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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
MHM SUPPORT SERVICES
% SHANNON SOCK
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
14528 SOUTH OUTER FORTY RD STE 100

City or town, state or province, country, and ZIP or foreign postal code
Chesterfield, MO 63017

D Employer identification number
20-2553101

E Telephone number
(314) 579-6100

G Gross receipts $ 1,018,170,808

F Name and address of principal officer:
Shannon Sock
14528 South Outer Forty Road
Chesterfield, MO 63017

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: 2004

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.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	51,438
6	Total number of volunteers (estimate if necessary)	**6**	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	56,930,535
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	3,214,392

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	867,140	610,045
9	Program service revenue (Part VIII, line 2g)	923,320,277	986,560,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	134,393	419,270
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,082,199	30,581,493
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	965,404,009	1,018,170,808
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,804,142	1,535,355
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	419,392,904	420,433,377
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	628,890,380	683,093,195
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,050,087,426	1,105,061,927
19	Revenue less expenses. Subtract line 18 from line 12	-84,683,417	-86,891,119

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	376,241,500	863,957,773
21	Total liabilities (Part X, line 26)	895,507,263	1,773,261,492
22	Net assets or fund balances. Subtract line 21 from line 20	-519,265,763	-909,303,719

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: 2021-05-17

SHANNON SOCK EXECUTIVE VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00366526

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 7676 FORSYTH BLVD STE 2600
CLAYTON, MO 63105 — Phone no. (314) 290-1000

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 $ 1,105,061,927 including grants of $ 1,535,355) (Revenue $ 996,706,256)

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 ▶** 1,105,061,927

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	51,438		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶SHANNON SOCK 14528 S OUTER FORTY RD SUITE 100 Chesterfield, MO 63017 (314) 579-6100

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Britton James President - CEO Mercy Health	40.0 20.0				X			3,039,972	0	615,671
(2) O'Toole Brian Senior VP - Mission & Ethics	60.0 0.0					X		3,386,603	0	41,002
(3) Sock Shannon Treasurer & CFO, Exec VP	30.0 40.0	X		X				2,097,807	0	255,988
(4) McQueary MD Fred G Pres-Amb Care & Chief Clin Off	40.0 20.0					X		2,056,444	0	61,064
(5) McCurry Michael Exec VP/COO & Board Member	29.0 31.0	X		X				1,927,224	0	56,476
(6) Sorensen Donn Executive VP - Operations	15.0 45.0					X		1,655,506	0	133,861
(7) Waskiewicz Anthony Chief Investment Officer	60.0 0.0					X		1,746,623	0	22,219
(8) Moore Vance Senior VP - Operations	40.0 20.0				X			1,671,593	0	35,714
(9) Hoffman Gilbert VP-Chief Information Officer	60.0 0.0					X		1,456,017	0	21,921
(10) Gunter Marc Pres-Chief Phys Exec	59.0 1.0				X			1,291,949	0	123,073
(11) Johnston Jeffrey President, East Communities	24.0 36.0				X			1,272,483	0	133,378
(12) Mercer Cynthia Senior VP - Chief Admin Office	20.0 40.0				X			1,239,016	0	115,323
(13) Wheeler Philip Secretary & Senior VP/General	30.0 30.0	X		X				1,040,864	0	100,442
(14) Kelly Joe EVP, Transf & Bus Dev Off	60.0 0.0				X			1,016,952	0	97,909
(15) Ford Fred Senior VP - Ambulatory Care	40.0 20.0				X			1,045,352	0	40,501
(16) Trulove Ron Chief Reimb & Rev Opt Officer	59.0 1.0				X			664,570	0	40,395
(17) Rocchio Betty J Chief Nursing Opt Officer	60.0 0.0				X			450,801	0	57,450

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								27,059,776	0	1,952,387

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 786

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICROSOFT CORPORATION, PO BOX 844510 DALLAS, TX 75284	SOFTWARE CONSULTING	16,185,673
EPIC SYSTEMS CORPORATION, PO Box 88314 MILWAUKEE, WI 53288	SOFTWARE CONSULTING	14,121,165
XTEND HEALTHCARE, 500 W MAIN ST SUITE 14 HENDERSONVILLE, TN 37075	COLLECTION SERVICES	9,764,451
SIEMENS MEDICAL SOLUTIONS USA, 51 VALLEY STREAM PKWAY MALVERN, PA 19355	REPAIR & MAINTENANCE	9,353,111
GE PRECISION HEALTHCARE, PO Box 843553 DALLAS, TX 75284	MAINTENANCE	8,579,652

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 295

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	246,147			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	363,898			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		610,045			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	446110	271,260,264	231,324,652	39,935,612	
b OTHER OPERATING REVENUE	900099	39,219,138	39,219,138		
c SUPPORT SERVICE REVENUE	900099	662,931,242	662,931,242		
d SHAREBACK REVENUE - ADMIN FEES	900099	13,143,776	13,143,776		
e RENTAL INCOME FROM RELATED ORGANIZATIONS	531120	5,580	5,580		
f All other program service revenue.					
g **Total.** Add lines 2a–2f.	986,560,000				
3 Investment income (including dividends, interest, and other similar amounts)		396,146			396,146
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			

		(i) Real	(ii) Personal				
6a Gross rents	6a	577,527					
b Less: rental expenses	6b						
c Rental income or (loss)	6c	577,527	0				
d Net rental income or (loss)				577,527			577,527

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a		23,124				
b Less: cost or other basis and sales expenses	7b						
c Gain or (loss)	7c		23,124				
d Net gain or (loss)				23,124			23,124
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0					
b Less: direct expenses	8b	0					
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities. See Part IV, line 19	9a	0					
b Less: direct expenses	9b	0					
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	10a	0					
b Less: cost of goods sold	10b	0					
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue	Business Code						
11a IT CONSULTING & HOSTING	541610			23,149,469	6,163,580	16,985,889	
b PRINT SHOP REVENUE	900099			2,871,821		9,034	2,862,787
c VENDOR REIMBURSEMENTS/DISCOUNTS	900099			1,241,667	1,241,667		
d All other revenue				2,741,009	2,741,009		
e **Total.** Add lines 11a–11d				30,003,966			
12 **Total revenue.** See instructions				1,018,170,808	956,770,644	56,930,535	3,859,584

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,468,655	1,468,655		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	66,700	66,700		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	26,911,108	26,911,108		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	364,700,052	364,700,052		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,007,355	7,007,355		
9 Other employee benefits	747,794	747,794		
10 Payroll taxes	21,067,068	21,067,068		
11 Fees for services (non-employees):				
a Management	0			
b Legal	6,680,409	6,680,409		
c Accounting	2,265,262	2,265,262		
d Lobbying	337,968	337,968		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,163,642	64,163,642		
12 Advertising and promotion	7,302,580	7,302,580		
13 Office expenses	36,491,475	36,491,475		
14 Information technology	107,692,763	107,692,763		
15 Royalties	0			
16 Occupancy	35,680,542	35,680,542		
17 Travel	7,380,027	7,380,027		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	243,912	243,912		
20 Interest	559,304	559,304		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	40,170,008	40,170,008		
23 Insurance	11,116,446	11,116,446		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS & MEDICAL EXPENSES	210,015,642	210,015,642		
b REPAIRS & MAINTENANCE	51,885,375	51,885,375		
c SHARED SERVICE FEES	37,541,944	37,541,944		
d BAD DEBT	2,254,126	2,254,126		
e All other expenses	61,311,770	61,311,770		
25 **Total functional expenses.** Add lines 1 through 24e	1,105,061,927	1,105,061,927	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		44,739	1	136,633,835
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		21,168	3	800
	4	Accounts receivable, net		37,047,531	4	34,112,377
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		20,884,214	8	28,884,770
	9	Prepaid expenses and deferred charges		34,216,210	9	43,214,752
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,421,562,065			
	b	Less: accumulated depreciation	10b 886,328,690	175,870,687	10c	535,233,375
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		108,156,951	15	85,877,864
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		376,241,500	16	863,957,773
Liabilities	17	Accounts payable and accrued expenses		721,311,220	17	1,216,235,390
	18	Grants payable		161,870	18	225,453
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		16,072,972	23	121,932,294
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		157,961,201	25	434,868,355
	26	**Total liabilities.** Add lines 17 through 25		895,507,263	26	1,773,261,492
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-519,265,763	27	-909,465,826
	28	Net assets with donor restrictions		0	28	162,107
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-519,265,763	32	-909,303,719
	33	Total liabilities and net assets/fund balances		376,241,500	33	863,957,773

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,018,170,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,105,061,927
3	Revenue less expenses. Subtract line 2 from line 1	3	-86,891,119
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-519,265,763
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-303,146,837
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-909,303,719

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 20-2553101

Name: MHM SUPPORT SERVICES

Form 990 (2019)

Form 990, Part III, Line 4a:

MHM SUPPORT SERVICES IS ORGANIZED AND AT ALL TIMES IS OPERATED AS AN INTEGRAL PART OF THE OPERATING HOSPITAL MEMBERS OF THE CONTROLLED GROUP OF TAX-EXEMPT ORGANIZATIONS WHICH SHARE A COMMON PARENT WITH MHM SUPPORT SERVICES. MHM SUPPORT SERVICES CONDUCTS CENTRALIZED ACTIVITIES AND FUNCTIONS AND PROVIDES CENTRALIZED SERVICES THAT ARE ESSENTIAL TO CARRYING OUT THE HOSPITAL MEMBERS' EXEMPT PURPOSES. THE SERVICES INCLUDE TREASURY, INFORMATION TECHNOLOGY, CLINICAL QUALITY MANAGEMENT, LEGAL AND COMPLIANCE COUNSEL, COMPENSATION AND BENEFITS, CONSULTING, PERFORMANCE MANAGEMENT, REVENUE MANAGEMENT, CAPITAL MANAGEMENT, CLINICAL ENGINEERING, AND CLINICAL SAFETY. AS A SUPPORTING ORGANIZATION BY PROVIDING THESE SERVICES, IT ALLOWS THE SUPPORTED ORGANIZATIONS TO FURTHER THEIR EXEMPT PURPOSES.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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 17

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 17						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
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* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**	**Yes**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		**No**

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, QUESTION 1	CERTAIN OF THE SUPPORTED ORGANIZATIONS ARE NOT LISTED BY NAME IN THE FILING ORGANIZATION'S GOVERNING DOCUMENTS. HOWEVER, THE FILING ORGANIZATIONS GOVERNING DOCUMENTS SPECIFICALLY S TATE THAT THE SUPPORTED ORGANIZATIONS INCLUDE "SUCH OTHER NONPROFIT ORGANIZATIONS ORGANIZE D FOR CHARITABLE PURPOSES WHICH ARE AFFILIATES OF SISTERS OF MERCY HEALTH SYSTEM". THE ENT ITIES LISTED IN SCHEDULE A, PART I, THAT ARE NOT SPECIFICALLY LISTED IN THE FILING ORGANIZ ATION'S GOVERNING DOCUMENTS MEET THIS CRITERIA.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, QUESTION 6	IN ADDITION TO THE SUPPORT PROVIDED TO THE SUPPORTED ORGANIZATIONS LISTED IN SCHEDULE A, PART I, THE FILING ORGANIZATION PROVIDED ASSISTANCE TO SEVERAL OTHER ORGANIZATIONS (PRIMARILY 501 (C)(3)), IN SUPPORT OF THE MISSION OF THESE ORGANIZATIONS, WHO PROVIDE ESSENTIAL SERVICES TO THE POPULATION SERVED BY MERCY HEALTH'S VARIOUS COMMUNITIES.

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
MERCY HOSPITAL FORT SMITH	710240352	3	Yes		0	0
MERCY HOSPITALS EAST COMMUNITIES	430653493	3	Yes		0	0
MERCY HOSPITAL SPRINGFIELD	440552485	3	Yes		0	0
MERCY HEALTH NORTHWEST ARKANSAS COMMUNITIES	621684203	3	Yes		0	0
MERCY HOSPITAL ROGERS	710294390	3	Yes		0	0
MERCY HOSPITAL OKLAHOMA CITY	730579285	3	Yes		0	0
MERCY HOSPITAL ARDMORE	731500629	3	Yes		0	0
MERCY KANSAS COMMUNITIES INC	480956045	3	Yes		0	0
MERCY CLINIC EAST COMMUNITIES	431771217	3		No	0	0
MERCY CLINIC FORT SMITH COMMUNITIES	261318597	3		No	0	0
MERCY CLINIC SPRINGFIELD COMMUNITIES	431560263	3		No	0	0
MERCY HOSPITAL JOPLIN	270814858	3		No	0	0
MERCY MINISTRIES OF LAREDO	200198462	3		No	0	0
MERCY HOSPITAL COLUMBUS	270842031	3		No	0	0
MERCY HOSPITAL JEFFERSON	430687077	3		No	0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
MERCY HOSPITAL SOUTH	430980256	3		No	0	0
MERCY HOSPITAL ADA INC	462288155	3		No	0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
MHM SUPPORT SERVICES	20-2553101

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		337,968
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			337,968
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B	LOBBYING ACTIVITIES INCLUDED MAILINGS AND DIRECT CONTACT WITH FEDERAL, STATE AND LOCAL LEGISLATORS AND OFFICIALS AND/OR STAFF MEMBERS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE AND MEDICAID SERVICES. LOBBYING TOPICS WERE RELATED TO OUR MISSION TO EXPAND CARE AND SERVICES TO THE UNINSURED AND UNDERINSURED. TOTAL EXPENDITURES WERE APPROXIMATELY $337,968 AND INCLUDED SALARIES FOR EMPLOYEES IN MERCY HEALTH'S ADVOCACY DEPARTMENT, OFFICE EXPENSES, TRAVEL, OFFICE OCCUPANCY AND PROFESSIONAL SERVICES. MERCY HEALTH DOES NOT PARTICIPATE OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE. MHM SUPPORT SERVICES, THROUGH ONE OF ITS DIVISIONS IN MISSISSIPPI, COMBINES RESEARCH, ANALYSIS, GRASS-ROOTS ORGANIZING AND ADVOCACY TO IMPROVE HEALTH POLICIES, PRACTICES AND FUNDING IN MISSISSIPPI, ESPECIALLY IN SUPPORT OF THE STATE'S POOR AND UNDERSERVED PEOPLE. THE DIVISION IS A RESOURCE FOR CHURCH GROUPS, CONCERNED CITIZENS AND PROFESSIONALS WHO ARE WORKING TOWARD COMPREHENSIVE SOLUTIONS TO HEALTH PROBLEMS IN MISSISSIPPI. ADDITIONALLY, THE DIVISION WORKS WITH COMMUNITIES TO IDENTIFY HEALTH NEEDS AND FORMULATE STRATEGIES FOR CHANGE AND WILL RESEARCH, ANALYZE, PROPOSE AND PROMOTE POLICIES THAT ENHANCE THE STATUS OF EVERY PERSON, REGARDLESS OF FINANCIAL STATUS. ONLY A SMALL PERCENTAGE OF THE ORGANIZATION'S ACTIVITIES ARE DIRECTLY RELATED TO LOBBYING. THE MISSISSIPPI LEGISLATURE MEETS FOR FOUR MONTHS DURING THE CALENDAR YEAR. DURING THESE FOUR MONTHS OF THE 2020 FISCAL YEAR, APPROXIMATELY 10 PERCENT OF THE DIVISION'S ACTIVITIES WERE RELATED TO LOBBYING. THE DIVISION EMPLOYED A FULL TIME DIRECTOR, WHO WAS REGISTERED AS A LOBBYIST WITH THE MISSISSIPPI SECRETARY OF STATE'S OFFICE. AS NOTED ABOVE, THE DIVISION EMPLOYED A DIRECTOR WHO EXPENDED APPROXIMATELY 10 PERCENT OF HIS TIME FOUR MONTHS OUT OF THE 2020 FISCAL YEAR ENGAGED IN DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY. 10 PERCENT OF THE DIRECTOR OF ADVOCACY'S SALARY FOR THE PERIOD OF JANUARY THROUGH APRIL OF 2020 EQUALS $4,237. THE TOTAL ESTIMATED AMOUNT OF EXPENDITURES DIRECTLY RELATED TO DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY IS $4,237.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	12,162,546	23,048,063		35,210,609
b Buildings		79,363,001	39,625,568	39,737,433
c Leasehold improvements		19,666,570	16,083,848	3,582,722
d Equipment		952,703,107	820,731,245	131,971,862
e Other		334,618,778	9,888,029	324,730,749
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				535,233,375

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATES	83,051,609
(2)OTHER NON CURRENT ASSETS	2,826,255
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	85,877,864

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
(2) INSURANCE RESERVES	120,012,693
(3) LONG TERM INCENTATIVE PLANS	11,913,696
(4) WORKERS COMPENSATION RESERVE	13,185,872
(5) LEASE LIABILITIES	244,524,787
(6) SHORT TERM RESERVE	45,231,307
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	434,868,355

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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 INTERN AL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INT ERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECT ION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLI C DIRECTORY. THE HEALTH SYSTEM COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WI TH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOG NIZED ON THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2020 OR 2019.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Europe (Including Iceland and Greenland)			Conduct board meetings		18,500
3a Sub-total					18,500
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)					18,500

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, Column D, Conducted Board Meetings Explanation:	The amounts reported are not specifically related to board meetings. The amounts reported relate to a leadership retreat including housing and presentation stipends where 56 Mercy board members and leaders attended to network and improve their leadership skills directly related to their roles at Mercy.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 44

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	44	66,700			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS GRANT APPLICANTS ARE REQUIRED TO COMPLETE THE GRANT APPLICATION PROCESS TO BE CONSIDERED FOR A MERCY CARITAS GRANT. THIS INCLUDES A DESCRIPTION OF THE PROGRAM, PROGRAM ACCOMPLISHMENTS, AND FINANCIAL INFORMATION. GRANT RECIPIENTS ARE REQUIRED TO COMPLETE MID-YEAR AND END-OF-YEAR EVALUATION REPORTS DETAILING THE USE OF ALL FUNDS AND REPORTING PROGRESS MADE TOWARD ACHIEVING PROGRAM OBJECTIVES. CONTINUED FUNDING WILL NOT BE CONSIDERED IF THE EVALUATION REPORT HAS NOT BEEN RECEIVED BY THE MERCY CARITAS COMMITTEE.
FORM 990, SCHEDULE I, PART III	MHM SUPPORT SERVICES PROVIDES $1,000 SCHOLARSHIPS TO 18 DIFFERENT CHILDREN OF CO-WORKERS EACH YEAR, PLUS 2 HIGH SCHOOL SENIORS SELECTED FROM ST. MARY'S ACADEMIES IN OKLAHOMA CITY AND LITTLE ROCK, FOR A TOTAL OF 20 SCHOLARSHIPS. FOR THE CHILDREN OF CO-WORKERS, THE CO-WORKER MUST BE EMPLOYED BY MERCY FOR A MINIMUM OF ONE YEAR AT THE APPLICATION DEADLINE DATE AND MUST BE EMPLOYED AT THE TIME THE AWARD IS GRANTED. APPLICANTS MUST SUBMIT A COMPLETED APPLICATION, TRANSCRIPT, COLLEGE ENTRANCE SCORES (ACT, SAT) AND TWO LETTERS OF RECOMMENDATION TO BE CONSIDERED FOR A SCHOLARSHIP. RECIPIENTS MUST ENTER SCHOOL NO LATER THAN THE FALL TERM AFTER THE AWARD IS GRANTED TO MAINTAIN ELIGIBILITY. AWARDS ARE PAID VIA CHECK MADE OUT JOINTLY TO THE RECIPIENT AND THE SCHOOL; BOTH THE RECIPIENT AND THE SCHOOL MUST ENDORSE THE CHECK. MHM SUPPORT SERVICES UTILIZES THE CITIZENS SCHOLARSHIP FOUNDATION OF AMERICA TO MANAGE THE APPLICATION AND PAYMENT PROCESS; RECIPIENTS ARE SELECTED BY THE SCHOLARSHIP COMMITTEE. IN ADDITION, MHM SUPPORT SERVICES PROVIDES SCHOLARSHIPS TO QUALIFIED CO-WORKERS WHO MEET CERTAIN CRITERIA (MINIMUM 6 MONTHS OF EMPLOYMENT, COURSES TAKEN AT ACCREDITED UNIVERSITY TOWARD A DEGREE, AUTHORIZED BY CO-WORKER'S LEADER, DEGREE MUST BE RELATED TO CO-WORKERS JOB FUNCTION).

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AHA AMER HEART ASSOC 7272 GREENVILLE AVE ACA VA LA CONTUNUACIN DALLAS, TX 75231	13-5613797	501c3	75,000				SUPPORT MISSION SUPPORT MISSION
ALL AFRICA CONFERENCE SR TO SR 2715 BAINBRIDGE AVE 2715 BAINBRIDGE AVE BRONX, NY 10458	81-4150665	501c3	10,000				SUPPORT MISSION

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ARCHDIOCESE STL CATHOLIC CHARITIES 20 ARCHBISHOP MAY DR ST LOUIS, MO 63119	43-0653244	501c3	25,000				SUPPORT MISSION
BEYOND HOUSING 6506 WRIGHT WAY 1417 South Tower Road ST LOUIS, MO 63121	51-0179471	501c3	10,000				SUPPORT MISSION

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

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CARE TO LEARN 1740 S GLENSTONE STE R STE 200 SPRINGFIELD, MO 65804	47-1494384	501c3	10,000				SUPPORT MISSION
CASA DE MISERICORDIA PO BOX 6184 LAREDO, TX 78042	74-2912461	501c3	10,000				SUPPORT MISSION

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CHILDRENS ADVOCACY CTR BENTON BENTON COUNTY ROGERS, AR 72756	26-0158723	501c3	11,500				SUPPORT MISSION
COCA CTR OF CREATIVE ARTS 524 TRINITY AVE ST LOUIS, MO 63130	43-1395056	501c3	60,000				SUPPORT MISSION

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COMM CLINIC OF SW MO 701 S JOPLIN AVE JOPLIN, MO 64801	43-1643962	501c3	6,000				SUPPORT MISSION
COMM PARTNERSHIP OF THE OZARKS 330 N JEFFERSON SPRINGFIELD, MO 65806	43-1830026	501c3	17,500				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMPASSION OUTREACH CTR 1124 CRADDUCK RD ADA, OK 74820	90-0148536	501c3	9,313				SUPPORT MISSION
CONCORDANCE ACAD PROJECT COPE 1845 BORMAN CT ST LOUIS, MO 63146	43-1416762	501c3	100,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRL SCOUTS OF EASTERN MO 2300 BALL DR ST LOUIS, MO 63146	43-0662471	501c3	7,500				SUPPORT MISSION
GRACE CTR OF SOUTHERN OK 11 A ST NW ARDMORE, OK 73401	73-0580285	501c3	17,500				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAU HLTH ALLIANCE UNINSURED 3000 UNITED FOUNDERS BLVD 1845 BORMAN CT OKLAHOMA CITY, OK 73112	26-1789292	501c3	14,750				SUPPORT MISSION
HEPTATHLON JOYNER KERSEEJACKIE 1049 BRISTOL MANOR DR BALLWIN, MO 63011	13-4250914	501c3	10,000				SUPPORT MISSION

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

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HOSP SR MISSION OUTREACH 4930 LAVERNA RD SPRINGFIELD, IL 62707	35-2271729	501c3	18,500				SUPPORT MISSION
IFM COMM MED INST FAMILY MED 722 LOUGHBOROUGH AVE ST LOUIS, MO 63111	43-1863752	501c3	10,000				SUPPORT MISSION

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

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INDEP CTR 4245 FOREST PARK AVE 4330 OLIVE ST ST LOUIS, MO 63108	43-1195240	501c3	10,000				SUPPORT MISSION
JOHNSTON CNTY KIDS PO BOX 26 TISHOMINGO, OK 73460	73-1195993	501c3	10,000				SUPPORT MISSION

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

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L LIFE FOOD BANK PANTRY 1448 W ELM ST LEBANON, MO 65536	27-2819212	501c3	8,500				SUPPORT MISSION
LOAVES AND FISHES FOOD BANK PO BOX 149 BERRYVILLE, AR 72616	58-1671313	501c3	7,500				SUPPORT MISSION

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

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MARYVILLE UNIV OF STL 650 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141	43-0653369	501c3	500,000				SUPPORT MISSION
MERCY CONFERENCE AND RETREAT 2039 N GEYER RD ST LOUIS, MO 63131	26-2680503	501c3	6,500				SUPPORT MISSION

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

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MERCY FAMILY CTR 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005	72-1069468	501c3	24,438				SUPPORT MISSION
Mercy Health Foundation - Ft Smith PO BOX 17000 FT SMITH, AR 72917	23-7330425	501c3	6,500				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mercy Health Foundation - NWA 2710 Rife Medical Lane 1049 BRISTOL MANOR DR ROGERS, AR 72758	71-0601687	501c3	12,000				SUPPORT MISSION
Mercy Health Foundation - Springfield 1235 E Cherokee 319 W Laurel St SPRINGFIELD, MO 65804	32-0195818	501c3	10,000				SUPPORT MISSION

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

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Mercy Health Foundation-STL 615 South New Ballas Road ST LOUIS, MO 63141	56-2410020	501c3	30,000				SUPPORT MISSION
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX 78046	20-0198462	501c3	33,000				SUPPORT MISSION

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MERCY PROF SERV 8420 DELMAR BLVD STE 209 ST LOUIS, MO 63124	20-4714005	501c3	7,500				SUPPORT MISSION
MO CHAMB COMM MO LEGISLATIVE S 428 E CAPITOL AVE JEFFERSON CITY, MO 65102	44-0357621	501c6	10,000				SUPPORT MISSION

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

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NAMI STL 1810 CRAIG RD STE 124 ST LOUIS, MO 63146	43-1143899	501c3	7,500				SUPPORT MISSION
NINE NETWORK OF PUB MEDIA 3655 OLIVE ST 301 Bunch Springs Rd ST LOUIS, MO 63108	43-0685345	501c3	10,650				SUPPORT MISSION

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OTSL OPERA THEATRE OF STL 210 HAZEL AVE ST LOUIS, MO 63119	43-0821958	501c3	10,000				SUPPORT MISSION
RADIO ARTS FOUND 7711 CARONDELET AVE STE 302 ST LOUIS, MO 63105	27-1297885	501c3	6,000				SUPPORT MISSION

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SALVATION ARMY MO 1130 HAMPTON AVE ST LOUIS, MO 63139	36-2167910	501c3	7,000				SUPPORT MISSION
SAMARITAN HOUSE COMM CTR 1211 W HUDSON RD ROGERS, AR 72756	40-3703020	501c3	17,500				SUPPORT MISSION

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SR OF MERCY MID ATLANTIC COMM 515 MONTGOMERY AVE 216 MCAULEY CT MERION STATION, PA 19066	20-4874208	501c3	6,000				SUPPORT MISSION
SR OF MERCY OF THE AMER 8380 COLESVILLE RD STE 300 SILVER SPRING, MD 20910	52-1653282	501c3	50,000				SUPPORT MISSION

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STL CRISIS NURSERY 11710 ADMINISTRATION DR STE 18 1905 S GRAND BLVD ST LOUIS, MO 63145	43-1410297	501c3	17,500				SUPPORT MISSION
STL SYMPHONY ORCHESTRA 718 N GRAND BLVD ST LOUIS, MO 63103	43-0666769	501c3	86,384				SUPPORT MISSION

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

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THOMPSON FOUNDATION F 1401 S BRENTWOOD BLVD ST LOUIS, MO 63144	20-8293152	501c3	10,000				SUPPORT MISSION
WATERED GARDENS MISSION 531 KENTUCKY AVE 1211 West Hudson Rd JOPLIN, MO 64801	20-2586821	501c3	11,000				SUPPORT MISSION

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WEBSTER UNIV 470 E LOCKWOOD AVE ST LOUIS, MO 63119	43-0662529	501c3	50,000				SUPPORT MISSION

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, QUESTION 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. THERE WERE 2 OFFICERS, 6 KEY EMPLOYEES AND 2 HIGHEST COMPENSATED EMPLOYEES WHO RECEIVED THIS BENEFIT DURING THE YEAR. 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. THERE WERE 2 OFFICERS, 7 KEY EMPLOYEES AND 2 HIGHEST COMPENSATED EMPLOYEES WHO RECEIVED THIS BENEFIT DURING THE YEAR.
FORM 990, SCHEDULE J, PART I, QUESTION 3	MHM SUPPORT SERVICES RELIES ON A RELATED ORGANIZATION; REFER TO SCHEDULE O, PART VI, QUESTION 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS.
FORM 990, SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR 2019: ANTHONY WASKIEWICZ $45,619.
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: JAMES BRITTON, BRIAN O'TOOLE, SHANNON SOCK, FRED MCQUEARY, MICHAEL MCCURRY, DONN SORENSEN, ANTHONY WASKIEWICZ, VANCE MOORE, GILBERT HOFFMAN, CYNTHIA MERCER, PHILLIP WHEELER, FRED FORD, RON TRULOVE, MARC GUNTER, JEFF JOHNSTON, JOE KELLY AND BETTY JO ROCCHIO. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). THE FOLLOWING INDIVIDUALS RECEIVED PAYOUTS FROM THE PLAN DURING THE YEAR: - BRIAN O'TOOLE - $2,711,220 - FRED G MCQUEARY - $588,766 - MICHAEL MCCURRY - $123,160 - ANTHONY WASKIEWICZ - $337,540 - GILBERT HOFFMAN - $374,801 - FRED FORD - $26,359 - RON TRULOVE - $67,947
FORM 990, SCHEDULE J, PART II	THE AMOUNTS REPORTED FOR BRIAN O'TOOLE, FRED MCQUEARY, MICHAEL MCCURRY, ANTHONY WASKIEWICZ, GILBERT HOFFMAN, FRED FORD, AND RON TRULOVE IN COLUMN (F) ARE INCLUDED IN B(II) AS BONUS AND INCENTIVE COMPENSATION. THIS IS A PAYOUT OF THE SUPPLEMENTAL RETIREMENT PLAN AND WAS INCLUDED IN COLUMN (C) OF PREVIOUSLY FILED FORMS 990.

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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				
1Britton James President - CEO Mercy Health	(i)	1,280,144	1,556,580	203,248	608,364	7,307	3,655,643	0
	(ii)	0	0	0	0	0	0	0
1O'Toole Brian Senior VP - Mission & Ethics	(i)	357,934	2,958,446	70,223	24,732	16,270	3,427,605	2,711,220
	(ii)	0	0	0	0	0	0	0
2Sock Shannon Treasurer & CFO, Exec VP	(i)	925,028	1,110,046	62,733	242,841	13,147	2,353,795	0
	(ii)	0	0	0	0	0	0	0
3McQueary MD Fred G Pres-Amb Care & Chief Clin Off	(i)	842,749	1,127,374	86,321	48,737	12,327	2,117,508	588,766
	(ii)	0	0	0	0	0	0	0
4McCurry Michael Exec VP/COO & Board Member	(i)	937,968	905,736	83,520	44,398	12,078	1,983,700	123,160
	(ii)	0	0	0	0	0	0	0
5Sorensen Donn Executive VP - Operations	(i)	867,782	758,598	29,126	123,637	10,224	1,789,367	0
	(ii)	0	0	0	0	0	0	0
6Waskiewicz Anthony Chief Investment Officer	(i)	444,042	1,146,891	155,690	12,917	9,302	1,768,842	337,540
	(ii)	0	0	0	0	0	0	0
7Moore Vance Senior VP - Operations	(i)	572,449	1,033,455	65,689	22,567	13,147	1,707,307	0
	(ii)	0	0	0	0	0	0	0
8Hoffman Gilbert VP-Chief Information Officer	(i)	401,161	798,917	255,939	12,375	9,546	1,477,938	374,801
	(ii)	0	0	0	0	0	0	0
9Gunter Marc Pres-Chief Phys Exec	(i)	679,286	556,001	56,662	109,926	13,147	1,415,022	0
	(ii)	0	0	0	0	0	0	0
10Johnston Jeffrey President, East Communities	(i)	720,071	497,179	55,233	119,831	13,547	1,405,861	0
	(ii)	0	0	0	0	0	0	0
11Mercer Cynthia Senior VP - Chief Admin Office	(i)	647,364	518,242	73,410	99,008	16,315	1,354,339	0
	(ii)	0	0	0	0	0	0	0
12Wheeler Philip Secretary & Senior VP/General	(i)	644,020	389,890	6,954	90,966	9,476	1,141,306	0
	(ii)	0	0	0	0	0	0	0
13Kelly Joe EVP, Transf & Bus Dev Off	(i)	556,363	420,319	40,270	81,148	16,761	1,114,861	0
	(ii)	0	0	0	0	0	0	0
14Ford Fred Senior VP - Ambulatory Care	(i)	384,910	614,386	46,056	30,908	9,593	1,085,853	26,359
	(ii)	0	0	0	0	0	0	0
15Trulove Ron Chief Reimb & Rev Opt Officer	(i)	420,020	204,410	40,140	28,343	12,052	704,965	67,947
	(ii)	0	0	0	0	0	0	0
16Rocchio Betty J Chief Nursing Opt Officer	(i)	314,160	93,698	42,943	55,979	1,471	508,251	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

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, REQUIRED FORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE ENTIRE HEAL TH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN. THE NUMBER DISCLOSED IN PA RT V, 1A RELATES TO RESEARCH PARTICIPANTS PAID BY MHM SUPPORT SERVICES. FORM 990, PART VI, LINE 6A, LINE 7A, 7B DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS THE FILING ORGANIZ ATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH. THE FOLLOWING CORPORATE POWERS AND RESPON SIBILITIES ARE RESERVED SOLELY TO THE SOLE CORPORATE MEMBER: -TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION AND ALL ORGANIZATIONS CONTROLLE D BY THE CORPORATION SHALL OPERATE; -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND B YLAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BYLAWS AND TO AMEND THE ORGANIZATIONAL DOCUMENTS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION; -TO APPOI NT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATI ON; -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION; -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LO NG RANGE, BUSINESS PLANS, GOALS, AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CON TROLLED BY THE CORPORATION; -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING AND CAPITAL BU DGETS 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 AUTHORI ZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATI ON CONTROLLED BY THE CORPORATION IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY M ERCY HEALTH; -TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION; -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE COR PORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR T HE ACQUISITION OF GOODS IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTE RESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAK E ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT; AND -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE COR PORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO THE MISSOURI NONPROFIT CORPORATION ACT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	DSCR OF 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

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 2020. THIS PROCESS IS ADMINISTERED AT THE MERCY HEALTH LEVEL BY MERCY'S CORPORATE COMPLIANCE DEPARTMENT. THE QUESTIONNAIRES ARE REVIEWED WITH LEADERSHIP AT THE LOCAL LEVEL AND POTENTIAL CONFLICTS DISCUSSED AND RESOLVED. THE CONFLICTS AND THEIR RESPECTIVE RESOLUTIONS ARE SHARED AT THE MERCY LEVEL WITH A TEAM INCLUDING MERCY'S CHIEF FINANCIAL OFFICER, CHIEF COMPLIANCE OFFICER AND OTHER MEMBERS OF FINANCE, LEGAL AND HR. SUMMARY RESULTS ARE REVIEWED WITH MERCY'S STEWARDSHIP COMMITTEE OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	OFFICERS & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN FOR THOSE CLASSIF IED 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 USES THE FOLLOWING TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVI EW/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 DOCUMEN TS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BUT ARE NOT PUBLISHED PUBLICLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII	IMPACT OF COVID-19 PANDEMIC Early in 2020, the Mercy Health System was called to serve as the COVID-19 pandemic swept across the world. This continues to be a difficult time for al l healthcare providers. All Mercy facilities adjusted operations for the impacts of the pa ndemic which meant making changes to patient care areas and cancelling most of our outpati ent procedures for periods of time. In addition, Mercy foundations and outreach ministries experienced limitations in fundraising for program and capital support efforts that assis t the underserved in our communities. Mercy's total system net patient revenues were reduc ed by over $550 million dollars during the four months ending June 30, 2020, and this figu re does not include the impact of any Coronavirus Aid Relief and Economic Security Act ("C ARES Act") funding. Mercy received CARES Act funding across various entities for the year ended June 30, 2020 and recognized a portion of this funding in other operating revenue. T hese funds helped to offset revenue losses and additional expenses incurred due to the pan demic; however, these funds fell short of the system losses experienced in these months du e to the pandemic. The impact of COVID-19 was significant to our communities and coworkers as unemployment rates soared and Mercy acted quickly to provide continuous care to patien ts and the community. Mercy continues to monitor the impacts of the pandemic both to the h ealth system and the communities served as we continue to provide assistance and maintain access to care within our communities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGE IN NET ASSETS TRANSFERS TO/FROM AFFILIATES ($ 303,308,944) CHANGE IN RESTRICTED NET ASSETS $162,107 TOTAL ($ 303,146,837)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, QUESTION 2C	AUDIT OF FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH ANNUAL FINANCIAL STATEMENT AUDIT. MERCY HEALTH AND SUBSIDIARIES RECEI VED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2020 (THE TAX YEAR CURREN TLY BEING REPORTED). HOWEVER, NO SEPARATE AUDIT OPINION WAS ISSUED ON THE FINANCIAL STATEM ENTS OF THE FILING ORGANIZATION. THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIA L STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE STEWARDSHIP COMMITTE E OF THE MERCY HEALTH BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, QUESTION 3A AND 3B	SINGLE AUDIT ACT AND 2 CFR 200 AUDIT MERCY HEALTH UNDERGOES A CONSOLIDATED 2 CFR 200 AUDIT EVERY YEAR. THIS AUDIT IS UNDERWAY FOR THE FISCAL YEAR ENDING JUNE 30, 2020 AND WILL BE C OMPLETED BY JUNE 30, 2021. EACH ENTITY THAT RECEIVES FEDERAL FUNDS DURING THE YEAR IS INCL UDED ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (SEFA) AND IS ALSO INCLUDED IN THE POPULATION INCLUDED IN THE AUDIT. IF THE FILING ENTITY RECEIVED FEDERAL FUNDS DURING THE Y EAR ENDED JUNE 30, 2020, IT WILL BE INCLUDED ON THE MERCY HEALTH CONSOLIDATED SEFA, AND TH EREFORE, ALSO INCLUDED IN THE POPULATION INCLUDED IN THE AUDIT.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

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
(1) MERCY PHARMACY SERVICES LLC 14528 SOUTH OUTER FORTY CHESTERFIELD, MO 63017 82-1802538	PHARMACY	MO	2,157,463	28,573,456	MHM
(2) Mercy Network LLC 14528 SOUTH OUTER FORTY CHESTERFIELD, MO 63017 20-2553101	MANAGEMENT	MO	0	0	MHM
(3) Mercy QOF LLC 14528 South Outer Forty Chesterfield, MO 63017 84-4050961	Inactive	MO	0	0	MHM
(4) Mercy QOFX LLC 14528 South Outer Forty Chesterfield, MO 63017 84-4051464	Inactive	MO	0	0	MHM

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	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Fort Smith Emergency Medical Services 1701 S Greenwood FT SMITH, AR 72901 71-0416615	Emergency Medical	AR	NA									
(2) Mercy Ambulatory Surgery Center LLC 7301 Rogers FT SMITH, AR 72917 71-0827721	AMBUL SURG CT	AR	NA									
(3) Plaza Surgery Services Company LLC 12700 Southfork RD St Louis, MO 63128 20-4709312	INACTIVE	MO	NA									
(4) Resource Optimization & Innovation LLC 645 Maryville St Louis, MO 63141 46-0468368	CENTRAL DIST.	MO	NA									
(5) St Edward Mercy Med Ctr Multi-Purp BLDG 7301 Rogers FT SMITH, AR 72903 71-0554050	OFFICE BUILDING	AR	NA									
(6) Platinum CPS Holdings LLC 14528 S Outer Forty Chesterfield, MO 63017 84-2493007	Holding Company	MO	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.

See Additional Data Table

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II	MERCY HOSPITALS EAST COMMUNITIES MERCY HOSPITALS EAST COMMUNITIES CONSISTS OF MERCY HOSPITAL ST. LOUIS, EIN 43-0653493, AND MERCY HOSPITAL WASHINGTON, EIN 43-1066883. FORM 990, SCHEDULE R, PART V LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES. THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES. WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON. DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES P AND Q.

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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
1000 MIER STREET Laredo, TX 78040 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 Ctr Ste 100 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	
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 FS COMM	Yes	
1400 US Highway 61 South Festus, MO 63028 46-2797051	Foundation	MO	501c3	12b	MH JEFFERSON	Yes	
100 Mercy Way Joplin, MO 64804 27-0906136	Foundation	MO	501c3	7	MH SW MOKS	Yes	
100 Hospital Drive Lebanon, MO 65536 82-2514567	Foundation	MO	501c3	12b	MH LEBANON	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**
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 SPRINGFLD	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	
214 Carter Street Berryville, AR 72616 71-0759299	Hospital	AR	501c3	3	MH NW AK COM	Yes	
880 West Main Street Booneville, AR 72927 46-3851119	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**
3125 Dr Russell Smith Way Carthage, MO 64836 45-3808607	Hospital	MO	501c3	3	MH SW MOKS	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 SW MOKS	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 ARDMORE	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 SW MOKS	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 FS 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 NW AK COM	Yes	
1235 E Cherokee Street Springfield, MO 65804 44-0552485	Hospital	MO	501c3	3	MH SF 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	
500 Clarence Nash Blvd Watonga, OK 73772 45-5199762	Hospital	OK	501c3	3	MH OK City	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	**No**
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 SW MOKS	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 FS COMM	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	MH SOUTH	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	MH SOUTH	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	
14528 S Outer Forty Suite 100 Chesterfield, MO 63017 84-3730625	Hospital	KS	501c3	3	MH SW MOKS	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 co	DE	NA	C-Corp					
Inveno Health Inc 1235 E Cherokee Street Springfield, MO 65804 26-4509571	Product Commerce	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 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 CO	OK	NA	C-Corp					
Mercy Health Network Inc 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 73-1381689	HOLDING CO	OK	NA	C-Corp					
Mercy Managed Care Corporation 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 73-1441665	HOLDING CO	OK	NA	C-Corp					
UHL Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 74-2499535	Holding co	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 Org of Illinois 10010 Kennerly Road St Louis, MO 63128 32-0457168	Health Care	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					
McAuley Insurance Company Ltd Aon House 30 Woodbourne Avenue Pembroke HM08 BD 000000000	Inactive	BD	NA	C-Corp					

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Mercy Health East Communities	P	823,002,932	FMV
Mercy Hospital Springfield	P	532,097,944	FMV
Mercy Health Springfield Communities	p	471,227,488	FMV
Mercy Health Oklahoma Communities	P	359,442,962	FMV
Mercy Health	P	337,175,454	FMV
Mercy Hospitals East Communities	P	195,749,869	FMV
Mercy Hospital South	P	185,785,993	FMV
Mercy Hospital Oklahoma City	P	142,252,599	FMV
Mercy Clinic East Communities	Q	98,995,680	FMV
Mercy Clinic Springfield Communities	Q	91,584,273	FMV
Mercy Health NW Arkansas Communities	Q	72,521,125	FMV
Mercy Hospital Fort Smith	Q	55,628,421	FMV
Mercy Clinic Oklahoma Communities Inc	Q	54,626,607	FMV
Mercy Health Fort Smith Communities	P	52,575,948	FMV
MERCY CLINIC FORT SMITH COMMUNITIES	Q	36,962,318	FMV
Mercy Health SW MOKAN Communities	P	33,824,756	FMV
Mercy Hospital Ardmore	P	33,431,589	FMV
Mercy Hospital Ada Inc	P	28,862,970	FMV
Mercy Hospital Jefferson	P	28,532,084	FMV
St Anthony's Physician Organization	Q	26,780,893	FMV
Mercy Hospital Lebanon	Q	19,764,992	FMV
Mercy ACO Clinical Services	Q	19,439,075	FMV
Mercy Hospital Carthage	P	19,194,783	FMV
Mercy Hospital Rogers	P	16,512,952	FMV
Mercy St Francis Hospital	P	6,296,802	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Mercy Hospital Joplin	P	5,231,061	FMV
Mercy Hospital Booneville	P	4,849,955	FMV
Mercy Research	Q	4,724,465	FMV
Mercy Hospital Waldron	P	4,676,859	FMV
Mercy Hospital Ozark	P	4,648,167	FMV
Mercy Specialty Hospital Southeast Kansas	Q	4,310,828	FMV
Mercy Hospital Lincoln	Q	2,846,987	FMV
Mercy Hospital Cassville	P	2,796,904	FMV
Mercy Health Foundation NW Arkansas	P	2,702,122	FMV
Mercy Hospital Paris	P	2,189,631	FMV
Mercy Hospital Columbus	P	2,023,830	FMV
Mercy Health Foundation St Louis	P	1,788,362	FMV
Mercy Kansas Communities	P	1,770,963	FMV
Mercy Health Foundation Fort Smith	Q	1,653,266	FMV
Mercy Family Center	P	1,626,407	FMV
Mercy Hospital Kingfisher Inc	P	1,520,472	FMV
Mercy Hospital Berryville	P	1,448,875	FMV
Mercy Hospital Tishomingo	P	1,367,990	FMV
Mercy Hospital Healdton	P	1,324,749	FMV
Mercy Hospital Aurora	P	1,017,317	FMV
Mercy Health Foundation South	P	912,323	FMV
Mission Clinical Services	P	877,094	FMV
Mercy Hospital Watonga Inc	Q	811,342	FMV
Mercy Health Foundation Lebanon	Q	780,938	FMV
Mercy Ministries of Laredo	Q	717,807	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Mercy Health Foundation Oklahoma City	P	686,591	FMV
Mercy Health Foundation Jefferson	P	606,723	FMV
Mercy Health Foundation Ada	Q	478,298	FMV
Mercy Hospital El Reno	Q	472,972	FMV
Mercy Health Foundation Springfield	P	451,149	FMV
Mercy Health Foundation Joplin	Q	354,519	FMV
Mercy Health Foundation Washington	Q	313,438	FMV
Mercy Health Foundation Ardmore	P	214,567	FMV
Mercy Health Foundation	P	176,952	FMV
Mercy Health Foundation of Oklahoma	P	168,406	FMV
Mercy Hospital Logan County Inc	Q	137,887	FMV
Mercy Health Foundation St Francis	Q	58,434	FMV