippi Ave Ste 113 St Louis, MO 63104	43-1883638	501(c)(3)	5,000				Charitable support
St Louis Men's Group Against Cancer 2155 Woodson Rd Stlouis, MO 63114	43-1558366	501(c)(3)	10,000				Charitable support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Susan G Komen Missouri 9288 Dielman Industrial Dr St louis, MO 63132	75-2844650	501(c)(3)	15,000				Charitable support
Marian Middle School 4130 Wyoming Street St louis, MO 63116	43-1873629	501(c)(3)	10,000				Charitable support

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 HOSPITALS EAST COMMUNITIES	Employer identification number 43-0653493
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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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
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?	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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
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.		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
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. IN ANY CIRCUMSTANCE IN WHICH CHARTER TRAVEL IS MADE AVAILABLE TO EMPLOYEES AND/OR SPOUSES/GUESTS FOR PERSONAL REASONS, MERCY POLICY REQUIRES TRACKING OF SUCH USE AND TAXATION OF THE EMPLOYEE(S) ACCORDINGLY. 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 EMPLOYEE OF THIS ORGANIZATION: JEFF JOHNSTON. HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY. SUCH BENEFITS ARE A TAXABLE BENEFIT TO EMPLOYEES FOR PURPOSES OF THIS FORM 990. ERIC EOLOFF. 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. LIMITED INSTANCES OF TAX GROSS-UPS MAY HAVE OCCURRED WITH RESPECT TO EXECUTIVES.
Part I, Lines 4a-b	Joan Frost received \$67,757 of severance compensation. Terri McLain received \$243,263 of severance compensation. 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 6/30/2017: McCurry, Michael, Johnston, Jeffrey, Sorensen, Donn, McLain, Terri L, Eoloff, Eric, Crain, Christine, Geldbach, Patricia, Hintze, Paul, Kalicak, Don, Matejka, Cheryl L, Rehm, Charles, Starke, Keith, Frazier, Donna, Kahn MD, Joseph, 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 -Written employment contract -Compensation survey or study -Approval by the board or compensation committee.

Additional Data

Software ID:

Software Version:

EIN: 43-0653493

Name: MERCY HOSPITALS 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				
1Cleveland MD Jeanne Physician & Board member	(i)	0	0	0	0	0	0	0
	(ii)	597,884	18,606	47,810	13,955	-	-	0
						16,330	694,585	
1Galli MD William Physician & Board member	(i)	0	0	0	0	0	0	0
	(ii)	302,306	112,087	29,680	9,275	-	-	0
						16,297	469,645	
2Halsted MD Robert Physician & Board member	(i)	0	0	0	0	0	0	0
	(ii)	461,062	0	51,709	17,225	-	-	0
						16,668	546,664	
3Kluesner Gretchen Physician & Board member	(i)	0	0	0	0	0	0	0
	(ii)	303,594	0	30,337	11,925	-	-	0
						12,407	358,263	
4Pennell Richard Physician & Board member	(i)	0	0	0	0	0	0	0
	(ii)	691,712	125,940	32,564	17,225	-	-	0
						12,483	879,924	
5Rehm MD Charles Chief Administrative Officer & Board	(i)	0	0	0	0	0	0	0
	(ii)	518,910	243,404	76,015	95,618	-	-	0
						12,152	946,099	
6Riechers MD Thomas Physician & Board member	(i)	0	0	0	0	0	0	0
	(ii)	398,156	101,746	53,272	21,673	-	-	0
						16,668	591,515	
7Johnston Jeffrey A President, Mercy Hospital St Louis	(i)	511,077	286,286	76,658	264,051	16,668	1,154,740	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Hannasch Susan Regional VP-General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	244,284	80,003	36,778	45,838	-	-	0
						12,257	419,160	
9Matejka Cheryl L Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	377,918	166,609	55,840	68,979	-	-	0
						16,597	685,943	
10Sorensen Donn President-East Communities-thru 04/1	(i)	0	0	0	0	0	0	0
	(ii)	671,310	361,742	37,569	322,830	-	-	0
						9,711	1,403,162	
11Bollin Steven J VP - Support Services	(i)	160,458	50,014	22,582	12,159	12,173	257,386	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12Crain Chnstine COO-Mercy Children's Services	(i)	289,206	96,823	53,863	117,044	6,337	563,273	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13Eoloff Eric J President, Mercy Hospital Washington	(i)	372,084	143,232	933	60,270	9,587	586,106	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14Frazier Donna M Chief Nursing Officer	(i)	260,561	76,834	21,380	64,829	261	423,865	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15Frost Joan Chief Operating Officer	(i)	185,080	171,634	129,887	94,115	4,708	585,424	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16Geldbach Patricia L VP-Mercy Women's Services	(i)	0	0	0	0	0	0	0
	(ii)	229,278	80,159	43,860	74,336	-	-	0
						12,259	439,892	
17Hintze Paul VP - Medical Affairs	(i)	385,106	213,600	29,745	77,427	12,397	718,275	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18Kahn MD Joseph President-Mercy Children's Services	(i)	0	0	0	0	0	0	0
	(ii)	421,804	254,990	49,174	85,642	-	-	0
						12,454	824,064	
19Kalicak Donald VP - Business Development & Planning	(i)	0	0	0	0	0	0	0
	(ii)	232,560	108,480	45,414	89,994	-	-	0
						11,815	488,263	

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				
21Nelson Kathryn VP - Performance Improvement	(i)	188,401	62,671	43,061	12,412	16,108	322,653	0
	(ii)	0	0	0	0	- 0	- 0	0
1Rothermich Anthony Administrator, Mercy Hosp Lincoln	(i)	0	0	0	0	0	0	0
	(ii)	174,686	51,708	26,291	23,378	- 11,650	- 287,713	0
2Scoffice DeniseVP-Finance	(i)	0	0	0	0	0	0	0
	(ii)	165,377	54,963	42,459	25,316	- 6,213	- 294,328	0
3Weilbacher Robyn CNO - starting 05/16	(i)	173,930	47,057	28,800	20,939	16,353	287,079	0
	(ii)	0	0	0	0	- 0	- 0	0
4Hassler Joe WChief CRNA	(i)	174,833	5,040	16,398	9,141	16,046	221,458	0
	(ii)	0	0	0	0	- 0	- 0	0
5Syed Power Nisar F Nurse Anesthetist	(i)	183,075	5,040	12,161	5,046	188	205,510	0
	(ii)	0	0	0	0	- 0	- 0	0
6Veronikis MD Dionysios Physician	(i)	174,689	0	24,569	24,491	6,348	230,097	0
	(ii)	0	0	0	0	- 0	- 0	0
7Winters Michelle APhysician	(i)	166,582	30,108	352	1,967	6,175	205,184	0
	(ii)	0	0	0	0	- 0	- 0	0
8Witten MD BaroldPhysician	(i)	190,328	0	42,000	52,993	0	285,321	0
	(ii)	0	0	0	0	- 0	- 0	0
9McCurry Michael Former officer	(i)	0	0	0	0	0	0	0
	(ii)	847,002	792,616	148,364	732,714	- 12,183	- 2,532,879	0
10McLain Terri L Former key employee	(i)	168,761	197,247	387,523	20,685	6,689	780,905	0
	(ii)	0	0	0	0	- 0	- 0	0
11Starke MD Keith M Former key employee	(i)	0	0	0	0	0	0	0
	(ii)	431,782	139,553	79,895	97,770	- 12,465	- 761,465	0
12Cox Michael J Former highest compensated	(i)	119,751	0	169	0	3,142	123,062	0
	(ii)	380,719	0	48,614	13,000	- 9,727	- 452,060	0

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

2016

Open to Public Inspection

Name of the organization
MERCY HOSPITALS EAST COMMUNITIES

Employer identification number
43-0653493

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 43-0653493
Name: MERCY HOSPITALS EAST COMMUNITIES

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Cheryl Crain	Family Member of Christine Crain, Key Employee	55,211	Employment arrangement, Mercy Hospitals East Communities		No
Christine Bolin	Family Member of Steven Bollin, Key Employee	60,775	Employment arrangement, Mercy Hospitals East Communities		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Mary Wiesehan	Family member of Charles Rehm, board member	7,491	Employment arrangement, Mercy Hospitals East Communities		No
Judy Tobben	Family member of Bonnie Eckelkamp, board member	11,556	Employment arrangement, Mercy Hospitals East Communities		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Jon Sullivan	Family member of Terri McLain, board member	96,327	Employment arrangement, Mercy Hospitals East Communities		No
Erika Kluesner	Family member of Gretchen Kluesner, board member	37,046	Employment arrangement, Mercy Hospitals East Communities		No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
MERCY HOSPITALS EAST COMMUNITIES**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

2016**Open to Public
Inspection****Employer identification number**

43-0653493

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The member of Mercy Hospitals East Communities is Mercy Health East Communities, a support ing organization under Section 509(a)(3) The member of Mercy Health East Communities is M ercy Health

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Mercy Health, the member of Mercy Health East Communities, has reserve powers to appoint and remove all directors and officers for Mercy Hospitals East Communities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED TO THE CORPORATE MEMBER (AND WITH REGARD TO CERTAIN POWERS AND RESPONSIBILITIES, TO MERCY HEALTH, AS THE CORPORATE MEMBER OF THE CORPORATE MEMBER) -APPROVAL OF REVISIONS TO THE MISSION, VISION, AND OPERATING VALUES, PURSUANT TO WHICH THE CORPORATION OPERATES, -APPROVAL OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION AND THESE BYLAWS AND ANY AMENDMENTS TO THE ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE OF THE CORPORATION, -APPROVAL OF THE APPOINTMENT AND REMOVAL OF THE PRESIDENT OF THE CORPORATION, AS PROVIDED IN SECTIONS 7 2 1 AND 7 3 OF THE BYLAWS, -ADOPTION OF THE STRATEGIC PLAN, GOALS AND OBJECTIVES OF THE CORPORATION, -ADOPTION OF THE OPERATING, CAPITAL, AND ALL OTHER BUDGETS FOR THE CORPORATION, -APPROVAL OF THE ASSIGNMENT, TRANSFER, SALE OR LEASE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY AFFILIATE OF THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000) IN ANY ONE OR SERIES OF RELATED TRANSACTIONS OCCURRING WITHIN ANY TWELVE (12) MONTH PERIOD, -AUTHORIZATION AND APPROVAL OF THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY AFFILIATE OF THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, -APPROVAL OF A PLAN OF MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION, -APPROVAL OF THE LEASE, MANAGEMENT, OR PURCHASE OF, OR AFFILIATION WITH, ANOTHER HOSPITAL OR HEALTH SYSTEM, OR HEALTH CARE FACILITY OR HEALTH CARE SYSTEM BY THE CORPORATION, AND, -APPROVAL OF THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	<p>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 leadership. The draft Form 990 is also reviewed by the Mercy Health 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 for review. Once reviewed and approved by the filing organization's leadership team, the Form 990 is provided to the Board of Directors for review, it is then signed and filed with the IRS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>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, 2017. This process is administered at the Mercy Health level by Mercy's Corporate Compliance 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 of the Board of Directors.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	<p>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 annual review/approval of compensation by the Compensation Committee of the Mercy Health Board. For those classified as key employees, the organization uses the following to establish the compensation: external market salary surveys, external market salary studies, and review/approval of executive management. Compensation reviews are completed on an annual basis, and a review was completed during the reporting year.</p>

990 Schedule O, Supplemental Information

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 c Financial results are available via request of copy of Form 990

990 Schedule O, Supplemental Information

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)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Restricted Fund - Investment Income 347,477 Restricted Fund - Donations 1,049,406 Restr cted Fund - Expenses -645,289 Restricted Fund - Fixed Assets Purchased -2,481 Net Transf ers to/from Affiliates -218,675,946 Net assets released from restrictions 1,834,832

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part XII, Line 2	<p>Audited Financial Statements The filing organization's financial statements were included in the Mercy Health and Subsidiaries annual financial statement audit. The Mercy Health and Subsidiaries received an unqualified opinion from the external auditors for fiscal 2017 (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 of the Mercy Health Board of Directors. Audit results are communicated to this committee.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3	Single Audit Act and OMB Circular A-133 MERCY HEALTH UNDERGOES A CONSOLIDATED A-133 AUDIT EVERY YEAR AND DID SO FOR THE FISCAL YEAR ENDING JUNE 30, 2017 EACH ENTITY THAT RECEIVES FEDERAL FUNDS DURING THE YEAR IS INCLUDED ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (SEFA) AND IS ALSO INCLUDED IN THE POPULATION AVAILABLE FOR AUDIT THE FILING ENTITY RECEIVED FEDERAL FUNDS DURING THE YEAR ENDED JUNE 30, 2017, WAS INCLUDED ON THE MERCY HEALTH CONSOLIDATED SEFA, AND THEREFORE, WAS ALSO INCLUDED IN THE POPULATION AVAILABLE FOR AUDIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Listing of included divisions and entities	Federal EINS THE OPERATING RESULTS OF THE FOLLOWING ENTITIES, DIVISIONS, AND/OR SUBORDINAT E ORGANIZATIONS OF MERCY HOSPITALS EAST COMMUNITIES ARE INCLUDED IN THE INFORMATION PRESEN TED IN THE FORM 990 FOR THE YEAR ENDED JUNE 30, 2017 ENTITY FEIN Mercy Hospitals East Com munities St Louis 43-0653493 Mercy Hospitals East Communities Washington 43-1066883 Mercy Support Services 43-1677952

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	SYSTEM LIMITATIONS LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V , IN LINES B AND C

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Question 1a	Independent Contractors Independent contractors for the filing organization are paid by Me rcy Health (EIN 43-1423050) As such, all required Form 1099 and Form 1096 reporting is ma de for the entire health system (with limited exceptions) under the Mercy Health EIN

990 Schedule O, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134082488	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .					
Department of the Treasury Internal Revenue Service					
Name of the organization MERCY HOSPITALS EAST COMMUNITIES				Employer identification number 43-0653493	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Plaza Surgery Services Company LLC 12700 Southfork Road St Louis, MO 63128 20-4709312	Inactive	MO	St Anthony's Medical Center	N/A				No			No	
(2) Resource Optimiz & InnovLLC 645 Maryville Ctr DrSte 200 ST LOUIS, MO 63141 46-0468368	Central Distribution Center	MO	MHN INC - MHNSR INC	N/A				No			No	
(3) Mercy Ambulatory Surgery Center LLC 7301 Rogers Avenue FORT SMITH, AR 72917 71-0827721	Ambulatory Surgery Center	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(4) Fort Smith Emergency Medical Services 1701 South Greenwood FORT SMITH, AR 72901 71-0416615	Emergency Medical Services	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(5) St Edward Mercy Med Ctr M-P Off Bldg 7301 Rogers Avenue FORT SMITH, AR 72903 71-0554050	Office building	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	

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

See Additional Data Table

(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

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

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 43-0653493
Name: MERCY HOSPITALS 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) Mercy Behavioral Health LLC 14528 S Outer Forty Chesterfield, MO 63017 46-0568680	Healthcare Services	MO	0	0	Mercy Hospitals East Communities
(1) Mercy Clinic Adult Critical Care LLC 615 SNew Ballas Road StLouis, MO 63141 20-1626965	Physician Services	MO	3,497,617	151,425	Mercy Hospitals East Communities
(2) Mercy Clinic Adult Hospitalists- Washington LLC 901 E Fifth Street Washington, MO 63090 26-2961433	Hospitalist Services	MO	1,927,929	0	Mercy Hospitals East Communities
(3) Mercy Clinic Adult Hospitalists-St Louis LLC 645 Maryville CentreSte 100 StLouis, MO 63141 43-1854902	Healthcare Services	MO	11,232,196	666	Mercy Hospitals East Communities
(4) Mercy Clinic Anesthesiology-Washington LLC 645 Maryville CentreSte 100 StLouis, MO 63141 03-0597437	Inactive	MO	0	0	Mercy Hospitals East Communities
(5) Mercy Clinic Children's Critical Care LLC 645 Maryville CentreSte 100 StLouis, MO 63141 43-1854108	Healthcare Services	MO	598,291	1,917	Mercy Hospitals East Communities
(6) Mercy Clinic Children's Hospitalists-St Louis LLC 645 Maryville CentreSte 100 StLouis, MO 63141 43-1708560	Healthcare Services	MO	1,082,903	0	Mercy Hospitals East Communities
(7) Mercy East Support Services LLC 14528 S Outer Forty Chesterfield, MO 63017 46-1048366	Healthcare services	MO	0	0	Mercy Hospitals East Communities
(8) Mercy Health Services LLC 645 Maryville CentreSte 100 StLouis, MO 63141 43-1664148	Healthcare Services & Products	MO	100,833,845	13,603,506	Mercy Hospitals East Communities
(9) Mercy Hospital St Louis Professional Surgical Services LLC 14528 S Outer Forty Chesterfield, MO 63017 81-1258305	Contracting organization	MO	0	1,393,966	Mercy Hospitals East Communities
(10) Mercy Labs St Louis LLC 14528 S Outer Forty Chesterfield, MO 63017 46-3092721	Laboratory Services	MO	54,814,345	0	Mercy Hospitals East Communities
(11) Mercy Labs Washington LLC 14528 S Outer Forty Chesterfield, MO 63017 46-3093014	Laboratory Services	MO	12,566,806	0	Mercy Hospitals East Communities
(12) Mercy Neuropsychology Services LLC 615 SNew Ballas Road StLouis, MO 63141 26-1216912	Neuropsychology Services	MO	2,430,271	131,657	Mercy Hospitals East Communities
(13) Mercy Orthopaedic Trauma Services LLC 615 SNew Ballas Road StLouis, MO 63141 06-1785022	Healthcare Services	MO	2,338,479	4,240	Mercy Hospitals East Communities
(14) Mercy Women's Services LLC 615 S New Ballas Road St Louis, MO 63141 46-0847235	Healthcare services	MO	0	0	Mercy Hospitals East Communities
(15) St John's Mercy Therapy Services LLC 615 SNew Ballas Road StLouis, MO 63141 81-0671798	Inactive	MO	0	0	Mercy Hospitals East Communities
(16) Triax 14144 LLC 615 SNew Ballas Road StLouis, MO 63141 94-3454464	R E Transactions	MO	0	4,300,274	Mercy Hospitals East Communities

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 1602 McClelland Street Laredo, TX 78044 74-2912461	Women's domestic violence shelter	TX	501c3	7	Mercy Ministries of Laredo	Yes	
(1) 14528 S Outer Forty St 100 Chesterfield, MO 63017 26-1708048	Portfolio management	MO	501c3	11-II	Mercy Health	Yes	
(2) 14528 S Outer Forty St 100 Chesterfield, MO 63017 46-4504901	Virtual Care Center	MO	501c3	3	Mercy Health	Yes	
(3) 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1771217	Physician Group	MO	501c3	9	Mercy Health East Communities	Yes	
(4) 7301 Rogers Avenue Fort Smith, AR 72917 26-1318597	Physician Clinic	AR	501c3	9	Mercy Health Fort Smith Comm	Yes	
(5) 4300 W Memorial Road Oklahoma City, OK 73120 27-0473057	Physician Group	OK	501c3	3	Mercy Health OK Communities	Yes	
(6) 1965 Fremont Street Suite 2950 Springfield, MO 65804 43-1560263	Physician Group	MO	501c3	3	Mercy Health Springfield Comm	Yes	
(7) 14528 S Outer Forty St 100 Chesterfield, MO 63017 72-1069468	Family counseling services	MO	501c3	7	Mercy Health	Yes	
(8) 14528 S Outer Forty St 100 Chesterfield, MO 63017 43-1423050	Corporate Office	MO	501c3	1	N/A		No
(9) 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1718408	Health System	MO	501c3	11-II	Mercy Health	Yes	
(10) 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 46-1412322	Health System	MO	501c3	11-II	Mercy Health East Communities	Yes	
(11) 7301 Rogers Avenue Fort Smith, AR 72917 26-1318515	Holding Company	AR	501c3	11-II	Mercy Health	Yes	
(12) 14528 S Outer Forty St 100 Chesterfield, MO 63017 20-0901499	Foundation	MO	501c3	11-II	Mercy Health	Yes	
(13) 430 N Monte Vista Street Ada, OK 74820 46-3596274	Foundation	OK	501c3	11-I	Mercy Hospital Ada	Yes	
(14) 1011 14th Avenue NW Ardmore, OK 73401 71-0962525	Foundation	OK	501c3	11-I	Mercy Hospital Ardmore	Yes	
(15) 214 Carter Street Berryville, AR 72616 71-0759301	Foundation	AR	501c3	11-I	Mercy Hospital Berryville	Yes	
(16) 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1077073	Foundation	KS	501c3	11-III	Mercy Kansas Communities Inc	Yes	
(17) 7301 Rogers Avenue Fort Smith, AR 72917 23-7330425	Foundation	AR	501c3	7	Mercy Hospital Fort Smith	Yes	
(18) 300 Werner Street Hot Springs, AR 71913 71-0804718	Foundation	AR	501c3	11-II	Mission Clinical Services	Yes	
(19) 800 W Myrtle Independence, KS 67301 48-1079981	Foundation, dissolved 6/30/17	KS	501c3	11-I	Mercy Kansas Communities Inc	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
(21) 1400 US Highway 61 South Festus, MO 63028 46-2797051	Foundation	MO	501c3	11-II	Mercy Health East Communities - SR	Yes	
(1) 100 Mercy Way Joplin, MO 64804 27-0906136	Foundation	MO	501c3	11-I	Mercy Health SW MOKS Comm	Yes	
(2) 1000 East Cherry Street Troy, MO 63379 81-1477159	Foundation	MO	501c3	11-II	Mercy Health East Communities	Yes	
(3) 2710 Rife Medical Ln Rogers, AR 72858 71-0601687	Foundation	AR	501c3	11-III	Mercy Hospital Rogers	Yes	
(4) 4300 W Memorial Road Oklahoma City, OK 73120 45-4732301	Foundation	OK	501c3	11-I	Mercy Health OK Communities	Yes	
(5) 4300 W Memorial Road Oklahoma City, OK 73120 46-3184231	Foundation	OK	501c3	11-I	Mercy Health OK Communities	Yes	
(6) 1235 E Cherokee Street Springfield, MO 65804 32-0195818	Foundation	MO	501c3	11-II	Mercy Health Springfield Comm	Yes	
(7) 100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	MO	501c3	11-I	Mercy St Francis Hospital	Yes	
(8) 615 South New Ballas Road St Louis, MO 63141 56-2410020	Foundation	MO	501c3	11-II	Mercy Health East Communities	Yes	
(9) 901 E Fifth Street Washington, MO 63090 56-2410022	Foundation	MO	501c3	11-II	Mercy Health East Communities	Yes	
(10) 2710 Rife Medical Ln Rogers, AR 72758 62-1684203	Physician Group	AR	501c3	11-II	Mercy Health	Yes	
(11) 4300 W Memorial Road Oklahoma City, OK 73120 73-1453048	Health System	OK	501c3	11-II	Mercy Health	Yes	
(12) 3265 S National Avenue Springfield, MO 65807 32-0481419	HMO	MO	501c4		Mercy Health	Yes	
(13) 3265 S National Avenue Springfield, MO 65807 32-0486150	PPO	MO	501c4		Mercy Health Plans of MissouriInc	Yes	
(14) 100 Mercy Way Joplin, MO 64804 30-0584463	Health System	MO	501c3	11-II	Mercy Health	Yes	
(15) 1235 E Cherokee Street Springfield, MO 65804 43-1856028	Health System	MO	501c3	11-II	Mercy Health	Yes	
(16) 804 W Freeman Suite 4 Berryville, AR 72616 87-0781247	Home Health and Hospice operations	AR	501c3	11-III	Mercy Hospital Springfield	Yes	
(17) 430 N Monte Vista Street Ada, OK 74820 46-2288155	Hospital	OK	501c3	3	Mercy Health OK Communities	Yes	
(18) 1011 14th Avenue NW Ardmore, OK 73401 73-1500629	Hospital	OK	501c3	3	Mercy Health OK Communities	Yes	
(19) 500 Porter Avenue Aurora, MO 65605 43-1936696	Hospital	MO	501c3	3	Mercy Health Springfield Comm	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) 214 Carter Street Berryville, AR 72616 71-0759299	Hospital	AR	501c3	3	Mercy Health Springfield Comm	Yes	
(1) 880 West Main Street Booneville, AR 72927 46-3851119	Hospital	AR	501c3	3	Mercy Hospital Fort Smith	Yes	
(2) 3125 Dr Russell Smith Way Carthage, MO 64836 45-3808607	Hospital	MO	501c3	3	Mercy Health SW MOKS Comm	Yes	
(3) 94 Main Street Cassville, MO 65625 43-1936699	Hospital	MO	501c3	3	Mercy Health Springfield Comm	Yes	
(4) 220 Pennsylvania Avenue Columbus, KS 66725 27-0842031	Hospital	MO	501c3	3	Mercy Health SW MOKS Comm	Yes	
(5) 2115 Parkview Drive El Reno, OK 73036 27-2716065	Hospital	OK	501c3	3	Mercy Hospital Oklahoma City	Yes	
(6) 7301 Rogers Avenue Fort Smith, AR 72917 71-0240352	Hospital	AR	501c3	3	Mercy Health Fort Smith Comm	Yes	
(7) 3462 Hospital Rd Healdton, OK 73438 26-3173902	Hospital	OK	501c3	3	Mercy Hospital Ardmore Inc	Yes	
(8) 1400 Highway 61 South Festus, MO 63028 43-0687077	Hospital	MO	501c3	3	Mercy Health East Communities - SR	Yes	
(9) 100 Mercy Way Joplin, MO 64804 27-0814858	Hospital	MO	501c3	3	Mercy Health SW MOKS Comm	Yes	
(10) 1000 Hospital Circle Kingfisher, OK 73750 46-3433074	Hospital	OK	501c3	3	Mercy Hospital Oklahoma City	Yes	
(11) 100 Hospital Drive Lebanon, MO 65536 43-1767432	Hospital	MO	501c3	3	Mercy Health Springfield Comm	Yes	
(12) 1000 East Cherry Street Troy, MO 63379 47-2219204	Hospital	MO	501c3	3	Mercy Health East Communities	Yes	
(13) 200 South Academy Guthrie, OK 73044 45-2998842	Hospital	OK	501c3	3	Mercy Hospital Oklahoma City	Yes	
(14) 4300 W Memorial Road Oklahoma City, OK 73120 73-0579285	Hospital	OK	501c3	3	Mercy Health OK Communities	Yes	
(15) 801 W River Street Ozark, AR 72949 71-0689680	Hospital	AR	501c3	3	Mercy Hospital Fort Smith	Yes	
(16) 500 E Academy Paris, AR 72855 71-0655753	Hospital	AR	501c3	3	Mercy Hospital Fort Smith	Yes	
(17) 2710 Rife Medical Ln Rogers, AR 72758 71-0294390	Hospital	AR	501c3	3	Mercy Health NW Ark Communities	Yes	
(18) 1235 E Cherokee Street Springfield, MO 65804 44-0552485	Hospital	MO	501c3	3	Mercy Health Springfield Comm	Yes	
(19) 1000 South Byrd Tishomingo, OK 73460 27-4433830	Hospital	OK	501c3	3	Mercy Hospital Ada	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) 1341 W 6th Street Waldron, AR 72958 71-0557895	Hospital	AR	501c3	3	Mercy Hospital Fort Smith	Yes	
(1) 500 Clarence Nash Blvd Watonga, OK 73772 45-5199762	Hospital	OK	501c3	3	Mercy Hospital Oklahoma City	Yes	
(2) 401 Woodland Hills Blvd Ft Scott, KS 66701 48-0956045	Hospital	KS	501c3	3	Mercy Health SW MOKS Comm	Yes	
(3) 2500 Zacatecas Laredo, TX 78043 20-0198462	Outreach	TX	501c3	7	Mercy Health	Yes	
(4) 524 North Booneville Avenue Springfield, MO 65802 87-0796305	Research	MO	501c3	4	Mercy Health	Yes	
(5) 100 W Highway 60 Mountain View, MO 65548 44-0607149	Hospital	MO	501c3	3	Mercy Health Springfield Comm	Yes	
(6) 14528 S Outer Forty St 100 Chesterfield, MO 63017 20-2553101	Centralized Health System Functions	MO	501c3	11-II	Mercy Health	Yes	
(7) 300 Werner Street Hot Springs, AR 71913 13-4239691	Child Advocacy Center	AR	501c3	9	Mercy Health	Yes	
(8) 10010 Kennerly Road St Louis, MO 63128 26-1516789	Foundation	MO	501c3	11-II	St Anthony's Medical Center	Yes	
(9) 10010 Kennerly Road St Louis, MO 63128 43-0980256	Hospital	MO	501c3	3	Mercy Health East Communities	Yes	
(10) 10010 Kennerly Road St Louis, MO 63128 43-1784536	Health care	MO	501c3	3	St Anthony's Medical Center	Yes	
(11) 14528 S Outer Forty St 100 Chesterfield, MO 63017 73-0614655	Inactive	OK	501c3	3	Mercy Health OK Communities	Yes	
(12) 14528 S Outer Forty St 100 Chesterfield, MO 63017 43-1861745	Inactive	MO	501c3	11-III	Mercy Health East Communities	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Mercy Comm Services Inc 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1078101	Retail pharmacy	KS	MERCY KANSAS COMM INC	C					No
(1) Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 52-1914421	Holds ancillary assets & owns aircraft	DE	MERCY HEALTH	C					No
(2) Inveno Health Inc 1235 E Cherokee Street Springfield, MO 65804 26-4509571	Technology transfer company	MO	MERCY HEALTH SPRINGFIELD COMM	C					No
(3) Unity Support Services Inc 645 Maryville Centre Drive Suite 10 St Louis, MO 63141 43-1797042	Inactive	MO	MERCY HEALTH EAST COMMUNITIES	C					No
(4) UH L Corp Inc 645 Maryville Centre Drive Suite 10 St Louis, MO 63141 74-2499535	Holding company	MO	MERCY HEALTH SERVICES LLC	C			100 000 %		No
(5) MHN of the Southern Region Inc 1011 14th Avenue NW Ardmore, OK 73401 73-1580607	holding company	OK	MERCY MANAGED CARE CORP	C					No
(6) Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK 73120 68-0640970	Administrator of certain real property and improvements	OK	MERCY HOSPITAL OKLAHOMA CITYINC	C					No
(7) Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK 73120 73-1441665	Holding company	OK	MERCY HEALTH	C					No
(8) Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK 73120 73-1381689	holding company	OK	MERCY MANAGED CARE CORP	C					No
(9) Mercy Commercial Services Inc 14528 South Outer Forty Suite 100 Chesterfield, MO 63017 46-4953543	Corp Parent of VCC taxable commercializ svcs	OK	MHN Inc and MHNSR INC	C					No
(10) St Anthony's Physician Organization of Illinois 10010 Kennerly Road St Louis, MO 63128 32-0457168	Health Care	MO	St Anthony's Medical Center	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 Foundation St Louis	B	375,000	FMV
(1)	Mercy Health Foundation Washington	B	72,000	FMV
(2)	Mercy Health Foundation St Louis	C	4,885,245	FMV
(3)	Mercy Health Foundation Washington	C	179,194	FMV
(4)	Mercy ACO Clinical Services Inc	Q	3,702,084	FMV
(5)	Mercy Clinic East Communities	Q	12,360,627	FMV
(6)	Mercy Health	Q	1,488,146	FMV
(7)	Mercy Health East Communities	Q	188,594,216	FMV
(8)	Mercy Hospital Jefferson	Q	9,423,601	FMV
(9)	Mercy Hospital Lincoln	Q	427,460	FMV
(10)	Mercy Research	Q	1,018,184	FMV
(11)	MHM Support Services	Q	40,514,472	FMV
(12)	Resource Optimization & Innovation LLC	P	39,263,374	FMV
(13)				FMV
(14)				FMV