

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**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 SPRINGFIELD  
% JUSTIN DAVISON  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
1235 E Cherokee  
City or town, state or province, country, and ZIP or foreign postal code  
Springfield, MO 65804

**D** Employer identification number  
44-0552485  
**E** Telephone number  
(314) 579-6100  
**G** Gross receipts \$ 1,127,878,292

**F** Name and address of principal officer  
JUSTIN DAVISON  
1235 E Cherokee  
Springfield, MO 65804

**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 1987

**M** State of legal domicile MO

## Part I Summary

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	6
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	686
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	2,097,821
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-174,283

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	542,636	1,069,253
<b>9</b> Program service revenue (Part VIII, line 2g)	1,085,701,264	1,114,811,557
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,317,674	5,292,695
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,982,585	6,545,482
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,101,544,159	1,127,718,987
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	404,170,453	425,337,893
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	579,522,340	593,793,967
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	983,692,793	1,019,131,860
<b>19</b> Revenue less expenses Subtract line 18 from line 12	117,851,366	108,587,127

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	421,730,923	441,666,541
<b>21</b> Total liabilities (Part X, line 26)	44,302,495	36,281,416
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	377,428,428	405,385,125

## 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: \_\_\_\_\_ Date: 2019-05-14  
JUSTIN DAVISON VP-FINANCE  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: ABBEY E LEIBEL Preparer's signature: ABBEY E LEIBEL Date: \_\_\_\_\_  
Check  if self-employed PTIN: P01517527  
Firm's name: ▶ ERNST & YOUNG US LLP Firm's EIN: \_\_\_\_\_  
Firm's address: ▶ 312 WALNUT STREET STE 1900 Phone no: (513) 612-1400  
CINCINNATI, OH 45202

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

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 824,260,594 including grants of \$ 0 ) (Revenue \$ 1,114,811,557 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 824,260,594

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	687,634				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	350,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	31,619				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,069,253			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> NET PATIENT SERVICE REVENUE . . . . .	622110	1,106,981,612	1,104,904,895	2,076,717		
	<b>b</b> OTHER OPERATING REVENUE . . . . .	900099	4,735,821	4,735,821			
	<b>c</b> RENTAL INCOME FROM RELATED ORGS . . . . .	531120	3,094,124	3,094,124			
	<b>d</b> _____ . . . . .						
	<b>e</b> _____ . . . . .						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			1,114,811,557				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,029,261			5,029,261	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .	0	0			
		<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .		422,739			
		<b>c</b> Gain or (loss) . . . . .		159,305			
		<b>d</b> Net gain or (loss) . . . . .		263,434			263,434
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .		0			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .			0				
<b>c</b> Net income or (loss) from gaming activities . . . . .				0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .		0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue		Business Code					
<b>11a</b> CAFE & VENDING . . . . .		900099	5,935,490		21,104	5,914,386	
<b>b</b> TUITION INCOME . . . . .		900099	609,992			609,992	
<b>c</b> _____ . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			6,545,482				
<b>12 Total revenue.</b> See Instructions . . . . .			1,127,718,987	1,112,734,840	2,097,821	11,817,073	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	182,924	178,258	4,666	
<b>7</b> Other salaries and wages.	350,661,762	342,527,938	8,133,824	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,218,058	12,424,975	793,083	
<b>9</b> Other employee benefits.	39,753,788	37,368,560	2,385,228	
<b>10</b> Payroll taxes.	21,521,361	20,230,079	1,291,282	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	0			
<b>c</b> Accounting.	0			
<b>d</b> Lobbying.	49,348		49,348	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,402,578	19,319,514	83,064	
<b>12</b> Advertising and promotion.	282,981	283,012	-31	
<b>13</b> Office expenses.	20,031,401	19,269,069	762,332	
<b>14</b> Information technology.	429,057	376,722	52,335	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	19,749,731	13,186,931	6,562,800	
<b>17</b> Travel.	1,074,923	1,066,636	8,287	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	23,421,947	23,337,044	84,903	
<b>23</b> Insurance.	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DRUGS & MEDICAL EXPENSES	207,953,989	207,953,989		
<b>b</b> SHARED SERVICE FEES	172,431,357	1,481,838	170,949,519	
<b>c</b> BAD DEBT EXPENSE	114,911,710	114,911,710		
<b>d</b> REPAIRS & MAINT	11,509,720	7,821,740	3,687,980	
<b>e</b> All other expenses	2,545,225	2,522,579	22,646	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,019,131,860	824,260,594	194,871,266	0
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	25,009,444	<b>1</b>	24,861,319
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	29,284	<b>3</b>	10,188
	<b>4</b> Accounts receivable, net . . . . .	139,667,443	<b>4</b>	138,253,854
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,035,877	<b>7</b>	505,173
	<b>8</b> Inventories for sale or use . . . . .	25,080,213	<b>8</b>	20,874,793
	<b>9</b> Prepaid expenses and deferred charges . . . . .	625,133	<b>9</b>	665,544
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	503,888,323		
	<b>b</b> Less accumulated depreciation	294,168,875		
		195,715,681	<b>10c</b>	209,719,448
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	24,078,421	<b>12</b>	24,068,116
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	6,449,148	<b>13</b>	6,118,763
	<b>14</b> Intangible assets . . . . .	1,665,323	<b>14</b>	1,665,323
<b>15</b> Other assets See Part IV, line 11 . . . . .	2,374,956	<b>15</b>	14,924,020	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	421,730,923	<b>16</b>	441,666,541	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	33,165,346	<b>17</b>	35,907,923
	<b>18</b> Grants payable . . . . .	13,034	<b>18</b>	18,509
	<b>19</b> Deferred revenue . . . . .	70,027	<b>19</b>	91,844
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	11,054,088	<b>25</b>	263,140
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	44,302,495	<b>26</b>	36,281,416
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	377,428,428	<b>27</b>	405,385,125
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	377,428,428	<b>33</b>	405,385,125
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	421,730,923	<b>34</b>	441,666,541

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,127,718,987
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,019,131,860
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	108,587,127
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	377,428,428
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-80,630,430
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	405,385,125

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 44-0552485

**Name:** MERCY HOSPITAL SPRINGFIELD

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

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

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**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			
Allphin MD Allan ..... Physician & Board member	5 0 ..... 55 0	X						0	879,026	47,499
Embree Carol ..... Board member	1 0 ..... 0 0	X						0	0	0
Griesemer John ..... Board member	1 0 ..... 0 0	X						0	0	0
Hammons Brian ..... Board member	1 0 ..... 0 0	X						0	0	0
Hubbard Brent ..... COO & Board member	59 0 ..... 1 0	X						0	465,594	69,034
Leonard Gary ..... Board member	1 0 ..... 0 0	X						0	0	0
McNay Mark ..... Board member	1 0 ..... 0 0	X						0	0	0
Rankin Thomas ..... Board member	1 0 ..... 0 0	X						0	0	0
Swope Jon ..... President, central communities	10 0 ..... 50 0	X		X				0	1,207,500	171,207
NEELY BRIAN ..... BOARD MEMBER THRU 3/18	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STRANGELAND STUART G ..... BOARD MEMBER	5 0 ..... 55 0	X						0	511,063	86,808
Davison Justin C ..... VICE PRESIDENT FINANCE	5 0 ..... 55 0			X				0	217,762	15,731
Burke James ..... Regional VP Legal Thru 4/18	1 0 ..... 59 0			X				0	355,737	21,532
Reynolds Scott ..... CFO-central commun (thru 5/18)	1 0 ..... 59 0			X				0	532,268	106,770
Scarrow MD Alan ..... Pres Sprg Communities THRU 9/17	1 0 ..... 59 0			X				0	994,313	35,084
hannasch susan ..... VP-Regional General Counsel	1 0 ..... 59 0			X				0	369,067	59,728
Geujen Dea A ..... CNO - Key Employee	60 0 ..... 0 0				X			0	278,386	42,517
Globig David P ..... VP-Operations	60 0 ..... 0 0				X			0	277,675	19,196
Hennessey III William ..... VP-Mission	45 0 ..... 15 0				X			0	242,284	48,903
Luria MD Lance ..... Chief medical officer	60 0 ..... 0 0				X			0	405,153	34,031



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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number

44-0552485

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> 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
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

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

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

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

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

(Complete only if you checked the box on line 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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

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

**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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

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

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b>	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>		
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</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>		

**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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> 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			
<b>6</b> 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			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 44-0552485

**Name:** MERCY HOSPITAL SPRINGFIELD

**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](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
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**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 SPRINGFIELD	Employer identification number 44-0552485
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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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		49,348
<b>j</b> Total Add lines 1c through 1i			49,348
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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
FORM 990, SCHEDULE C, PART II-B, LINE 1 (I)	LOBBYING PORTION OF DUES THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE FOLLOWING HOSPITAL ASSOCIATIONS AMERICAN HOSPITAL ASSOCIATION, MISSOURI HOSPITAL ASSOCIATION, AND CATHOLIC HEALTH ASSOCIATION FOR THE YEAR ENDED JUNE 30, 2018, DUES WERE \$61,304, \$107,049, AND \$238,038, RESPECTIVELY APPROXIMATELY 22 98% OF AMERICAN HOSPITAL ASSOCIATION DUES, 24 2% OF MISSOURI HOSPITAL ASSOCIATION DUES, AND 3 93% OF CATHOLIC HEALTH ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THESE ASSOCIATIONS

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
MERCY HOSPITAL SPRINGFIELD

**Employer identification number**  
44-0552485

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

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

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

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

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

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

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

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
<b>1a</b> Land . . . . .		13,468,240		13,468,240
<b>b</b> Buildings . . . . .		146,270,294	62,919,934	83,350,360
<b>c</b> Leasehold improvements		898,895	647,108	251,787
<b>d</b> Equipment . . . . .		293,646,417	229,914,774	63,701,643
<b>e</b> Other . . . . .		49,634,477	687,059	48,947,418
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				209,719,448

**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) REAL ESTATE INVESTMENT	23,858,466	F
(B) MJC RENTALS INVESTMENT	209,650	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	24,068,116	

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION	263,140
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	263,140

**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.

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 44-0552485

**Name:** MERCY HOSPITAL SPRINGFIELD

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTES PRIMARILY ALL OF THE HEALTH SYSTEM ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY THE HEALTH SYSTEM COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED ON THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2018 OR 2017

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 MERCY HOSPITAL SPRINGFIELD

**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](http://www.irs.gov/form990).**

**Employer identification number**  
 44-0552485

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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		
<b>3</b> 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		
<b>a</b> 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 <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</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 <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 _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> 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?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			25,565,807		25,565,807	2 830 %
<b>b</b> Medicaid (from Worksheet 3, column a)			199,397,910	163,763,597	35,634,313	3 940 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			224,963,717	163,763,597	61,200,120	6 770 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			560,132	500	559,632	0 060 %
<b>f</b> Health professions education (from Worksheet 5)			887,808		887,808	0 100 %
<b>g</b> Subsidized health services (from Worksheet 6)			25,072,853	19,702,190	5,370,663	0 590 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			395,740		395,740	0 040 %
<b>j Total.</b> Other Benefits			26,916,533	19,702,690	7,213,843	0 790 %
<b>k Total.</b> Add lines 7d and 7j			251,880,250	183,466,287	68,413,963	7 560 %

**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			14,098		14,098	
<b>10 Total</b>			14,098		14,098	

**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?	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.		
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.		
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).	215,456,976
6	Enter Medicare allowable costs of care relating to payments on line 5.	242,104,102
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	-26,647,126
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?	Yes
9b	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.	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)

See Additional Data Table	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

**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 SPRINGFIELD

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW MERCY NET/ABOUT/COMMUNITY-BENEFITS</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	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>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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 SPRINGFIELD

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		
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

MERCY HOSPITAL SPRINGFIELD

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<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 SPRINGFIELD

**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
<b>23</b>		No
<b>24</b>		No



**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? 26

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

**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
FORM 990, SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFIT REPORT THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS PREPARED BY ITS ULTIMATE PARENT ENTITY, MERCY HEALTH (EIN 43-1423050)
FORM 990, SCHEDULE H, PART I, LINE 7, COLUMN F	TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN(A) ARE \$1,019,135,254 INCLUDED IN THIS AMOUNT WAS BAD DEBT EXPENSE (CHARGES) OF \$114,911,710 EXPENSES FOR THE PURPOSE OF CALCULATING LINE 7, COLUMN (F) ARE \$904,223,544

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990, Schedule H, Part I, Line 7g	THE ORGANIZATION DID NOT INCLUDE ANY PHYSICIAN CLINIC COSTS ON LINE 7G
Form 990, Schedule H, Part II	<p>COMMUNITY BUILDING ACTIVITIES WORK TOWARD IMPROVING THE HEALTH, WELLNESS AND SAFETY OF THE COMMUNITY MERCY HOSPITAL SPRINGFIELD'S EFFORTS TO ENHANCE THE OPERATIONAL STRUCTURES OF THE COMMUNITY INCLUDE COLLABORATIONS WITH MANY COMMUNITY ORGANIZATIONS, FOR EXAMPLE BURRELL BEHAVIORAL HEALTH, COMMUNITY PARTNERSHIP OF THE OZARKS, MISSOURI STATE UNIVERSITY, OZARKS COUNSELING CENTER, SPRINGFIELD PUBLIC SCHOOLS, SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT, AND THE HEALTH COMMISSION COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE THROUGH COMMUNITY-BASED PARTNERSHIPS, MEETINGS AND EVENTS, AND SERVICE ON COMMUNITY BOARDS MERCY HOSPITAL SPRINGFIELD'S COMMUNITY INVOLVEMENT INCLUDES VARIOUS BUSINESS AND PUBLIC ORGANIZATIONS SUCH AS THE ONES NAMED ABOVE AS WELL AS THE AMERICAN CANCER SOCIETY, CARE TO LEARN, CHAMBER OF COMMERCE, CITY OF SPRINGFIELD, COMMUNITY FOUNDATION OF THE OZARKS, THE AMERICAN HEART ASSOCIATION, UNITED WAY OF THE OZARKS AND MORE THAN 300 LOCAL NONPROFIT SERVICE ORGANIZATIONS MERCY HOSPITAL SPRINGFIELD ALSO PROMOTES SMOKE-FREE ENVIRONMENTS BY WORKING WITH PUBLIC OFFICIALS AND GROUPS LIKE ONE AIR ALLIANCE MERCY HOSPITAL SPRINGFIELD BECAME ONE OF THE FIRST SMOKE-FREE ORGANIZATIONS IN SPRINGFIELD AND CONTINUES TO WORK WITH OTHER COMMUNITY PARTNERS TO FURTHER TOBACCO PREVENTION AND TO CREATE SMOKE-FREE ENVIRONMENTS MERCY HOSPITAL SPRINGFIELD CONTINUES TO WORK CLOSELY WITH THE HEALTH COMMISSION, A COMMUNITY ORGANIZATION DEDICATED TO WORKING WITH AND FOR MEMBERS OF OUR COMMUNITY WITH LIMITED ECONOMIC RESOURCES AND WHO HAVE LIMITED ACCESS TO HEALTH CARE SERVICES AND RESOURCES THE COMMISSION PROVIDES A PLATFORM FOR COLLABORATION BETWEEN AREA NONPROFIT HEALTH CARE ORGANIZATIONS THE COMMISSION DEVELOPED THE COMMUNITY MEDICATION ACCESS PROGRAM, WHICH PROVIDES NEEDED MEDICATIONS FOR PATIENTS WITH LIMITED RESOURCES MERCY HOSPITAL SPRINGFIELD PARTNERS WITH LOCAL UNIVERSITIES AND NURSING SCHOOLS TO PROVIDE ACCESS TO CLINICAL EDUCATION FOR MULTIPLE HEALTH CARE WORKFORCE SPECIALTIES INCLUDING NURSING, NURSE PRACTITIONER, RADIOLOGY, OCCUPATIONAL THERAPY, SPEECH THERAPY, DIETICIAN, PHYSICIAN ASSISTANT, LABORATORY, SURGICAL TECHNICIAN, SPORTS MEDICINE, AND PHYSICAL THERAPY STUDENTS MERCY HOSPITAL SPRINGFIELD SUPPORTS THE MERCY COLLEGE OF NURSING AND ALSO A SCHOOL-BASED PROGRAM FOR HEALTH CAREERS CALLED THE HEALTH SCIENCES ACADEMY IN PARTNERSHIP WITH SPRINGFIELD PUBLIC SCHOOLS MERCY IS PARTICIPATING IN SEVERAL COMMUNITY EFFORTS TO BRING PHYSICIAN TRAINING TO SPRINGFIELD, PARTICULARLY FOR PRIMARY CARE IN PREVIOUS YEARS AND FOR SEVERAL DECADES, MERCY HOSPITAL SPRINGFIELD SUPPORTED SPRINGFIELD'S ONLY FREE CLINIC, THE KITCHEN CLINIC, FOR HOMELESS INDIVIDUALS AND THOSE WITH LIMITED ECONOMIC RESOURCES THROUGH FINANCIAL AND IN-KIND SUPPORT IN SEPTEMBER 2015, THE KITCHEN CLINIC CLOSED DUE TO INSUFFICIENT ONGOING FINANCIAL SUPPORT IN RESPONSE TO THIS, MERCY HOSPITAL SPRINGFIELD AND MISSOURI STATE UNIVERSITY INITIATED THE DEVELOPMENT OF A NEW FREE CLINIC, MSU CARE, WHICH OPENED IN OCTOBER 2015, SERVING THE SAME POPULATION WITH MORE THAN THREE TIMES THE CAPACITY THROUGH THIS PARTNERSHIP, WE ARE ABLE TO ADVANCE THE CARE OF THE POPULATION BY MONITORING THEM THROUGH OUR ELECTRONIC MEDICAL RECORD, ROBUST CARE MANAGEMENT PROGRAMS, AND OFFER APPROPRIATE SPECIALTY CARE THROUGH A CHARITY CARE PROCESS AT MERCY IN ADDITION, WE ARE CREATING A HANDS ON EDUCATIONAL ENVIRONMENT THAT PROVIDES AWARENESS AROUND THE SOCIAL DETERMINANTS OF HEALTH AS WELL AS RECRUITS CREDENTIALLED STUDENTS TO STAY LOCAL UPON GRADUATING MERCY HOSPITAL SPRINGFIELD WORKS CLOSELY WITH OUR ONLY FEDERALLY QUALIFIED HEALTH CENTER, JORDAN VALLEY COMMUNITY HEALTH CENTER, TO ENSURE ACCESS TO SERVICES FOR PREGNANT WOMEN AND THEIR INFANTS MERCY HOSPITAL SPRINGFIELD SUPPORTS THE REGION'S ONLY CHILDREN'S HOSPITAL AND PROVIDES MULTIPLE SPECIALTY SERVICES TO A LARGE RURAL GEOGRAPHIC REGION IN SOUTHWEST MISSOURI MERCY HOSPITAL SPRINGFIELD ALSO PARTNERS WITH AND SUPPORTS ISABEL'S HOUSE, THE ONLY CRISIS NURSERY IN THE SOUTHWEST MISSOURI AREA FOCUSED ON THE PREVENTION OF CHILD ABUSE AND NEGLECT THE CRISIS NURSERY ALSO ENSURES FAMILIES THAT ARE IN CRISIS HAVE APPROPRIATE AND NEEDED HEALTH CARE SERVICES FOR THEIR INFANTS AND YOUNG CHILDREN</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, SECTION A, 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 ACCOUNTING, WHERE AVAILABLE WHERE COST ACCOUNTING IS NOT AVAILABLE, COST REPORT COST TO CHARGE RATIOS WERE UTILIZED
Form 990, Schedule H, Part III, SECTION A, 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
FORM 990, SCHEDULE H, PART III, SECTION A, LINE 4	<p>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 RECEIVABLE THAT ARE DEEMED UNCOLLECTIBLE, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET THE HEALTH SYSTEMS CHARITY CARE POLICY THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES IS BASED UPON MANagements 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 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 "</p>
FORM 990, SCHEDULE H, PART III, SECTION B, LINE 8	<p>IT IS THE POSITION OF MERCY THAT 100% OF ANY SHORTFALL 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) Form 990, Schedule H, Part III, Line 9b MERCYS 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, INCLUDING MEDICAID IN THE EVENT AN ACCOUNT IS TURNED TO COLLECTIONS AND IS IDENTIFIED IN NEED OF FINANCIAL ASSISTANCE DUE TO CIRCUMSTANCE CHANGES, OR IS 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 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 \$6,500 ALL ACCOUNT BALANCES RELATING TO ACCOUNTS IDENTIFIED BY THE HIGHER BALANCES WILL BE CONSIDERED AND FLAGGED FOR CHARITY IF THERE IS AN INABILITY TO PAY AFTER A RETURN FROM THE COLLECTION AGENCY AT APPROXIMATELY 120 DAYS MERCY WILL PURSUE APPROPRIATE MEANS IN THE COLLECTION OF DELINQUENT ACCOUNTS FROM PATIENTS WITH AN ESTABLISHED ABILITY TO PAY OR AN UNWILLINGNESS TO COOPERATE IN VALIDATING ELIGIBILITY FOR FINANCIAL ASSISTANCE THESE APPROPRIATE MEANS MAY INCLUDE LEGAL ACTION CONSISTENT WITH MERCY MISSION AND VALUES AFTER A SENDING 3 MONTHLY STATEMENTS WITH THE FINAL INCLUDING NOTIFICATION, IF NO RESOLUTION THEY WILL BE TURNED TO COLLECTIONS ADDITIONALLY, THEY MAY INCLUDE LIENS UPON REAL PROPERTY AND REASONABLE WAGE GARNISHMENTS LEGAL ACTIONS WILL GENERALLY NOT INCLUDE BANK GARNISHMENTS, REPOSSESSION OF ASSETS OR FORECLOSURES TO ENSURE SATISFACTION OF A LIEN MERCY HAS POLICIES AND PROCEDURES ESTABLISHED TO ADDRESS THE INITIATION OF LEGAL ACTION AND ANNUALLY REVIEW COMPLIANCE WITH POLICIES BUT ENSURE 120 DAYS OF BILLING AND COLLECTIONS OCCURS PRIOR TO ANY EXTRAORDINARY COLLECTIONS ARE PURSUED</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 2	MERCY HOSPITAL SPRINGFIELD BELIEVES THAT ITS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IS COMPREHENSIVE ENOUGH TO CAPTURE SUBSTANTIALLY ALL OF THE COMMUNITY'S NEEDS. THEREFORE, NO FURTHER STEPS WERE TAKEN TO IDENTIFY ADDITIONAL NEEDS. MERCY HOSPITAL SPRINGFIELD MEASURES ALL COMMUNITY HEALTH INDICATORS AS SET FORTH BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND MEASURES ALL UTILIZATION ACTIVITY (PARTICULARLY FOR VULNERABLE POPULATIONS) TO FIRST UNDERSTAND THE STATUS OF THE COMMUNITY'S HEALTH ON AN ANNUAL BASIS. BASED ON THESE FINDINGS, MERCY REFINES ITS IMPLEMENTATION STRATEGIES TO MEET THE NEEDS OF THE COMMUNITY AND MONITORS PROGRESS THROUGH A COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF DIRECTORS. THE DIRECTOR OF COMMUNITY BENEFIT ALSO SERVES ON A COMMUNITY HEALTH COLLABORATION BOARD WITH OTHER AREA NONPROFIT HEALTH SYSTEM AND ORGANIZATIONAL LEADERS TO MAKE SURE OUR UNDERSTANDING OF COMMUNITY NEEDS ARE CORRECT AND TO DEVELOP ALIGNED STRATEGIES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES AND SUBSEQUENT IMPROVEMENT STRATEGIES. FORM 990, SCHEDULE H, 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 ACCOUNT IS PLACED FOR REVIEW. IN ADDITION, PATIENTS HAVE SIGNAGE ABOUT THE POLICY AT THE ACCESS POINTS, AND ALL STAFF WORKING WITH THE PATIENT AT POINT OF SERVICE, SCHEDULING, CUSTOMER SERVICE, AND EVEN THROUGH THE MEDICAID ELIGIBILITY SCREENING, HAVE THE MEANS TO SEND THE ACCOUNT FOR REVIEW. THERE IS THE PLAIN LANGUAGE SUMMARY THAT IS BEING PROVIDED TO ALL WHOM EXPRESS HARDSHIP, IN ADDITION TO THE WEB ADDRESS PROVIDING THE APPLICATION, POLICIES, AND EVEN HOW UNINSURED ACCOUNTS ARE HANDLED. LASTLY, THE STATEMENTS MESSAGE TO THE PATIENT THAT MERCY DOES HAVE A FINANCIAL ASSISTANCE PROGRAM AND TO CALL TO SEE IF THEY ARE ELIGIBLE. MERCY STAFFS INTERNAL RESOURCES CERTIFIED TO ASSIST PATIENTS WITH MEDICAID APPLICATIONS AS WELL.
Form 990, Schedule H, Part VI, Line 4	COMMUNITY INFORMATION MERCY HOSPITAL SPRINGFIELD'S PRIMARY SERVICE AREA INCLUDES 13 COUNTIES IN MISSOURI, INCLUDING BARRY, CHRISTIAN, DALLAS, DOUGLAS, GREENE, HOWELL, LACLEDE, LAWRENCE, POLK, STONE, TANEY, WEBSTER AND WRIGHT. THE FOLLOWING INFORMATION IS DERIVED FROM 2018 IBM/WATSONS DEMOGRAPHICS AND FY2018 DECISION RESOURCE GROUPS INSURANCE COVERAGE ESTIMATES. THE AREA'S POPULATION IS 735,285. 26% OF THE POPULATION'S AVERAGE HOUSEHOLD INCOME IS OVER \$75,000. 43% OF THE POPULATION IS 45 AND OLDER. 20% OF THE HOUSEHOLDS ARE ON MEDICARE, 15% ON MEDICAID, AND 11% UNINSURED.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>Form 990, Schedule H, Part VI, Line 5</p>	<p>MERCY HOSPITAL SPRINGFIELD PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY MERCY IS A CATHOLIC HEALTH CARE CORPORATION THAT, PURSUANT TO THE ORGANIZATIONAL CORE BELIEF THAT HEALTH CARE SERVICES ARE A VITAL AND INTEGRAL PART OF THE CHURCHS HEALING MISSION, ENGAGES IN A MINISTRY WHICH PROVIDES GENERAL ACUTE CARE, AMBULATORY, LONG-TERM AND HOME CARE HEALTH SERVICES TO INDIVIDUALS AND FAMILIES IN ITS COMMUNITIES MERCY OFFERS SERVICES AND PROGRAMS WHICH FURTHER HEALTH PROMOTION, MAINTENANCE AND CARE TO THE COMMUNITY PROGRAMS PROVIDED TO MEET THE COMMUNITY INCLUDE SUPPORT GROUPS FOR VARIOUS SITUATIONS, OUTREACH PROGRAMS, EDUCATIONAL PROGRAMS, HEALTH RESOURCE COORDINATION, COMMUNITY BLOOD DRIVES AND HEALTH FAIRS, ETC MERCY SPRINGFIELD IS GOVERNED BY A BOARD OF DIRECTORS WHICH INCLUDES REPRESENTATION FROM COMMUNITY LEADERS IN THE ORGANIZATIONS PRIMARY SERVICE AREAS ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY ANY POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY BOARD MEMBERS ARE REVIEWED AND RESOLVED THIS PROCESS ENSURES THAT PUBLIC, RATHER THAN PRIVATE, INTERESTS ARE SERVED BY MERCY SURPLUS FUNDS AND UNRESTRICTED ASSETS HELD BY MERCY SPRINGFIELD ARE REINVESTED IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH INITIATIVES WHICH SUPPORT THE ORGANIZATIONS MISSION TO DELIVER COMPASSIONATE CARE AND EXCEPTIONAL HEALTH CARE SERVICES TO THE COMMUNITIES IT SERVES</p>
<p>FORM 990, SCHEDULE H, PART VI, LINE 6</p>	<p>AFFILIATED HEALTH CARE SYSTEM 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, MAKING MERCY 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</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 7	STATE FILING OF COMMUNITY BENEFIT REPORT MO

**Schedule H (Form 990) 2017**

**Additional Data****Software ID:****Software Version:****EIN:** 44-0552485**Name:** MERCY HOSPITAL SPRINGFIELD**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	Mercy Hospital Springfield 1235 E Cherokee Street Springfield, MO 65804 WWW MERCY NET 38-58	X	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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3e	The hospital facility did include a prioritized list of the community's significant health needs in its most recent CHNA report. FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5 IN THE MOST RECENT CHNA, MERCY HOSPITAL SPRINGFIELD DID 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. MERCY HOSPITAL SPRINGFIELD HOSTED SEVERAL ROUND TABLE EVENTS IN WHICH LOCAL PUBLIC HEALTH, BEHAVIORAL HEALTH, AND AREA NONPROFIT LEADERS REPRESENTING HEALTH-RELATED SERVICES WERE INVITED TO PARTICIPATE IN COMPREHENSIVE CONVERSATIONS WITH MERCY HOSPITAL SPRINGFIELD ABOUT OUR COMMUNITY HEALTH NEEDS, RESOURCE GAPS AND OPPORTUNITIES TO COLLABORATE AND IMPROVE OUR COMMUNITY'S HEALTH AND INCREASE ACCESS TO SERVICES. THE PRIORITIES FOR EACH COMMUNITY EMERGED AS A RESULT OF DATA AND FEEDBACK COLLECTION FROM A VARIETY OF SOURCES INCLUDING -A SURVEY OPEN TO MEMBERS OF THE PUBLIC AND PARTNER AGENCIES IN ALL COMMUNITIES, -SECONDARY DATA COLLECTED FROM COMMUNITYCOMMONS.ORG AND OTHER SOURCES, -FOCUS GROUPS TARGETING UNDERSERVED, CHRONICALLY ILL AND LOW-INCOME POPULATIONS IN EACH COMMUNITY, AND, -EMERGENCY DEPARTMENT DATA FROM HOSPITAL PARTNERS. THESE SOURCES WERE COMBINED AND COMPARED TO DEVELOP COMMUNITY PRIORITIES WHICH WEIGHED MORBIDITY, MORTALITY AND A VARIETY OF OTHER FACTORS.
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 6A	THE CHNA WAS CONDUCTED IN CONJUNCTION WITH THE FOLLOWING HOSPITAL FACILITIES: MERCY, MERCY HOSPITAL AURORA, MERCY HOSPITAL CASSVILLE, CITIZENS MEMORIAL HEALTHCARE, COXHEALTH, FREEMAN HEALTH SYSTEM AND POLK COUNTY HEALTH CENTER.

**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
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 6B	THE CHNA WAS CONDUCTED IN CONJUNCTION WITH THE FOLLOWING NON-HOSPITAL FACILITIES BURRELL BEHAVIORAL HEALTH, JASPER COUNTY HEALTH DEPARTMENT, JOPLIN HEALTH DEPARTMENT, SPRINGFIELD-GREEN COUNTY HEALTH DEPARTMENT AND TANEY COUNTY HEALTH DEPARTMENT HEALTH DEPARTMENT AND TANEY COUNTY HEALTH DEPARTMENT FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7B <a href="http://ozarkshealthcommission.org/springfield/">http //ozarkshealthcommission org/springfield/</a>
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	Mercy Hospital Springfield is addressing the significant needs identified in its most recently conducted CHNA by focusing programming, services and education or awareness around (1) Reduce the incidence of Cardiovascular disease (2) Reduce the incidence of Lung disease (3) Awareness of Mental Health issues The first identified need or priority is to reduce the incidence of cardiovascular disease (1) Increasing the number of uninsured adults who are managing their high blood pressure or Hypertension by finding them primary health care (2) Increasing the amount of adults educated about risk factors for cardiovascular disease The second identified need or priority is to reduce the incidence of lung disease Mercy Springfield adopted implementation strategies for (1) increasing the amount of adults educated about symptoms of mild or undiagnosed lung disease (2) Encourage breast feeding after delivery to decrease lung disease in children (3) Promote evidence based care to manage chronic disease The third identified need or priority is to increase awareness for mental health issues Mercy Springfield adopted implementation strategies for (1) provide community education on substance abuse (2) Provide education to the community regarding resources in the geographic area that assist with mental and behavioral health issue For all of these identified needs and priorities, Mercy Springfield continues to work closely with its local public school system, nonprofit organizations, the Chamber of Commerce, and public officials to ensure we are collaboratively addressing the needs of our community in a measurable way Mercy Springfield remains actively engaged in its representation on The Health Commission as a way to stay attached to key leaders in our community aiming to achieve similar work and outcomes, particularly for patients and our vulnerable populations As well, Mercy Springfield opened a free clinic for low-income uninsured adult patients in collaboration with Missouri State University this year as the only other free clinic, which Mercy Springfield supported for many years, closed down DURING THIS CYCLE OF THE COMMUNITY HEALTH IMPROVEMENT PLAN, MERCY HOSPITAL SPRINGFIELD WILL NOT BE ADDRESSING THE FOLLOWING IDENTIFIED HEALTH NEEDS CANCER, DIABETES, MATERNAL AND INFANT HEALTH, AND ORAL HEALTH ALTHOUGH EACH IS A SIGNIFICANT NEED IN OUR COMMUNITY, THERE ARE MANY FACTORS THAT WILL BE ADDRESSED THROUGH LOCAL HOSPITAL DEPARTMENTS AND COMMUNITY COLLABORATIONS

**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
FORM 990, SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, & 16C	THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY ARE AVAILABLE ONLINE AT <a href="https://www.mercy.net/open-pages/mercy-financial-assistance/">https //www mercy net/open-pages/mercy-financial-assistance/</a>

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> MERCY EMS HEADQUARTERS 1407 ST LOUIS STREET SPRINGFIELD, MO 65803	EMERGENCY MEDICAL SERVICES
<b>1</b> MERCY EMS LEBANON 535 TOWER ROAD LEBANON, MO 65536	EMERGENCY MEDICAL SERVICE
<b>2</b> MERCY EMS CARTHAGE 3111 S DR RUSSELL SMITH WAY CARTHAGE, MO 64836	EMERGENCY MEDICAL SERVICE
<b>3</b> MERCY EMS CASSVILLE 73 SMITHSON DRIVE CASSVILLE, MO 65625	EMERGENCY MEDICAL SERVICE
<b>4</b> MERCY EMS BUFFALO 216 W DALLAS BUFFALO, MO 65622	EMERGENCY MEDICAL SERVICE
<b>5</b> MERCY EMS AURORA 502 SPRUCE STREET AURORA, MO 65605	EMERGENCY MEDICAL SERVICE
<b>6</b> MERCY EMS MT VERNON 1315 S LANDRUM MOUNT VERNON, MO 65712	EMERGENCY MEDICAL SERVICE
<b>7</b> MERCY EMS MOUNTAIN GROVE 1503 N MAIN STREET MOUNTAIN GROVE, MO 65711	EMERGENCY MEDICAL SERVICE
<b>8</b> MERCY EMS BRANSON WEST 59 MEADOW LARK ROAD BRANSON WEST, MO 65737	EMERGENCY MEDICAL SERVICE
<b>9</b> MERCY EMS MOUNTAIN VIEW 102 E USHIGHWAY 60 MOUNTAIN VIEW, MO 65548	EMERGENCY MEDICAL SERVICE
<b>10</b> MERCY LIFE LINE BRANSON WEST 59 MEADOW LARK ROAD BRANSON WEST, MO 65737	EMERGENCY MEDICAL SERVICE
<b>11</b> MERCY LIFE LINE ST ROBERT 608 CITY ROUTE 66 ST ROBERT, MO 65584	EMERGENCY MEDICAL SERVICE
<b>12</b> MERCY LIFE LINE JOPLIN 100 MERCY WAY JOPLIN, MO 64804	EMERGENCY MEDICAL SERVICE
<b>13</b> MERCY LIFE LINE ROGERS 2710 RIFE MEDICAL LANE ROGERS, AR 72758	EMERGENCY MEDICAL SERVICE
<b>14</b> MERCY EMS CAMDENTTON 675 N BUSINESS ROUTE 5 CAMDENTON, MO 65020	EMERGENCY MEDICAL SERVICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> MERCY EMS CLIMAX SPRINGS 13808 N HWY 7 CLIMAX SPRINGS, MO 65324	EMERGENCY MEDICAL SERVICE
<b>1</b> MERCY EMS LINN CREEK 123 N MIDWAY DR LINN CREEK, MO 65052	EMERGENCY MEDICAL SERVICE
<b>2</b> MERCY EMS MACKS CREEK 1434 W HWY 54 MACKS CREEK, MO 65786	EMERGENCY MEDICAL SERVICE
<b>3</b> MERCY EMS MONTREAL 6349 S HWY 7 MONTREAL, MO 65591	EMERGENCY MEDICAL SERVICE
<b>4</b> MERCY EMS E KEARNEY 1664 E KEARNEY STREET SPRINGFIELD, MO 65802	EMERGENCY MEDICAL SERVICE
<b>5</b> MERCY EMS SUMMERSVILLE 256 N HIGHWAY 17 SUMMERSVILLE, MO 65571	EMERGENCY MEDICAL SERVICE
<b>6</b> MERCY EMS WINONA 1012 HIGHWAY 19 NORTH WINONA, MO 65588	EMERGENCY MEDICAL SERVICE
<b>7</b> MERCY EMS STONE COUNTY 6578 STATE HIGHWAY 13 LAMPE, MO 65681	EMERGENCY MEDICAL SERVICE
<b>8</b> MERCY EMS MANSFIELD 806 N HIGHWAY 5 MANSFIELD, MO 65704	EMERGENCY MEDICAL SERVICE
<b>9</b> MERCY EMS WILLARD STATION 108 WALNUT LANE WILLARD, MO 65781	EMERGENCY MEDICAL SERVICE
<b>10</b> MERCY EMS SHELL KNOB 22301 OAK RIDGE DR SHELL KNOB, MO 65747	EMERGENCY MEDICAL SERVICE

**Schedule J**  
(Form 990)

## Compensation Information

OMB No 1545-0047

# 2017

**Open to Public Inspection**

**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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number  
44-0552485

### Part I Questions Regarding Compensation

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" 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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<input checked="" 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	<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)			
<input checked="" 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	<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)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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.</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1	CHARTER TRAVEL IS PROVIDED TO CERTAIN EMPLOYEES AS AND WHEN APPROPRIATE, AND AS DEEMED NECESSARY FOR BUSINESS TRAVEL. AFTER CHARTER TRAVEL APPROVAL HAS BEEN GRANTED IN ACCORDANCE WITH THE FINANCIAL JUSTIFICATION PROCESS, THE APPROVED CHARTER TRAVEL FOR BUSINESS IS A REIMBURSABLE EXPENSE WHICH IS NOT TAXABLE TO THE EMPLOYEES. IN ANY CIRCUMSTANCE IN WHICH CHARTER TRAVEL IS MADE AVAILABLE TO EMPLOYEES AND/OR SPOUSES/GUESTS FOR PERSONAL REASONS, MERCY POLICY REQUIRES TRACKING OF SUCH USE AND TAXATION OF THE EMPLOYEE(S) ACCORDINGLY. TWO LISTED INDIVIDUALS (BOARD MEMBER, KEY EMPLOYEE) RECEIVED THIS BENEFIT DURING THE YEAR. HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY. SUCH BENEFITS ARE SUBJECT TO TAX TO THE EMPLOYEE. PAYMENT BY THE COMPANY OF COSTS FOR TEMPORARY HOUSING BY EMPLOYEES FOR THE CONVENIENCE OF THE COMPANY IS MADE IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. AS A REIMBURSABLE EXPENSE, THIS TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE. ONE LISTED INDIVIDUAL (OFFICER) RECEIVED THIS BENEFIT DURING THE YEAR.
FORM 990, SCHEDULE J, PART I, QUESTION 3	MERCY HOSPITAL SPRINGFIELD RELIES ON A RELATED ORGANIZATION, REFER TO SCHEDULE O, PART VI, QUESTIONS 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS. Schedule J, Part I, Line 4a. THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT as noted: Elizabeth Person - \$211,022
FORM 990, SCHEDULE J, PART I, QUESTION 4B	MERCY HEALTH OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON VESTING DATE BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN. THE PLANS ARE CLOSED TO NEW ENTRANTS. THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE: ALAN SCARROW, JON SWOPE, JAMES BURKE, DEA GEUJEN, WILLIAM HENNESSEY III, LINDA KNODEL, TANYA MARION, BRENT HUBBARD, SCOTT REYNOLDS, Stuart Stangeland AND SUSAN HANNASCH. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C).

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

**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				
1Alphin MD Allan Physician & Board member	(i)	0	0	0	0	0	0	0
	(ii)	739,449	95,255	44,322	31,299	16,200	926,525	0
1Davison Justin C VICE PRESIDENT FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	190,745	26,858	159	0	15,731	233,493	0
2Hubbard Brent COO & Board member	(i)	0	0	0	0	0	0	0
	(ii)	344,272	101,927	19,395	52,659	16,375	534,628	0
3Swope Jon President, central communities	(i)	0	0	0	0	0	0	0
	(ii)	703,153	408,199	96,148	154,702	16,505	1,378,707	0
4Geujen Dea A CNO - Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	216,066	34,424	27,896	25,979	16,538	320,903	0
5Globig David P VP-Operations	(i)	0	0	0	0	0	0	0
	(ii)	224,031	35,409	18,235	9,275	9,921	296,871	0
6Hennessey III William VP-Mission	(i)	0	0	0	0	0	0	0
	(ii)	160,228	38,481	43,575	32,993	15,910	291,187	0
7Luria MD Lance Chief medical officer	(i)	0	0	0	0	0	0	0
	(ii)	312,699	38,810	53,644	21,705	12,326	439,184	0
8Marion Tanya Regional VP-Human resources	(i)	0	0	0	0	0	0	0
	(ii)	220,314	71,776	37,257	43,163	16,268	388,778	0
9Sarte Mark R Clinical pharmacist	(i)	202,622	40	18,098	7,579	15,617	243,956	0
	(ii)	0	0	0	0	0	0	0
10Williams Elizabeth K Nurse Practitioner III-Clinic	(i)	129,257	10,574	36,298	13,018	9,437	198,584	0
	(ii)	0	0	0	0	0	0	0
11Edmonson Wendell S Director of Pharmacy	(i)	151,354	8,145	16,594	14,212	16,173	206,478	0
	(ii)	0	0	0	0	0	0	0
12Frohwein Barrett L Clinic Pharmacist	(i)	160,274	40	17,163	7,901	13,643	199,021	0
	(ii)	0	0	0	0	0	0	0
13Carnell George R Clinical pharmacist	(i)	140,736	40	18,562	25,024	11,796	196,158	0
	(ii)	0	0	0	0	0	0	0
14Burke James Regional VP Legal Thru 4/18	(i)	0	0	0	0	0	0	0
	(ii)	232,090	82,178	41,469	9,275	12,257	377,269	0
15Knodel Linda SR VP - CNO (SEE SCHEDULE O)	(i)	0	0	0	0	0	0	0
	(ii)	163,978	0	75,272	12,416	6,015	257,681	0
16Person Elizabeth K Chief nursing officer	(i)	0	0	0	0	0	0	0
	(ii)	34,610	38,040	229,250	9,275	737	311,912	0
17Reynolds Scott CFO-central commun (thru 5/18)	(i)	0	0	0	0	0	0	0
	(ii)	358,736	114,156	59,376	94,698	12,072	639,038	0
18Scarrow MD Alan Pres Sprg Communities THRU 9/17	(i)	0	0	0	0	0	0	0
	(ii)	635,731	357,357	1,225	18,579	16,505	1,029,397	0
19hannasch susan VP-Regional General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	258,747	84,442	25,878	46,417	13,311	428,795	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				
<b>21</b> STRANGELAND STUART G BOARD MEMBER	(i)	0	0	0	0	0	0	
	(ii)	----- 355,284	----- 112,797	----- 42,982	----- 70,436	----- 16,372	----- 597,871	

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

**Transactions with Interested Persons**

OMB No 1545-0047

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization MERCY HOSPITAL SPRINGFIELD	Employer identification number 44-0552485
--	--

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

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

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

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

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

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

Total . . . . . ▶ \$ \_\_\_\_\_

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Nichole Vance	Family member of officer	47,167	Employment		No
(2) Lynda Luria	Family member of key employee	139,079	Employment		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

**2017****Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

Employer identification number

44-0552485

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 2A	W-3 FILING MOST EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT, AS SUCH, REQUIRED PAYROLL FILING (INCLUDING W-2 AND W-3'S) WAS REPORTED UNDER THE RELATED ORGANIZATION, MHM SUPPORT SERVICES, EIN 20-2553101

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 6A, LINE 7A, 7B</p>	<p>CLASSES OF MEMBERS OR STOCKHOLDERS THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH SPRINGFIELD COMMUNITIES SUBJECT TO CONSULTATION WITH THE BOARD OF DIRECTORS, THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED SOLELY TO THE CORPORATE MEMBER -TO APPROVE THE MISSION AND ESTABLISH THE PHILOSOPHY ACCORDING TO WHICH THE CORPORATION SHALL OPERATE, -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS IN ACCORDANCE WITH ARTICLE XII OF THESE BYLAWS, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, A MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT OF THE CORPORATION AFTER CONSULTATION WITH THE SYSTEM, -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, AND HEALTH MANPOWER DEVELOPMENT PLANS, GOALS AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING, CAPITAL, AND CONSTRUCTION BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY HEALTH, -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, -TO MERGE, DISOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO CHAPTER 355 OF THE REVISED STATUTES OF MISSOURI FOR GENERAL NOT-FOR-PROFIT CORPORATIONS ("THE ACT"), -TO APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION, AND, -TO APPROVE CONTRACTS IN WHICH THE CORPORATION ASSUMES FINANCIAL RISK, INCLUDING BUT NOT LIMITED TO MANAGED CARE CONTRACTS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, QUESTION 11B	DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE FILING ORGANIZATION A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S FINANCE TEAM, INCLUDING THE DIRECTOR OF FINANCE AND THE VICE-PRESIDENT OF FINANCE THE DRAFT FORM 990 IS ALSO REVIEWED BY MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORMS 990 AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS MADE AVAILABLE TO BOTH THE FILING ORGANIZATION'S LEADERSHIP TEAM AND THE BOARD OF DIRECTORS FOR THEIR REVIEW THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, QUESTION 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, QUESTIONS 15A & 15B	FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII, SECTION A	LINDA KNODEL HAD A CHANGE IN ROLE, SHE IS A FORMER KEY EMPLOYEE FOR MERCY HOSPITAL SPRINGFIELD, AS SHE TRANSITIONED TO SENIOR VP/CHIEF NURSING OFFICER FOR MERCY HEALTH DURING FISCAL 2014. FORM 990, PART VII, SECTION B IT IS POSSIBLE THAT A PORTION OF THE AMOUNTS REPORTED FOR DEWITT AND ASSOCIATES MAY INCLUDE EXPENSE REIMBURSEMENTS, IN ADDITION TO AMOUNTS PAID FOR SERVICES. HOWEVER, THE AMOUNTS ARE NOT DISTINGUISHABLE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS NET TRANSFERS TO/FROM AFFILIATES (\$80,630,430)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, QUESTION 2C	AUDIT OF FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, QUESTION 3A AND 3B	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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOSPITAL SPRINGFIELD

**Employer identification number**

44-0552485

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

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

**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	
<b>(1)</b> Fort Smith Ems 1701 S Greenwood FT SMITH, AR 72901 71-0416615	Emergency Medical	AR	NA									
<b>(2)</b> Mercy Ambu Surg Ctr 7301 Rogers FT SMITH, AR 72917 71-0827721	AMBUL SURG CT	AR	NA									
<b>(3)</b> Plaza Surg SVCS CO 12700 Southfork RD St Louis, MO 63128 20-4709312	INACTIVE	MO	NA									
<b>(4)</b> RES OPT & INNOV 645 Maryville St Louis, MO 63141 46-0468368	CENTRAL DIST	MO	NA									
<b>(5)</b> ST ED MER MED MOB 7301 Rogers FT SMITH, AR 72903 71-0554050	OFFICE BUILDING	AR	NA									

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

(a) 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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

See Additional Data Table

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



**Part VII**    **Supplemental Information**

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

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

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

Schedule Form 9021

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 44-0552485  
**Name:** MERCY HOSPITAL SPRINGFIELD

**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	Shelter	TX	501c3	7	MM LAREDO	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 26-1708048	PORT MGMT	MO	501c3	12b	Mercy Health	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 46-4504901	Virtual Care	MO	501c3	3	Mercy Health	Yes	
645 Maryville Center Drive Suite 1 St Louis, MO 63141 43-1771217	PHYS GROUP	MO	501c3	10	MH EAST COMM	Yes	
7301 Rogers Avenue Fort Smith, AR 72903 26-1318597	PHYS CLINIC	AR	501c3	3	MH FS COMM	Yes	
4300 W Memorial Road Oklahoma City, OK 73120 27-0473057	PHYS GROUP	OK	501c3	3	MH OK COMM	Yes	
1965 Fremont Street Suite 2950 Springfield, MO 65804 43-1560263	PHYS GROUP	MO	501c3	3	MH SF COMM	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 72-1069468	COUNSELING	LA	501c3	7	Mercy Health	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 43-1423050	CORP OFFICE	MO	501c3	1	NA		No
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 43-1718408	HLTH SYSTEM	MO	501c3	12a	Mercy Health	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 46-1412322	DSLVD 5/18	MO	501c3	12a	MH EAST COMM	Yes	
7301 Rogers Avenue Fort Smith, AR 72917 26-1318515	Holding Co	AR	501c3	12b	Mercy Health	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 20-0901499	Foundation	MO	501c3	12b	Mercy Health	Yes	
430 N Monte Vista Street Ada, OK 74820 46-3596274	Foundation	OK	501c3	12a	MH ADA Inc	Yes	
1011 14th Avenue NW Ardmore, OK 73401 71-0962525	Foundation	OK	501c3	12a	MH ARDMORE	Yes	
214 Carter Street Berryville, AR 72616 71-0759301	Foundation	AR	501c3	12a	MH Berryvill	Yes	
401 Woodland Hills Blvd Fort Scott, KS 66701 48-1077073	Foundation	KS	501c3	7	M KS COMM	Yes	
7301 Rogers Avenue Fort Smith, AR 72917 23-7330425	Foundation	AR	501c3	7	MH FT SMITH	Yes	
300 Werner Street Hot Springs, AR 71913 71-0804718	DSLVD 6/18	AR	501c3	12a	MC SRVCS	Yes	
1400 US Highway 61 South Festus, MO 63028 46-2797051	Foundation	MO	501c3	12b	MH E COMM SR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 Mercy Way Joplin, MO 64804 27-0906136	Foundation	MO	501c3	7	MH SWMK COMM	Yes	
100 Hospital Drive Lebanon, MO 65536 82-2514567	Foundation	MO	501c3	12b	MH Lebanon	Yes	
1000 East Cherry Street Troy, MO 63379 81-1477159	Foundation	MO	501c3	12b	MH EAST COMM	Yes	
2710 Rife Medical Lane Rogers, AR 72758 71-0601687	Foundation	AR	501c3	7	MH Rogers	Yes	
4300 W Memorial Road Oklahoma City, OK 73120 45-4732301	Foundation	OK	501c3	12a	MH OK COMM	Yes	
4300 W Memorial Road Oklahoma City, OK 73120 46-3184231	Foundation	OK	501c3	12a	MH OK City	Yes	
1235 E Cherokee Street Springfield, MO 65804 32-0195818	Foundation	MO	501c3	12b	MH SF COMM	Yes	
100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	MO	501c3	12a	M St Francis	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 56-2410020	Foundation	MO	501c3	12b	MH EAST COMM	Yes	
901 E Fifth Street Washington, MO 63090 56-2410022	Foundation	MO	501c3	12b	MH EAST COMM	Yes	
2710 Rife Medical Lane Rogers, AR 72758 62-1684203	PHYS GROUP	AR	501c3	10	Mercy Health	Yes	
4300 W Memorial Road Oklahoma City, OK 73120 73-1453048	HLTH SYSTEM	OK	501c3	12a	Mercy Health	Yes	
3265 S National Avenue Springfield, MO 65807 32-0481419	HMO	MO	501c4	N/A	Mercy Health	Yes	
3265 S National Avenue Springfield, MO 65807 32-0486150	PPO	MO	501c4	N/A	MH PLANS MO	Yes	
100 Mercy Way Joplin, MO 64804 30-0584463	HLTH SYSTEM	MO	501c3	12b	Mercy Health	Yes	
1235 E Cherokee Street Springfield, MO 65804 43-1856028	HLTH SYSTEM	MO	501c3	12b	Mercy Health	Yes	
804 W Freeman Suite 4 Berryville, AR 72616 87-0781247	Inactive	AR	501c3	12a	MH Springfie	Yes	
430 N Monte Vista Street Ada, OK 74820 46-2288155	Hospital	OK	501c3	3	MH OK COMM	Yes	
1011 14th Avenue NW Ardmore, OK 73401 73-1500629	Hospital	OK	501c3	3	MH OK COMM	Yes	
500 Porter Avenue Aurora, MO 65605 43-1936696	Hospital	MO	501c3	3	MH SF 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	MH SF COMM	Yes	
880 West Main Street Booneville, AR 72927 46-3851119	Hospital	AR	501c3	3	MH FT Smith	Yes	
3125 Dr Russell Smith Way Carthage, MO 64836 45-3808607	Hospital	MO	501c3	3	MH SWMK COMM	Yes	
94 Main Street Cassville, MO 65625 43-1936699	Hospital	MO	501c3	3	MH SF COMM	Yes	
220 Pennsylvania Avenue Columbus, KS 66725 27-0842031	Hospital	KS	501c3	3	MH SWMK COMM	Yes	
2115 Parkview Drive El Reno, OK 73036 27-2716065	Hospital	OK	501c3	3	MH OK City	Yes	
7301 Rogers Avenue Fort Smith, AR 72903 71-0240352	Hospital	AR	501c3	3	MH FS Comm	Yes	
3462 Hospital Rd Healdton, OK 73438 26-3173902	Hospital	OK	501c3	3	MH ADA Inc	Yes	
1400 Highway 61 South Festus, MO 63028 43-0687077	Hospital	MO	501c3	3	MH EAST COMM	Yes	
100 Mercy Way Joplin, MO 64804 27-0814858	Hospital	MO	501c3	3	MH SWMK COMM	Yes	
1000 Kingfisher Regional Hospital C Kingfisher, OK 73750 46-3433074	Hospital	OK	501c3	3	MH OK City	Yes	
100 Hospital Drive Lebanon, MO 65536 43-1767432	Hospital	MO	501c3	3	MH SF COMM	Yes	
1000 East Cherry Street Troy, MO 63379 47-2219204	Hospital	MO	501c3	3	MH EAST COMM	Yes	
200 South Academy Guthrie, OK 73044 45-2998842	Hospital	OK	501c3	3	MH OK City	Yes	
4300 W Memorial Road Oklahoma City, OK 73120 73-0579285	Hospital	OK	501c3	3	MH OK COMM	Yes	
801 W River Street Ozark, AR 72949 71-0689680	Hospital	AR	501c3	3	MH FT Smith	Yes	
500 E Academy Paris, AR 72855 71-0655753	Hospital	AR	501c3	3	MH FT Smith	Yes	
2710 Rife Medical Lane Rogers, AR 72758 71-0294390	Hospital	AR	501c3	3	MH NWAR COMM	Yes	
1000 South Byrd Tishomingo, OK 73460 27-4433830	Hospital	OK	501c3	3	MH ADA Inc	Yes	
1341 W 6th Street Waldron, AR 72958 71-0557895	Hospital	AR	501c3	3	MH FT Smith	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
500 Clarence Nash Blvd Watonga, OK 73772 45-5199762	Hospital	OK	501c3	3	MH OK City	Yes	
615 S New Ballas Road St Louis, MO 63141 43-0653493	Hospital	MO	501c3	3	MH EAST COMM	Yes	
401 Woodland Hills Blvd Ft Scott, KS 66701 48-0956045	Hospital	KS	501c3	3	MH SWMK COMM	Yes	
2500 Zacatecas Laredo, TX 78046 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	MH SF COMM	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 20-2553101	CTRL SYS FUNC	MO	501c3	12a	Mercy Health	Yes	
300 Werner Street Hot Springs, AR 71913 13-4239691	CHILD ADVOC	AR	501c3	3	Mercy Health	Yes	
10010 Kennerly Road St Louis, MO 63128 26-1516789	Fundraising	MO	501c3	12a	ST ANTHONY	Yes	
10010 Kennerly Road St Louis, MO 63128 43-0980256	Hospital	MO	501c3	3	MH EAST COMM	Yes	
10010 Kennerly Road St Louis, MO 63128 43-1784536	Health care	MO	501c3	3	ST ANTHONY	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 73-0614655	Inactive	OK	501c3	3	MH OK COMM	Yes	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 43-1861745	Inactive	MO	501c3	12c	MH EAST COMM	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
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 52-1914421	Holding company	DE	NA	C-Corp					
Inveno Health Inc 1235 E Cherokee Street Springfield, MO 65804 26-4509571	Product Commer	MO	NA	C-Corp					
Mercy Commercial Services Inc 14528 South Outer Forty Suite 100 Chesterfield, MO 63017 46-4953543	Parent of VCC	MO	NA	C-Corp					
Mercy Community Services Inc 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1078101	Retail pharmacy	KS	NA	C-Corp					
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK 73120 68-0640970	Real estate	OK	NA	C-Corp					
Mercy Health Network of the Southern Reg 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 73-1580607	Holding company	OK	NA	C-Corp					
Mercy Health Network Inc 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 73-1381689	Holding company	OK	NA	C-Corp					
Mercy Managed Care Corporation 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 73-1441665	Holding company	OK	NA	C-Corp					
UHL Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 74-2499535	Holding company	MO	NA	C-Corp					
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 43-1797042	Inactive	MO	NA	C-Corp					
St Anthony's Physician Organization of 10010 Kennerly Road St Louis, MO 63128 32-0457168	Health Care	MO	NA	C-Corp					

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
Mercy ACO Clinical Services Inc	p	5,460,898	FMV
Mercy Clinic Springfield Communities	p	4,595,180	FMV
Mercy Health Foundation Springfield	p	137,095	FMV
Mercy Health Foundation Springfield	b	103,635	FMV
Mercy Health	p	1,792,307	FMV
Mercy Hospital Aurora	p	165,807	FMV
Mercy Hospital Berryville	p	93,130	FMV
Mercy Hospital Cassville	p	227,151	FMV
Mercy Hospital Lebanon	p	232,283	FMV
Mercy St Francis Hospital	q	55,082	FMV
MHM Support Services	q	208,535,274	FMV
Mercy Health East Communities	q	68,151	FMV
Mercy Hospitals East Communities	q	77,918	FMV
Mercy Hospital Joplin	q	233,294	FMV
Resource Optimization and Innovation	p	285,836	FMV