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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

Doing business as

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

Room/suite

10010 KENNERLY ROAD

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

ST LOUIS, MO 63128

F Name and address of principal officer

CHERYL MATEJKA
10010 KENNERLY ROAD
ST LOUIS, MO 63128

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

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1971

M State of legal domicile

MO

Part I

Summary

Activities & Governance

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

MERCY HOSPITAL SOUTH IS A HOSPITAL LOCATED IN THE SOUTHERN PART OF ST LOUIS COUNTY IN THE ST LOUIS MO METROPOLITAN AREA

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)

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

15
11
4,149
403
5,623
135,517

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

Current Year

796,9171,646,228
435,715,468462,668,616
1,248,957771,922
14,211,1986,151,008
451,972,540471,237,774

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

Prior Year

Current Year

27,714862,822
00
223,200,318246,954,763
00
272,170,432279,585,866
495,398,464527,403,451
-43,425,924-56,165,677

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

End of Year

482,699,770410,358,241
85,548,73684,010,965
397,151,034326,347,276

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

2019-05-15

Date

CHERYL MATEJKA CFO

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 ▶

Firm's EIN ▶

Phone no

PLEUS AND COMPANY LLC

56-2632458

(314) 317-9916

Firm's address ▶

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 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 461,615,259	including grants of \$ 862,822)	(Revenue \$ 464,214,336)
	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 ▶	461,615,259
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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 Yes	
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 Yes	
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	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	172	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	4,149
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	No
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		
	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		
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.		No
b	Other officers or key employees of the organization.	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?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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: ► DANIEL ECKENFELS 10010 KENNERLY ROAD ST LOUIS, MO 63128 (314) 525-1000

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

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

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

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

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

[illegible]

[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 ▶ 223

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
TOUCHPOINT SUPPORT SERVICES 400 NORTHRIDGE ROAD SANDY SPRINGS, GA 30350	NUTRITION AND EVS	13,154,014
TRIMEDX LLC 5451 LAKEVIEW PARKWAY S DRIVE INDIANAPOLIS, IN 46268	CLINICAL ENGINEERING	6,553,934
RESOURCE GROUP 2045 WESTPORT CENTER DRIVE ST LOUIS, MO 63146	GROUP PURCHASING ORG	2,958,137
LEWIS RICE LLC 2935 N OUTER 40 RD 102 ST LOUIS, MO 63141	LEGAL SERVICES	2,448,249
MCGRATH AND ASSOCIATES INC 1920 S KINGSHIGHWAY BLVD ST LOUIS, MO 63110	CONSTRUCTION	2,446,119

Form 990 (2017)

Part VIII

Statement of Revenue

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

☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	1,446,228			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	200,000			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	1,646,228				
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621110	462,668,616	462,668,616		
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	462,668,616				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	771,922		771,922	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real		(ii) Personal			
		Gross rents					
		2,559,615					
		b Less rental expenses		0			
	c		Rental income or (loss)	2,559,615			
	d		Net rental income or (loss)	2,559,615		2,559,615	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory					
		b Less cost or other basis and sales expenses					
		c		Gain or (loss)			
	d		Net gain or (loss)				
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b		Less direct expenses	b			
	c		Net income or (loss) from fundraising events				
	9a		Gross income from gaming activities See Part IV, line 19	a			
	b		Less direct expenses	b			
	c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
11a		CAFE & VENDING	721000	2,045,673		2,045,673	
b		LTACH REVENUE	621110	1,068,646	1,068,646		
c		HOSPICE	621110	776,050	776,050		
d		All other revenue		-298,976	-304,599	5,623	
e		Total. Add lines 11a-11d		3,591,393			
12		Total revenue. See Instructions		471,237,774	464,208,713	5,623	
						5,377,210	

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.	862,822	862,822		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	11,795,555	2,595,022	9,200,533	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	196,315,506	190,532,043	5,783,463	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,049,238	3,837,421	1,211,817	
9 Other employee benefits.	19,205,942	17,861,526	1,344,416	
10 Payroll taxes.	14,588,522	13,202,612	1,385,910	
11 Fees for services (non-employees):				
a Management.				
b Legal.	461,838		461,838	
c Accounting.	172,935		172,935	
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).	24,279,414	17,748,252	6,531,162	
12 Advertising and promotion.	481,280	481,280		
13 Office expenses.	13,564,242	13,292,957	271,285	
14 Information technology.	9,432,567	311,275	9,121,292	
15 Royalties.				
16 Occupancy.	8,640,254	8,121,839	518,415	
17 Travel.	457,338	221,352	235,986	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	16	16		
20 Interest.	8,470	8,470		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	62,711,152	44,838,474	17,872,678	
23 Insurance.	2,821,960	2,821,960		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DRUGS & MEDICAL EXPENSE	98,283,621	96,317,946	1,965,675	
b BAD DEBT EXPENSE	37,324,520	37,324,520		
c SHARED SERVICE FEE	13,141,305	6,833,479	6,307,826	
d REPAIR & MAINTENANCE	4,038,168	2,277,527	1,760,641	
e All other expenses	3,766,786	2,124,466	1,642,320	
25 Total functional expenses. Add lines 1 through 24e.	527,403,451	461,615,259	65,788,192	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		-3,227,914	1	7,703,378
	2	Savings and temporary cash investments		21,042,585	2	15,064,290
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		49,451,732	4	45,415,535
	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		103,482,166	7	373,363
	8	Inventories for sale or use		6,912,574	8	9,002,149
	9	Prepaid expenses and deferred charges		7,554,890	9	2,238,251
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	303,295,683		
	b	Less: accumulated depreciation	10b	68,221,500		
				283,212,902	10c	235,074,183
	11	Investments—publicly traded securities		3,542	11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		988,753	13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		13,278,540	15	95,487,092	
16	Total assets. Add lines 1 through 15 (must equal line 34)		482,699,770	16	410,358,241	
Liabilities	17	Accounts payable and accrued expenses		73,205,580	17	73,111,876
	18	Grants payable			18	
	19	Deferred revenue			19	76,570
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		12,343,156	25	10,822,519
	26	Total liabilities. Add lines 17 through 25		85,548,736	26	84,010,965
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		396,474,608	27	325,479,812
	28	Temporarily restricted net assets		676,426	28	867,464
	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		397,151,034	33	326,347,276	
34	Total liabilities and net assets/fund balances		482,699,770	34	410,358,241	

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	471,237,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	527,403,451
3	Revenue less expenses Subtract line 2 from line 1	3	-56,165,677
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	397,151,034
5	Net unrealized gains (losses) on investments	5	984,259
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	-15,622,340
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	326,347,276

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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

Form 990 (2017)

Form 990, Part III, Line 4a:
SEE SCHEDULE H FOR COMMUNITY BENEFIT REPORTING

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			
WEIBLE DOUGLAS BOARD MEMBER	2 00 0 00	X						0	0	0
WILKINSON JEFFREY BOARD MEMBER	2 00 0 00	X						0	0	0
VOLLMARMARTIN BOARD MEMBER PRES OF MED STAFF	2 00 0 00	X						14,500	0	0
MCCURRY MIKE BOARD MEMBER & OFFICER	6 00 55 00	X						0	1,653,815	172,795
SORENSEN DONN BOARD MEMBER & OFFICER	2 00 55 00	X						0	1,214,727	129,061
HOEFER BILL COO	40 00 0 00			X				425,186	0	12,683
MATEJKA CHERYL CHIEF FINANCIAL OFFICER	15 00 45 00			X				0	574,809	87,213
SWAMINATHAN RAJESH CMO	40 00 0 00			X				462,840	0	11,280
JOHNSTONJEFFREY A PRESIDENT MERCY HEALTH EAST COMM	5 00 55 00				X			0	974,822	125,138
ECKENFELS DANIEL VP FINANCE	24 00 26 00				X			0	283,651	28,162

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			
SHROEDER RUSSELL CNO	40 00 0 00				X			243,763	0	8,634
FRAZIER DONNA CHIEF NURSING OFFICER	30 00 30 00				X			0	350,486	68,513
ELLIS CAROL VP NURSING	40 00 0 00				X			190,355	0	25,244
FRAME LAURA VP GENERAL COUNSEL - FORMER	40 00 0 00				X			195,582	0	19,610
HOLTER DENNIS VP BUSINESS DEVELOPMENT	40 00 0 00				X			186,423	0	17,812
MONTEZ KADI VP OF IT	40 00 0 00				X			196,725	0	21,514
REHM CHARLES CHIEF ADMINISTRATIVE OFFICER	1 00 49 00				X			0	836,834	50,241
TRULOVE RON CHIEF REVENUE OFFICER	5 00 55 00				X			0	792,855	36,318
BOTTERON GREGORY PHYSICIAN	40 00 0 00					X		957,321	0	7,449
ALLEN CHRIS PHYSICIAN	40 00 0 00					X		955,977	0	31,085

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			
HANDA RAJIV PHYSICIAN	40 00 0 00					X		954,537	0	39,758
NODA SEIICHI PHYSICIAN	40 00 0 00					X		1,084,690	0	42,370
SHAPIRO MICHAEL PHYSICIAN	40 00 0 00					X		951,885	0	45,661
SINDELAR DAVID FORMER OFFICER	0 00 0 00						X	5,695,164	0	9,708
WETZLER KELLY FORMER OFFICER	40 00 0 00						X	2,406,727	0	16,906
SINGER BRENT FORMER OFFICER	40 00 0 00						X	207,737	0	23,446
MORTON DAVID FORMER KEY EMPLOYEE	40 00 0 00						X	484,122	0	11,514
CATANZARO JOSEPH FORMER KEY EMPLOYEE	40 00 0 00						X	832,218	0	7,117
BOKOVITZ BEVERLY FORMER KEY EMPLOYEE	40 00 0 00						X	268,714	0	2,595

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

Employer identification number

43-0980256

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

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

2017

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 HOSPITAL SOUTH F/K/AS ST ANTHONYS MEDICAL CENTER	Employer identification number 43-0980256
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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		10,098
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			10,098
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE FOLLOWING ASSOCIATION AMERICAN HOSPITAL ASSOCIATION. FOR THE YEAR ENDED JUNE 30, 2018, DUES WERE \$43,944 APPROXIMATELY 22.98% OF CATHOLIC HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THIS ASSOCIATION.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135122219	
<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>2017</div> <div>Open to Public Inspection</div>
<div>Name of the organization MERCY HOSPITAL SOUTH F/K/AS ST ANTHONYS MEDICAL CENTER</div>				<div>Employer identification number 43-0980256</div>	
<div>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.</div>					
		(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?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
<div>Part II Conservation Easements.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</div>					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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					
<div>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</div>					
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) 2017		

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	23,851,246	263,556,286	276,985,691	266,424,742	235,209,325
b Contributions	2,109,537	11,436,577	3,379,952	3,005,820	3,894,843
c Net investment earnings, gains, and losses	1,340,996	30,743,607	-1,718,763	11,096,830	30,925,688
d Grants or scholarships					
e Other expenditures for facilities and programs	1,971,765	3,193,660	14,007,798	2,332,611	2,511,398
f Administrative expenses	1,011,782	278,691,564	1,082,796	1,209,090	1,093,716
g End of year balance	24,318,232	23,851,246	263,556,286	276,985,691	266,424,742

2

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

a Board designated or quasi-endowment ▶ 68 590 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶ 31 410 %

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b	Yes	

b

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

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		22,409,075		22,409,075
b Buildings		181,775,657	12,022,112	169,753,545
c Leasehold improvements				
d Equipment		89,780,243	56,165,603	33,614,640
e Other		9,330,708	33,785	9,296,923
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				235,074,183

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) OTHER ASSETS	773,968
(2) DUE FROM AFFILIATES	84,261,526
(3) MISCELLANEOUS RECEIVABLES	1,691,640
(4) DEFERRED COMPENSATION	8,759,958
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	95,487,092

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	2,062,561
DEFERRED COMPENSATION	8,759,958
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,822,519

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: 43-0980256
Name: MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FUNDS ARE TO BE USED FOR THE SELF INSURANCE TRUST OF THE ORGANIZATION, WHICH IS USED TO COVER MALPRACTICE CLAIMS THE TOTAL AMOUNTS FOR THE FOUR PRIOR YEARS INCLUDE FUNDS HELD BY RELATED ORGANIZATIONS FOR THE BENEFIT OF THE HOSPITAL THESE FUNDS ARE TO BE USED FOR FUTURE CAPITAL IMPROVEMENTS THE TOTAL FOR THE CURRENT YEAR INCLUDES FUNDS HELD IN TRUST BY AN UNRELATED PARTY TO PROVIDE TUITION ASSISTANCE TO STUDENTS LINE 1F IN THE PRIOR YEAR INCLUDES \$277,626,969 OF ASSETS UNDER THE CONTROL OF A RELATED ORGANIZATION THAT CEASED TO QUALIFY AS A SUPPORTING ORGANIZATION AS OF JUNE 1, 2017 SINCE THESE ASSETS ARE NO LONGER ADMINISTERED FOR THE BENEFIT OF MERCY HOSPITAL SOUTH, THEY HAVE BEEN REMOVED FROM THE TOTAL ENDOWMENT BALANCE

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, 2018 OR 2017

SCHEDULE H
(Form 990)

Department of the Treasury

Name of the organization
MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

Hospitals

► 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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
43-0980256

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	Yes	
1b If "Yes," was it a written policy?	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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	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 <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			1,935,856		1,935,856	0 370 %
b Medicaid (from Worksheet 3, column a)			30,686,238	24,127,069	6,559,169	1 240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			32,622,094	24,127,069	8,495,025	1 610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			44,121		44,121	0 010 %
f Health professions education (from Worksheet 5)			536,344	8,296	528,048	0 100 %
g Subsidized health services (from Worksheet 6)			559,845		559,845	0 110 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			38,315		38,315	0 010 %
j Total. Other Benefits			1,178,625	8,296	1,170,329	0 230 %
k Total. Add lines 7d and 7j			33,800,719	24,135,365	9,665,354	1 840 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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	10,182,868	
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	120,237,674
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	124,773,700
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-4,536,026
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?
1

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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 SOUTH**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 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 Yes	
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 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>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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 SOUTH

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 <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" 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) <u>WWW MERCY NET/OPEN-PAGES/PAY-MY-BILL/#FINANCIAL-ASSISTANCE</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW MERCY NET/OPEN-PAGES/PAY-MY-BILL/#FINANCIAL-ASSISTANCE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW MERCY NET/OPEN-PAGES/PAY-MY-BILL/#FINANCIAL-ASSISTANCE</u>			
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 checked="" 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 SOUTH

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 nonpayment?	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 checked="" 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 SOUTH

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

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? **7**

Name and address	Type of Facility (describe)
1 1 - FENTON URGENT CARE 714 GRAVOIS ROAD FENTON, MO 63026	URGENT CARE FACILITY
2 2 - ARNOLD URGENT CARE 3619 RICHARDSON ROAD ARNOLD, MO 63010	URGENT CARE FACILITY
3 3 - LEMAY URGENT CARE 2900 LEMAY FERRY ROAD ST LOUIS, MO 63125	URGENT CARE FACILITY
4 4 - BIG BEND URGENT CARE 10296 BIG BEND BLVD ST LOUIS, MO 63122	URGENT CARE FACILITY
5 5 - KIRKWOOD URGENT CARE 1001 S KIRKWOOD RD ST LOUIS, MO 63122	URGENT CARE FACILITY
6 6 - ST ANTHONYS MEDICAL PLAZA 12700 SOUTHFORK ROAD ST LOUIS, MO 63128	IMAGING, LAB, BREAST CENTER AND WOUND CARE SVCS
7 7 - ST ANTHONYS SPORTS AND THERAPY SVCS 9964 KENNERLY ROAD STE D ST LOUIS, MO 63128	OUTPATIENT THERAPY
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 SERVICESTHE PHYSICIAN CLINICS ARE INCLUDED AS A NET AMOUNT (INCOME LESS EXPENSES) ALLOCATED BY THE CLINICAL SERVICE LINE IN THE INDIRECT COST
PART I, LN 7 COL(F)	TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN (A) ARE \$527,403,454 INCLUDED IN THIS AMOUNT WAS BAD DEBT EXPENSE (CHARGES) OF \$37,324,520 EXPENSES FOR THE PURPOSE OF CALCULATING LINE 7, COLUMN (F) ARE \$10,182,868

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)
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES VARIOUS COMMUNITY ORGANIZATIONS COLLABORATE WITH MERCY HOSPITAL SOUTH TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTH CARE OR IN OTHER WAYS BENEFIT THE COMMUNITY MERCY HOSPITAL SOUTH WORKS IN COLLABORATION WITH THE FOLLOWING GROUPS ST LOUIS COUNTY DEPARTMENT OF HEALTH, LOCAL SCHOOL DISTRICTS SUCH AS AFFTON, KIRKWOOD, LINDBERGH, MEHLVILLE AND HANCOCK, BARNES JEWISH WEST COUNTY HOSPITAL, MISSOURI BAPTIST MEDICAL CENTER, ST LUKE'S HOSPITAL, MERCY HOSPITAL ST LOUIS, HOSPICE AGENCIES, ST LOUIS ASSOCIATION OF DIABETES EDUCATORS, LOCAL COLLEGE AND UNIVERSITIES, AMERICAN HEART ASSOCIATION, UNITED WAY, AMERICAN CANCER SOCIETY, AMERICAN LUNG ASSOCIATION, YMCA OF ST LOUIS, BEHAVIORAL HEALTH SUPPORT GROUPS, CHAMBER OF COMMERCE ORGANIZATIONS AND MANY OTHERS

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
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	THE TEXT OF THE FOOTNOTE THAT IS INCLUDED IN MERCY HEALTH AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE IS AS FOLLOWS "PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTIONS 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 UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE 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 PATIENT BALANCES WITH COLLECTION AGENCIES "
PART III, LINE 8	IT IS THE POSITION OF MERCY HOSPITAL SOUTH 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, A PROCESS KNOWN AS PRESUMPTIVE CHARITY, USING HOUSEHOLD SIZE AND INCOME. 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>
PART VI, LINE 2	<p>COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. MERCY HOSPITAL SOUTH SOUGHT TO CONDUCT ITS NEEDS ASSESSMENT USING PRIMARY AND SECONDARY DATA. PRIMARY DATA WERE COLLECTED IN THREE WAYS: A TELEPHONE SURVEY OF 500 ADULT COMMUNITY MEMBERS, PHYSICIAN SURVEYS, AND A COLLABORATION OF KEY STAKEHOLDERS IN A FOCUS GROUP. SETTING: MERCY HOSPITAL SOUTH. COMMUNITY SURVEY: MERCY HOSPITAL SOUTH PARTNERED WITH THE PRELL ORGANIZATION TO ASSESS THE HEALTH-CARE NEEDS OF THE COMMUNITY BY CONDUCTING A TELEPHONE SURVEY WITH BOTH LANDLINE AND CELL-PHONE NUMBERS UTILIZING A RANDOM SAMPLE OF 500 ADULTS AGE 21 YEARS OR OLDER. THIS SAMPLE OF OUR POPULATION IS REPRESENTATIVE OF THE COMMUNITY SERVED BY MERCY HOSPITAL SOUTH. THESE INTERVIEWS WERE CONDUCTED IN JUNE 2015 AT COMMUNICATIONS FOR RESEARCH IN STEELVILLE, MO, USING A CATI (COMPUTER ASSISTED TELEPHONE) INTERVIEWING SYSTEM. MERCY HOSPITAL SOUTH PHYSICIAN SURVEY: PHYSICIANS PLAY A VERY IMPORTANT ROLE IN LOOKING AT THE HEALTH NEEDS OF OUR COMMUNITY, BECAUSE THEY OFTEN ARE THE FIRST POINT OF CONTACT WHEN IT COMES TO HEALTH ISSUES. PHYSICIANS ALSO PLAY A KEY ROLE IN ESTABLISHING GOOD PREVENTIVE HEALTH BEHAVIOR, AND MAY ALSO BE A KEY TO FINDING OUT WHY PATIENTS ARE OR ARE NOT ON THE ROAD TO GOOD HEALTH. BECAUSE PHYSICIANS PLAY THIS ROLE IN RECOGNIZING THE HEALTH NEEDS OF THE POPULATION, WE CHOSE TO SURVEY PRIMARY CARE PHYSICIANS AND SPECIALISTS AFFILIATED WITH MERCY HOSPITAL SOUTH. FORTY-THREE PHYSICIANS TOOK PART IN A SEVEN-QUESTION SURVEY USING AN ONLINE SURVEY TOOL. THE PHYSICIANS WERE ASKED THREE OPEN-ENDED QUESTIONS AND FOUR CLOSED QUESTIONS FOCUSED ON THE HEALTH NEEDS OF OUR POPULATION. KEY STAKEHOLDER ANALYSIS: AS PART OF THE REQUIREMENTS OF THE PPACA, NON-PROFIT HOSPITALS ARE ENCOURAGED TO CONDUCT THEIR ASSESSMENT IN COLLABORATION WITH OTHER HOSPITALS, LOCAL HEALTH DEPARTMENTS AND/OR COMMUNITY PARTNERS. IN THE KEY STAKEHOLDER ANALYSIS, MERCY HOSPITAL SOUTH PARTNERED WITH BARNES JEWISH WEST COUNTY HOSPITAL (BJWCH), MISSOURI BAPTIST MEDICAL CENTER (MBMC), ST. LUKE'S HOSPITAL (SLH) AND MERCY ST. LOUIS. INPUT WAS SOUGHT FROM THOSE WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL AS WELL AS THOSE WHO HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN THE AREA OF PUBLIC HEALTH. TO FULFILL THE PPACA REQUIREMENTS, BJWCH, MBMC, SAMC, SLH AND MERCY ST. LOUIS HOSTED A SINGLE FOCUS GROUP WITH PUBLIC HEALTH EXPERTS AND THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN WEST AND SOUTH ST. LOUIS COUNTY. THIS FOCUS GROUP WAS HELD ON JULY 23, 2015. THIS GROUP WAS FACILITATED BY ANGELA FERRIS CHAMBERS, MANAGER OF MARKET RESEARCH AND CRM FOR BJC HEALTHCARE. THE DISCUSSION LASTED 90 MINUTES. SECONDARY DATA: SECONDARY DATA WERE COLLECTED BY A VARIETY OF MEANS, FROM LOCAL, COUNTY, STATE AND HOSPITAL SOURCES. THESE SECONDARY DATA ARE IMPORTANT IN CREATING A PROFILE OF THE COMMUNITY THAT MERCY HOSPITAL SOUTH SERVES. THERE ARE LIMITATIONS TO THE AVAILABLE DATA ON OUR COMMUNITY. MOST DATA ARE AVAILABLE ONLY AT THE COUNTY LEVEL, AS OPPOSED TO A DETAILED ZIP CODE ANALYSIS THAT WOULD ALLOW A MORE THOROUGH LOOK AT SUB-COUNTY INFORMATION. ANALYSIS OF THESE DATA FOCUSED HEAVILY ON ST. LOUIS COUNTY AND JEFFERSON COUNTY IN MISSOURI, BECAUSE THESE ARE THE TWO LARGEST IN OUR COMMUNITY. ANOTHER LIMITATION IS THE LACK OF AVAILABLE DATA ON OUR VULNERABLE POPULATIONS, INCLUDING LOW-INCOME AND MINORITY GROUPS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	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 ACCOUNTS IS PLACED FOR REVIEW IN ADDITION, PATIENT 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 WHEN PRESENTING IN THE FACILITIES IN ADDITION TO THE WEB ADDRESS PROVIDING THE APPLICATION, POLICIES, AND EVEN HOW UNINSURED ACCOUNTS ARE HANDLED LASTLY, THE STATEMENTS (BILLING) INCLUDES MESSAGING 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
PART VI, LINE 4	THE FOLLOWING INFORMATION IS DERIVED FROM 2018 IBM/WATSTON'S DEMOGRAPHICS AND FY2018 DECISION RESOURCE GROUP'S INSURANCE COVERAGE ESTIMATES THE AREA'S POPULATION IS 640,611 42% OF THE POPULATION'S AVERAGE HOUSEHOLD INCOME IS OVER \$75,000 44% OF THE POPULATION IS 45 AND OLDER 20% OF THE HOUSEHOLDS ARE ON MEDICARE, 11% ON MEDICAID, AND 8% UNINSURED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH MERCY HOSPITAL SOUTH OPERATES AN EMERGENCY ROOM THAT ACCEPTS ALL PERSONS WHO ARE IN NEED OF MEDICAL ATTENTION REGARDLESS OF THEIR ABILITY TO PAY MERCY HOSPITAL SOUTH HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA MERCY HOSPITAL SOUTH HAS A GOVERNING BOARD OF DIRECTORS IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY MERCY HOSPITAL SOUTH WORKS IN COOPERATION WITH LOCAL UNIVERSITIES AND HEALTH CARE ORGANIZATIONS TO ADVANCE THE SCIENCE OF MEDICINE BY PROVIDING A CLINICAL SETTING WHERE INNOVATIVE TREATMENTS AND NEW THERAPEUTIC PROTOCOLS CAN BE DEVELOPED AND STUDIED MERCY HOSPITAL SOUTH ENGAGES IN THE TRAINING AND EDUCATING OF HEALTH CARE PROFESSIONALS BY TEAMING UP WITH LOCAL COMMUNITY COLLEGES AND UNIVERSITIES TO PROVIDE A CLINICAL SETTING FOR HEALTH CARE STUDENTS IN KEEPING WITH THE COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY, MERCY HOSPITAL SOUTH PROVIDES -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 ACTIVITIESNUMEROUS COLLECTION DRIVES BY CO-WORKERS ARE HELD THROUGHOUT THE YEAR AND THE ITEMS, SUCH AS FOOD, CLOTHING, PERSONAL CARE ITEMS, GAS CARDS, SCHOOL SUPPLIES AND OTHER CRITICAL ITEMS ARE DONATED TO NON-PROFIT AGENCIES TO DISTRIBUTE TO THEIR CLIENTS PHYSICIANSMERCY HEALTH 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 2018 IS \$28,273,165
PART VI, LINE 6	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, 2018, MERCY FACILITIES INCLUDED 30 ACUTE CARE HOSPITALS, 5 MANAGED HOSPITALS, 4 HEART HOSPITALS, 2 CHILDREN'S HOSPITALS, 2 ORTHOPEDIC HOSPITALS AND 3 REHAB HOSPITALS FOR THE FISCAL YEAR ENDED JUNE 30, 2018, MERCY HAD MORE THAN 10 3 MILLION OUTPATIENT AND PHYSICIAN OFFICE VISITS, APPROXIMATELY 2,400 EMPLOYED PHYSICIANS, AND APPROXIMATELY 45,000 FULL-TIME EQUIVALENT EMPLOYEES BASED ON NPSR, MERCY IS THE SIXTH 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MO

Schedule H (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 43-0980256

Name: MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

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

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? 1		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
1	MERCY HOSPITAL SOUTH 10010 KENNERLY ROAD ST LOUIS, MO 63128 WWW.MERCY-NET/PRACTICE/MERCY-HOSPITAL-273-39	X	X					X			

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY HOSPITAL SOUTH	PART V, SECTION B, LINE 5 CHNA COMMUNITY INPUT THE VOICE OF THE COMMUNITY PLAYED A KEY ROLE IN THE CHNA PROCESS MERCY HOSPITAL SOUTH (FORMERLY ST ANTHONY'S) SOUGHT TO CONDUCT IT'S NEEDS ASSESSMENT IN PART BY COLLECTION PRIMARY DATA FROM KEY COMMUNITY MEMBERS DATA WAS COLLECTED IN THREE WAYS - A COLLABORATION OF KEY STAKEHOLDERS IN A FOCUS GROUP SETTING, A TELEPHONE SURVEY OF 500 ADULT COMMUNITY MEMBERS, AND PHYSICIAN SURVEYS IN THE KEY STAKEHOLDER ANALYSIS, MERCY HOSPITAL SOUTH PARTNERED WITH BARNES JEWISH WEST COUNTY HOSPITAL (BJWCH), MISSOURI BAPTIST MEDICAL CENTER (MBMC), ST LUKE'S HOSPITAL (SLH) AND MERCY HOSPITAL ST LOUIS (MHSL) TO FULFILL PPACA REQUIREMENTS, BJWCH, MBMC, SAMC AND MHSL HOSTED A SINGLE FOCUS GROUP WITH PUBLIC HEALTH EXPERTS AND THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN WEST AND SOUTH ST LOUIS COUNTY THIS DISCUSSION LASTED 90 MINUTES AND WAS FACILITATED BY A MODERATOR THERE WAS A GENERAL CONSENSUS THAT THE PRIORITIES IDENTIFIED IN THE PREVIOUS ASSESSMENT ARE STILL THOSE AS TO WHICH THE HOSPITALS SHOULD STILL FOCUS PARTICIPANTS WERE GIVE THE LIST OF NEEDS IDENTIFIED IN THE PREVIOUS ASSESSMENT DONE IN 2012-2013 BY EACH HOSPITAL AND ASKED TO RE-RANK THEM ON A SCALE OF 1 (LOW) TO 5 (HIGH) BASED ON THEIR PERCEIVED LEVEL OF COMMUNITY CONCERN AND THE ABILITY OF COMMUNITY ORGANIZATIONS TO COLLABORATE AROUND THEM BEHAVIORAL/MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE RATED HIGHEST IN TERMS OF LEVEL OF CONCERN AND ABILITY TO COLLABORATE MERCY HOSPITAL SOUTH PARTNERED WITH THE PRELL ORGANIZATION TO ASSESS THE HEALTH-CARE NEEDS OF THE COMMUNITY BY CONDUCTING A TELEPHONE SURVEY WITH BOTH LANDLINE AND CELL-PHONE NUMBERS UTILIZING A RANDOM SAMPEL OF 500 ADULTS AGE 21 YEARS AND OLDER IN THE COMMUNITY THESE INTERVIEWS WERE CONDUCTED IN JUNE 2015 AT COMMUNICATIONS FOR RESEARCH IN STEELEVILLE, MO, USING A COMPUTER ASSISTED TELEPHONE INTERVIEWING SYSTEM PRELL EMPLOYED A STRATIFIED RANDOM SAMPLE THAT SET QUOTAS FOR EACH ZIP COD TO MATH THE OVERALL ADULT POPULATION IN THE PSA (PRIMARY SERVICE AREA) THIS HAD THE EFFECT OF REDUCING THE SAMPLING ERROR FOR THIS SURVEY BECAUSE PHYSICIANS PLAY A ROLE IN RECOGNIZING THE HEALTH NEEDS OF THE POPULATION, MERCY HOSPITAL SOUTH CHOSE TO SURVEY PRIMARY CARE PHYSICIANS AND SPECIALISTS AFFILIATED WITH MERCY HOSPITAL SOUTH FORTY-THREE PHYSICIANS TOOK PART IN A SEVEN-QUESTION SURVEY USING AN ONLINE SURVEY TOOL THE PHYSICIANS WERE ASKED THREE OPEN-ENDED QUESTIONS AND FOUR CLOSED QUESTIONS FOCUSED ON THE HEALTH NEEDS OF OUR POPULATION
MERCY HOSPITAL SOUTH	PART V, SECTION B, LINE 6A COMMUNITY BUILDING ACTIVITIES VARIOUS COMMUNITY ORGANIZATIONS COLLABORATE WITH MERCY HOSPITAL SOUTH TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTH CARE OR IN OTHER WAYS BENEFIT THE COMMUNITY MERCY HOSPITAL SOUTH WORKS IN COLLABORATION WITH THE FOLLOWING GROUPS ST LOUIS COUNTY DEPARTMENT OF HEALTH, LOCAL SCHOOL DISTRICTS SUCH AS AFFTON, KIRKWOOD, LINDBERGH, MEHLVILLE AND HANCOCK, BARNES JEWISH WEST COUNTY HOSPITAL, MISSOURI BAPTIST MEDICAL CENTER, ST LUKE'S HOSPITAL, MERCY HOSPITAL ST LOUIS, HOSPICE AGENCIES, ST LOUIS ASSOCIATION OF DIABETES EDUCATORS, LOCAL COLLEGE AND UNIVERSITIES, AMERICAN HEART ASSOCIATION, UNITED WAY, AMERICAN CANCER SOCIETY, AMERICAN LUNG ASSOCIATION, YMCA OF ST LOUIS, BEHAVIORAL HEALTH SUPPORT GROUPS, CHAMBER OF COMMERCE ORGANIZATIONS AND MANY OTHERS

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY HOSPITAL SOUTH	PART V, SECTION B, LINE 6B COMMUNITY BUILDING ACTIVITIES VARIOUS COMMUNITY ORGANIZATIONS COLLABORATE WITH MERCY HOSPITAL SOUTH TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTH CARE OR IN OTHER WAYS BENEFIT THE COMMUNITY MERCY HOSPITAL SOUTH WORKS IN COLLABORATION WITH THE FOLLOWING GROUPS ST LOUIS COUNTY DEPARTMENT OF HEALTH, LOCAL SCHOOL DISTRICTS SUCH AS AFFTON, KIRKWOOD, LINDBERGH, MEHLVILLE AND HANCOCK, BARNES JEWISH WEST COUNTY HOSPITAL, MISSOURI BAPTIST MEDICAL CENTER, ST LUKE'S HOSPITAL, MERCY HOSPITAL ST LOUIS, HOSPICE AGENCIES, ST LOUIS ASSOCIATION OF DIABETES EDUCATORS, LOCAL COLLEGE AND UNIVERSITIES, AMERICAN HEART ASSOCIATION, UNITED WAY, AMERICAN CANCER SOCIETY, AMERICAN LUNG ASSOCIATION, YMCA OF ST LOUIS, BEHAVIORAL HEALTH SUPPORT GROUPS, CHAMBER OF COMMERCE ORGANIZATIONS AND MANY OTHERS
MERCY HOSPITAL SOUTH	PART V, SECTION B, LINE 11 THE MERCY HOSPITAL SOUTH COMMUNITY OUTREACH TEAM REVIEWED RESULTS FROM THE COMMUNITY AND PHYSICIAN SURVEYS, THE KEY STAKEHOLDER ASSESSMENT AND TARGETED SECONDARY DATA PERTAINING TO OUR DEFINED COMMUNITY USING THESE SOURCES, MEMBERS IDENTIFIED NEEDS BASED ON THE FOLLOWING CRITERIA THE SEVERITY OF THE NEED, RESOURCES CURRENTLY AVAILABLE OR UNAVAILABLE IN THE COMMUNITY TO ADDRESS THE NEED, AND THE ABILITY TO MAKE LONG-TERM IMPACT ON THE HEALTH OF OUR COMMUNITY THE MAJORITY OF COMMUNITY CONCERNS CLOSELY MIRRORED THE NEEDS THAT WE IDENTIFIED IN OUR 2012 NEEDS ASSESSMENT WHILE GROUNDWORK HAS BEEN LAID TO ADDRESS THESE CONCERNS, FURTHER WORK ON THESE INITIATIVES IS NEEDED THE FOLLOWING WERE CHOSEN AS MERCY HOSPITAL SOUTH'S THREE MAIN PRIORITIES IN IMPROVING THE HEALTH OF OUR COMMUNITY FOR 2016-2018 ACCESS TO CARE, MENTAL HEALTH/SUBSTANCE ABUSE AND HEALTHY LIFESTYLE (OBESITY AND DIABETES) IN ANY CASE OF PRIORITIZATION, THERE WILL BE SOME AREAS OF NEEDS THAT ARE IDENTIFIED THAT ARE NOT CHOSEN AS A PRIORITY BECAUSE MERCY HOSPITAL SOUTH HAS LIMITED RESOURCES, NOT EVERY COMMUNITY NEED WILL BE ADDRESSED THROUGHOUT THE CHNA PROCESS, THE FOLLOWING NEEDS AROSE AS A COMMUNITY CONCERN HOWEVER, THEY WILL NOT BE ADDRESSED AT THIS TIME DUE TO THE NEED ALREADY BEING ADDRESSED BY ANOTHER COMMUNITY ORGANIZATION OR DUE TO A LIMITATION OF RESOURCES -TOBACCO USE IN JEFFERSON COUNTY -VIOLENCE IN THE COMMUNITY -MATERNAL/CHILD HEALTH -SEXUALLY TRANSMITTED INFECTIONS -ALCOHOL-IMPAIRED DRIVING DEATHSWHILE THESE NEEDS LISTED WILL NOT BE SPECIFICALLY ADDRESSED IN OUR PRIORITIES, THEY WILL MOST LIKELY BE IMPACTED INDIRECTLY THROUGH THE WORK IN OUR OTHER COMMUNITY OUTREACH PRIORITIES A LINK TO THE CHNA DOCUMENT CAN BE FOUND AT THE BOTTOM OF THE HOME PAGE WWW MERCY NET AND CAN ALSO BE FOUND DIRECTLY AT WWW MERCY NET/COMMUNITY BENEFIT A COPY OF THE CHIP (COMMUNITY HEALTH IMPROVEMENT PLAN) FOR MERCY HOSPITAL SOUTH CAN ALSO BE FOUND AT WWW MERCY NET/COMMUNITY BENEFIT

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MERCY HOSPITAL SOUTH	PART V, SECTION B, LINE 20E OTHER AREAS FROM A NOTICE PERSPECTIVE FAP IS POSTED IN ALL REGISTRATION AREAS, FULL POLICY AND PLAIN LANGUAGE DOCUMENT POSTED ON WEBSITE, PLAIN LANGUAGE DOCUMENT IS AVAILABLE WHEN REQUESTED, THERE IS A NOTICE ON STATEMENT, AND ALL PATIENTS GET THREE STATEMENTS BEFORE THEY CAN GO TO A COLLECTION AGENCY

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

Employer identification number
43-0980256

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 noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY PARTNERSHIP OF THE OZARKS INC 330 N JEFFERSON SPRINGFIELD, MO 65806	43-1830026	501C3		786,955	BOOK	RUBBER FLOORING MATERIAL	CHARITABLE SUPPORT
(2) IFM COMMUNITY MEDICINE 722 LOUGHBOROUGH AVENUE ST LOUIS, MO 63111	43-1863752	501C3	27,320		CASH		CHARITABLE SUPPORT

2

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

2

3

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

0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(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 ANDOR 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization MERCY HOSPITAL SOUTH F/K/AS ST ANTHONYS MEDICAL CENTER	Employer identification number 43-0980256
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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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a Yes 4b Yes 4c 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: <div style="margin-left: 20px;"> a The organization? b Any related organization? </div> If "Yes," on line 5a or 5b, describe in Part III.	5a No 5b 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: <div style="margin-left: 20px;"> a The organization? b Any related organization? </div> If "Yes," on line 6a or 6b, describe in Part III.	6a No 6b No	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

See Additional Data Table**Schedule J (Form 990) 2017**

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, LINES 4A-B	NANCY BOKOVITZ RECEIVED \$269,389 SEVERANCE PAY PART I, LINE 4B MERCY HEALTH, THE ULTIMATE PARENT COMPANY, OFFERS A SUPPLEMENTAL RETIREMENT PLAN TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON VESTING DATE BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN MCCURRY, MICHAEL, SORENSEN, DONN, MATEJKA, CHERYL L, TRULOVE, RON, JOHNSTON, JEFFREY THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C) RON TRULOVE RECEIVED PAYMENT FROM RETIREMENT PLAN(S) DURING THE YEAR FROM A RELATED ORGANIZATION THE AMOUNT REPORTED FOR TRULOVE IN COLUMN (F) IS INCLUDED IN COLUMN B (I) AS BASE COMPENSATION THIS PAYOUT WAS INCLUDED IN COLUMN (C) OF PREVIOUSLY FILED FORMS 990
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: 43-0980256
Name: MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

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				
1GRAHAM MARY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	693,103	0	0	25,805	11,475	730,383	0
1MCCURRY MIKE BOARD MEMBER & OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	857,267	633,499	163,049	160,803	11,992	1,826,610	0
2SORENSEN DONN BOARD MEMBER & OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	751,394	447,524	15,809	119,186	9,875	1,343,788	0
3HOEFER BILL COO	(i)	425,186	0	0	1,208	11,475	437,869	0
	(ii)	0	0	0	0	0	0	0
4MATEJKA CHERYL CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	394,285	132,151	48,373	70,464	16,749	662,022	0
5SWAMINATHAN RAJESH CMO	(i)	462,840	0	0	11,280	0	474,120	0
	(ii)	0	0	0	0	0	0	0
6JOHNSTONJEFFREY A PRESIDENT MERCY HEALTH EAST COMM	(i)	0	0	0	0	0	0	0
	(ii)	590,008	366,004	18,810	108,333	16,805	1,099,960	0
7ECKENFELS DANIEL VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	211,774	53,652	18,225	11,925	16,237	311,813	0
8SHROEDER RUSSELL CNO	(i)	239,141	0	4,622	812	7,822	252,397	0
	(ii)	0	0	0	0	0	0	0
9FRAZIER DONNA CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	239,159	88,211	23,116	68,249	264	418,999	0
10ELLIS CAROL VP NURSING	(i)	190,355	0	0	15,842	9,402	215,599	0
	(ii)	0	0	0	0	0	0	0
11FRAME LAURA VP GENERAL COUNSEL - FORMER	(i)	195,582	0	0	12,749	6,861	215,192	0
	(ii)	0	0	0	0	0	0	0
12HOLTER DENNIS VP BUSINESS DEVELOPMENT	(i)	186,423	0	0	9,737	8,075	204,235	0
	(ii)	0	0	0	0	0	0	0
13MONTEZ KADI VP OF IT	(i)	196,713	0	12	13,032	8,482	218,239	0
	(ii)	0	0	0	0	0	0	0
14REHM CHARLES CHIEF ADMINISTRATIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	528,877	248,522	59,435	40,508	9,733	887,075	0
15TRULOVE RON CHIEF REVENUE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	398,504	352,362	41,989	24,226	12,092	829,173	88,170
16BOTTERON GREGORY PHYSICIAN	(i)	800,871	156,450	0	7,449	0	964,770	0
	(ii)	0	0	0	0	0	0	0
17ALLEN CHRIS PHYSICIAN	(i)	799,527	156,450	0	19,610	11,475	987,062	0
	(ii)	0	0	0	0	0	0	0
18HANDA RAJIV PHYSICIAN	(i)	798,087	156,450	0	28,283	11,475	994,295	0
	(ii)	0	0	0	0	0	0	0
19NODA SEIICHI PHYSICIAN	(i)	1,084,690	0	0	30,895	11,475	1,127,060	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SHAPIRO MICHAEL PHYSICIAN	(i)	795,435	156,450	0	34,186	11,475	997,546	0
	(ii)	0	0	0	0	0	0	0
1SINDELAR DAVID FORMER OFFICER	(i)	3,927,007	0	1,768,157	3,982	5,726	5,704,872	0
	(ii)	0	0	0	0	0	0	0
2WETZLER KELLY FORMER OFFICER	(i)	1,869,225	277,750	259,752	10,845	6,061	2,423,633	0
	(ii)	0	0	0	0	0	0	0
3SINGER BRENT FORMER OFFICER	(i)	207,737	0	0	21,489	1,957	231,183	0
	(ii)	0	0	0	0	0	0	0
4MORTON DAVID FORMER KEY EMPLOYEE	(i)	484,122	0	0	11,514	0	495,636	0
	(ii)	0	0	0	0	0	0	0
5CATANZARO JOSEPH FORMER KEY EMPLOYEE	(i)	732,218	0	100,000	7,117	0	839,335	0
	(ii)	0	0	0	0	0	0	0
6BOKOVITZ BEVERLY FORMER KEY EMPLOYEE	(i)	-675	0	269,389	2,595	0	271,309	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

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

2017

**Open to Public
Inspection**

Employer identification number

43-0980256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PAUL NOVELLY HAS A BUSINESS RELATIONSHIP WITH WINTHROP B REED III

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE CORPORATE MEMBER OF THE ORGANIZATION IS MERCY HEALTH EAST COMMUNITIES, A SUPPORTI NG ORGANIZATION UNDER SECTION 509(A)(3) THE MEMBER OF MERCY HEALTH EAST COMMUNITIES IS ME RCY 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 A ND REMOVE ALL DIRECTORS AND OFFICERS FOR MERCY HOSPITAL SOUTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED TO THE CORPORATE MEMBER (AND WITH REGARD TO CERTAIN POWERS AND RESPONSIBILITIES, TO MERCY HEALTH EAST COMMUNITIES AS THE CORPORATE MEMBER OF THE CORPORATE MEMBER) A APPROVAL OF REVISIONS TO THE MISSION, VISION AND OPERATING VALUES PURSUANT TO WHICH THE CORPORATION OPERATES, B 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, C APPOINTMENT AND REMOVAL OF MEMBERS OF THE BOARD, D APPROVAL OF THE APPOINTMENT AND REMOVAL OF THE PRESIDENT OF THE HOSPITAL SUBJECT TO THE CONSENT OF MERCY HEALTH EAST COMMUNITIES, E ADOPTION OF THE STRATEGIC PLAN, GOALS, AND OBJECTIVES OF THE CORPORATION, F ADOPTION OF THE OPERATING, CAPITAL AND ALL OTHER BUDGETS FOR THE CORPORATION, G 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, H 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, I APPROVAL OF A PLAN OF MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION OR ANY AFFILIATE, J APPROVAL OF THE LEASE, MANAGEMENT OR PURCHASE OF, OR AFFILIATION WITH, ANOTHER HOSPITAL OR HOSPITAL SYSTEM, OR HEALTH CARE FACILITY OR HEALTH CARE SYSTEM BY THE CORPORATION, AND, K TO APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION BY THE CORPORATION L OVERSEE, APPROVE AND MONITOR HUMAN RESOURCE PROGRAMS, WHICH SHALL PROMOTE AN ORGANIZATIONAL ENVIRONMENT THAT</p> <p>1 PROVIDES FOR THE RECRUITMENT AND RETENTION OF CO-WORKERS WHO ARE SERVICE ORIENTED, COMPASSIONATE, ENGAGED, AND WHO FIND MEANING AND PURPOSE IN WORKING IN A FAITH-BASED ORGANIZATION, 2 ENABLES PEOPLE TO RELATE TO ONE ANOTHER WITH RESPECT AND ACCEPTANCE IN A SPIRIT OF COMMUNITY, 3 PROMOTES CO-WORKER PARTICIPATION AND VOICE IN THEIR WORK LIVES, 4 GIVES CO-WORKERS A FAIR OPPORTUNITY TO DEVELOP THEIR SKILLS AND TALENTS, AND A MEANS BY WHICH THEIR CONTRIBUTIONS ARE RECOGNIZED, 5 PROVIDES CO-WORKERS WITH THE MATERIALS AND EQUIPMENT TO PROPERLY DO THEIR WORK, AND, 6 ENSURES CO-WORKER SAFETY AND WELL-BEING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990S. AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CFO AND CEO, FOR REVIEW. ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, IT IS THEN SIGNED AND FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 2018. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), MERCY HEALTH (ULTIMATE PARENT COMPANY) USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND 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

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 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	CONTRIBUTION ADJUSTMENT -1,126,422 DBPP 2,752,191 OTHER 1,051,087 FUND BALANCE TRANSFER 49,048,288 CHARITABLE FOUNDATION -7,496,340 ST ANTHONYS PHYSICIAN ORGANIZATION ADJUSTME NT 41,419,907 RECLASS PRIOR YEAR STATUS MERCY FINANCIALS -84,590,392 SELF INSURANCE TRUS T RESULTS -16,680,659

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C	AUDITED FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2018 (THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPARATE AUDIT OPINION WAS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE STEWARDSHIP COMMITTEE OF THE MERCY HEALTH BOARD OF DIRECTORS AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE

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, 2018 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, 2018, 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
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

990 Schedule O, Supplemental Information

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

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As Filed Data -

DLN: 93493135122219

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

Employer identification number
43-0980256

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	NM	MERCY HOSPITAL SOUTH	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.

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST ANTHONYS CHARITABLE ORGANIZATION	C	1,446,228	FMV
(2) MERCY CLINIC EAST COMMUNITIES	Q	88,228,241	FMV
(3) MHM SUPPORT SERVICES	Q	53,408,067	FMV
(4) ST ANTHONYS CHARITABLE ORGANIZATION	P	176,741	FMV

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: 43-0980256
Name: MERCY HOSPITAL SOUTH
F/K/AS ST ANTHONYS MEDICAL CENTER

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
1001 KIRKWOOD LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 61-1736257	REAL ESTATE	MO	1,532,907	821,522	MERCY HOSPITAL SOUTH
HEART SPECIALTY ASSOCIATES LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-4084620	SPECIALISTS	MO	18,559,620	1,042,039	MERCY HOSPITAL SOUTH
PHYSICIANS OF ST ANTHONY'S MEDICAL CENTER LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440956	MANAGEMENT	MO	751,372	116,549	MERCY HOSPITAL SOUTH
SOUTH COUNTY PET IMAGING LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1932907	INACTIVE	MO	0	0	MERCY HOSPITAL SOUTH
ST ANTHONY'S PROFESSIONAL PHARMACY LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1659671	LICENSEE OF RETAIL PHARMACY	MO	2,107,356	323,606	MERCY HOSPITAL SOUTH
ST ANTHONY'S PULMONARY SPECIALISTS LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 30-0787362	INACTIVE	MO	0	0	MERCY HOSPITAL SOUTH
URGENT CARE CENTERS OF ST ANTHONY'S MEDICAL CENTER LLC 10010 KENNERLY ROAD ST LOUIS, MO 63128 27-0440900	MANAGEMENT	MO	8,841,249	980,223	MERCY HOSPITAL SOUTH

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
1602 MCCLELLAND STREET LAREDO, TX 78044 74-2912461	WOMEN'S DOMESTIC VIOLENCE SHELTER	TX	501C3	7	MERCY MINISTRIES OF LAREDO	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 26-1708048	PORTFOLIO MANAGEMENT	MO	501C3	11-II	MERCY HEALTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 46-4504901	VIRTUAL CARE CENTER	MO	501C3	3	MERCY HEALTH	Yes	
645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1771217	PHYSICIAN GROUP	MO	501C3	9	MERCY HEALTH EAST COMMUNITIES	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	PHYSICIAN CLINIC	AR	501C3	9	MERCY HEALTH FORT SMITH COMM	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 27-0473057	PHYSICIAN GROUP	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO 65804 43-1560263	PHYSICIAN GROUP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 72-1069468	FAMILY COUNSELING SERVICES	MO	501C3	7	MERCY HEALTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1423050	CORPORATE OFFICE	MO	501C3	1	N/A		No
645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1718408	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 46-1412322	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING COMPANY	AR	501C3	11-II	MERCY HEALTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-0901499	FOUNDATION	MO	501C3	11-II	MERCY HEALTH	Yes	
430 N MONTE VISTA STREET ADA, OK 74820 46-3596274	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ADA	Yes	
1011 14TH AVENUE NW ARDMORE, OK 73401 71-0962525	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ARDMORE	Yes	
214 CARTER STREET BERRYVILLE, AR 72616 71-0759301	FOUNDATION	AR	501C3	11-I	MERCY HOSPITAL BERRYVILLE	Yes	
401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501C3	11-III	MERCY KANSAS COMMUNITIES INC	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 23-7330425	FOUNDATION	AR	501C3	7	MERCY HOSPITAL FORT SMITH	Yes	
300 WERNER STREET HOT SPRINGS, AR 71913 71-0804718	FOUNDATION	AR	501C3	11-II	MISSION CLINICAL SERVICES	Yes	
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
1400 US HIGHWAY 61 SOUTH FESTUS, MO 63028 46-2797051	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES - SR	Yes	
100 MERCY WAY JOPLIN, MO 64804 27-0906136	FOUNDATION	MO	501C3	11-I	MERCY HEALTH SW MOKS COMM	Yes	
1000 EAST CHERRY STREET TROY, MO 63379 81-1477159	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
2710 RIFE MEDICAL LN ROGERS, AR 72858 71-0601687	FOUNDATION	AR	501C3	11-III	MERCY HOSPITAL ROGERS	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 45-4732301	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 46-3184231	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 32-0195818	FOUNDATION	MO	501C3	11-II	MERCY HEALTH SPRINGFIELD COMM	Yes	
100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 43-1873914	FOUNDATION	MO	501C3	11-I	MERCY ST FRANCIS HOSPITAL	Yes	
615 SOUTH NEW BALLAS ROAD ST LOUIS, MO 63141 56-2410020	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
901 E FIFTH STREET WASHINGTON, MO 63090 56-2410022	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
2710 RIFE MEDICAL LN ROGERS, AR 72758 62-1684203	PHYSICIAN GROUP	AR	501C3	11-II	MERCY HEALTH	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HEALTH SYSTEM	OK	501C3	11-II	MERCY HEALTH	Yes	
3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0481419	HMO	MO	501C4		MERCY HEALTH	Yes	
3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0486150	PPO	MO	501C4		MERCY HEALTH PLANS OF MISSOURIINC	Yes	
100 MERCY WAY JOPLIN, MO 64804 30-0584463	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 43-1856028	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
804 W FREEMAN SUITE 4 BERRYVILLE, AR 72616 87-0781247	HOME HEALTH AND HOSPICE OPERATIONS	AR	501C3	11-III	MERCY HOSPITAL SPRINGFIELD	Yes	
430 N MONTE VISTA STREET ADA, OK 74820 46-2288155	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
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
214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
880 WEST MAIN STREET BOONEVILLE, AR 72927 46-3851119	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
3125 DR RUSSELL SMITH WAY CARTHAGE, MO 64836 45-3808607	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
94 MAIN STREET CASSVILLE, MO 65625 43-1936699	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 27-0842031	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
2115 PARKVIEW DRIVE EL RENO, OK 73036 27-2716065	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501C3	3	MERCY HEALTH FORT SMITH COMM	Yes	
3462 HOSPITAL RD HEALDTON, OK 73438 26-3173902	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE INC	Yes	
1400 HIGHWAY 61 SOUTH FESTUS, MO 63028 43-0687077	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES - SR	Yes	
100 MERCY WAY JOPLIN, MO 64804 27-0814858	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
1000 HOSPITAL CIRCLE KINGFISHER, OK 73750 46-3433074	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
100 HOSPITAL DRIVE LEBANON, MO 65536 43-1767432	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
1000 EAST CHERRY STREET TROY, MO 63379 47-2219204	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
200 SOUTH ACADEMY GUTHRIE, OK 73044 45-2998842	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-0579285	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
801 W RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
500 E ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
2710 RIFE MEDICAL LN ROGERS, AR 72758 71-0294390	HOSPITAL	AR	501C3	3	MERCY HEALTH NW ARK COMMUNITIES	Yes	
1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 44-0552485	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
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
1341 W 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
500 CLARENCE NASH BLVD WATONGA, OK 73772 45-5199762	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-0653493	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
401 WOODLAND HILLS BLVD FT SCOTT, KS 66701 48-0956045	HOSPITAL	KS	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
2500 ZACATECAS LAREDO, TX 78043 20-0198462	OUTREACH	TX	501C3	7	MERCY HEALTH	Yes	
524 NORTH BOONEVILLE AVENUE SPRINGFIELD, MO 65802 87-0796305	RESEARCH	MO	501C3	4	MERCY HEALTH	Yes	
100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-2553101	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MO	501C3	11-II	MERCY HEALTH	Yes	
300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	CHILD ADVOCACY CENTER	AR	501C3	9	MERCY HEALTH	Yes	
10010 KENNERLY ROAD ST LOUIS, MO 63128 26-1516789	FOUNDATION	MO	501C3	11-II	MERCY HOSPITAL SOUTH	Yes	
10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1784536	HEALTH CARE	MO	501C3	3	MERCY HOSPITAL SOUTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 73-0614655	INACTIVE	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
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
MERCY COMM SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1078101	RETAIL PHARMACY	KS	MERCY KANSAS COMM INC	C					No
FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 52-1914421	HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT	DE	MERCY HEALTH	C					No
INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 26-4509571	TECHNOLOGY TRANSFER COMPANY	MO	MERCY HEALTH SPRINGFIELD COMM	C					No
UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1797042	INACTIVE	MO	MERCY HEALTH EAST COMMUNITIES	C					No
UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 74-2499535	HOLDING COMPANY	MO	MERCY HEALTH SERVICES LLC	C					No
MHN OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1580607	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C					No
MERCY HEALTH CENTER CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120 68-0640970	ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS	OK	MERCY HOSPITAL OKLAHOMA CITYINC	C					No
MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1441665	HOLDING COMPANY	OK	MERCY HEALTH	C					No
MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1381689	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C					No
MERCY COMMERCIAL SERVICES INC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-4953543	CORP PARENT OF VCC TAXABLE COMMERCIALIZ SVCS	OK	MHN INC AND MHNSR INC	C					No
ST ANTHONY'S PHYSICIAN ORGANIZATION OF ILLINOIS 10010 KENNERLY ROAD ST LOUIS, MO 63128 32-0457168	HEALTH CARE	MO	MERCY HOSPITAL SOUTH	C					No