	•								29393	UB	200724	2
	Form	990-T	E	Exempt Organ	nization Bus	sine	ss Incom	e Ta	ax Return		OMB No 1545-0047	_
		••			nd proxy tax und				2001		0040	
			Force	lendar year 2019 or other tax yea	ar beginning JUL 1,	20	19 and ending	JUN	1 30, 202	0	2019	
	Dener	tment of the Treasury		' Go to www	.irs.gov/Form990T for ir	structi	ons and the latest i	nforma	tion.			_
		al Revenue Service	•	Do not enter SSN numbe	rs on this form as it may	/ be ma	de public if your o	ganizat	tion is a 501(c)(3).		Open to Public Inspection fo 501(c)(3) Organizations Only	, —
	A [Check box if		Name of organization (Check box if name o	hanged	and see instruction	ns.)			loyer identification number ployees' trust, see	
		address changed	l		or suite no. If a P.O. box, see instructions.		•					
		xempt under section	Print					INC	•		7-0473057	_
	X	501(CO)(3)	or Type			x, see II	structions.				lated business activity code instructions)	
	Ļ	408(e) 220(e)	1,700	4300 W MEMO								
	<u> </u>	530(a)		City or town, state or pro-								
	يل	529(a)		OKLAHOMA CI			3304					_
	C at	ok value of all assets and of year	21	F Group exemption numb		<u> </u>	504(2)		404/->		Otherstone	-, ,
	U Co	24,963,9		G Check organization type tion's unrelated trades or b	<u> </u>	poratioi			401(a)		Other trust	-4
		de or business here	-						ne only (or first) un			,
				ice at the end of the previou	us cantonos, complete Pa	rte I an			omplete Parts I-V.			
		siness, then complete I		·	as sentence, complete i a	li la i ali	u II, complete a Sci	icuuic i	W TOT CACIT AUDITION	ai ii auc	; UI	
				oration a subsidiary in an a	affiliated group or a parer	าเ-รมกรเ	diary controlled or	2000	STMT 1 ▶ 「	X Ye	es No	-
•	_			tifying number of the paren	. • /	MS	, uz-1	42	3060			
•				CHRISTOPHER I		~ + *		elephor	ne number > 4	05-	936-5649	_
	Pa	rt I Unrelated	Trac	de or Business Inc	ome		(A) Income		(B) Expenses		(C) Net	_
	1 a	Gross receipts or sale	s									Ī
	b	Less returns and allow	vances		c Balance	1c			<u></u>			_
	2	Cost of goods sold (S	chedule	A, line 7)		2						1
	3	Gross profit. Subtract	line 2 fr	om line 1c		3		\rightarrow				_
		Capital gain net incom	•	•	ı	4a						_
		- , ,,		art II, line 17) (attach Form	4797)	4b						_
		Capital loss deduction				4c	<u> </u>		_/		<u> </u>	-
		, ,	•	ship or an S corporation (at	tach statement)	5		_/				-
	ъ 7	Rent income (Schedul		na (Cabadula E)		7		/				-
	8	Unrelated debt-finance		ne (Schedule E) nd rents from a controlled o	vraanization (Schadule E)	8		\rightarrow				~
	9	•		on 501(c)(7), (9), or (17) or	=	-		- +				-
	10	Exploited exempt activ			gamzation (ocheanic o)	10						-
	11	Advertising income (S	-	•		11/	/-	o				-
	12	Other income (See ins			,	12						-
	13	Total. Combine lines		•		13		0.				_
	Pa			t Taken Elsewher				ons)				-
		(Deductions	must b	e directly connected wi	th the unrelated busin	ess inc	ome)	_				_
	14	Compensation of offi	cers, du	rectors, and trustees (Sche	dule K)					14		_
	15	Salaries and wages								15		-
	16	Repairs and maintena	ance							16	`.t	-
	17	Bad debts	dulo) (oc	no unotruotions)						<i>1</i> 17		-
	18 19	Interest (attach sched Taxes and licenses	uule) (St	e instructions)						18 19		-
	20	Depreciation (attach i	Form 45	i62)			20			19		-
:	21	•		Schedule A and elsewhere	on return		218			216		
5	22	Depletion		/			[=,=]			22		-
0	23	Contributions to defe	rred cor	npensation plans	RECEIVED	പറി				23		-
	24	Employee benefit pro		188	0.004	18	Į.			24		-
	25	Excess exempt expen	7	hedule I)	MAY 1 9 2021	19				25	A.	_
	26	Excess readership co		nedule J) 년	er a ldrivery is 1990	٦ౙ				26		_
	27	Other deductions (att			OGDEN, UT	•				27		_ ,
	28	Total deductions. Ac		14 through 21	Control of Participation of Participatio	<u> </u>	•			28	0.	- * *
	29			come before net operating						29	<u> </u>	_
	30	•	erating l	oss arısıng ın tax years beg	inning on or after Januar	y 1, 20	18		l		•	•
	/	(see instructions)		.						30		
•	31			come Subtract line 30 from						31	0.	_
	92370	1 01-27-20 LHA Fo i	r Paperv	work Reduction Act Notice	. see instructions.		. ^				Form 990-T (2019))

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Form 99	90-T(2019) MERCY CLINIC OKLAHOMA COMMUNITIES, INC.	27	-0473057 Page 2
Par	Total Unrelated Business Taxable Income		
32/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed tringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract time 34 from the sum of fines 32 and	35 35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	<u> </u>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 288	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		1
	enter the smaller of zero or line 37	39	0.
'Par,	LIV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ 40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:	257	
	Tax rate schedule or Schedule D (Form 1041)	▶ 41	
42	Proxy tax. See instructions	► 42	
43	Alternative minimum tax (trusts only)	. 43	
44	Tax on Noncompliant Facility Income. See instructions	. 44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b	Other credits (see instructions)		
C	General business credit, Attach Form 3800	1975	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	36.00	
e		480	
47		47	0.
48	Subtract line 46e from line 45 Other taxes, Check if from; Form 4255 Form 8611 Form 8697 Form 8866 Other (anach schools	ulo) 48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50_	0.
	Payments: A 2018 overpayment credited to 2019	17.5	
	2019 estimated lax payments 51b		
c	Tax deposited with Form 8868	Si/5	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)		
q	Other credits, adjustments, and payments. Form 2439	2 H 2 S	
•	□ Form 4136 □ Other □ Total ► 51g	2 75.00	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Gheck if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55	
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	▶ 56	
Part			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		[44] [34]
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file,		14.39 A. 18.40
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		2 6 1 7 3 5 C
	Under penalties of perjuly, I declare that thave examined this ration, including accompanying schodules and statements and to the best of my kn	owledge and b	olioi, it is true,
Sign	caract, and complete Dactoration of propercy (other than texpayer) is based on all information of which propercy has any knowledge. EXEC DIRECTOR	Marrie 155	discuss this roturn with
Here			shown below (808
	Signature of difficer Date Tille	instructions	12 X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIA	1
D-1-	DOLLOT A C O DI ELLO DOLLOT A C WI EVIC	_	
Paid	05/10/21		00013488
	Dalei S. A. DIDY C. ACCOCTAMEC D.C.		5-4532849
use	Only 1034 SOUTH BRENTWOOD BLVD. STE 2000		
	Firm's address ► SAINT LOUIS, MO 63117 Phone no.	(314)	884-4000
923711			Form 990-T (2019)

Form 990-						-04/30	3 / Pa	age 2
Part I					T T			_
	Total of unrelated business taxable income computed from all	inrelated trades or businesses (see	instructions)		32			<u>0.</u>
	Amounts paid for disallowed fringes				33			~
34 (Charitable contributions (see instructions for limitation rules)	34	·		<u>0.</u>			
	Total unrelated business taxable income before pre-2018 NOLs	35			—			
	Deduction for net operating loss arising in tax years beginning				36			—
	Total of unrelated business taxable income before specific dedi		5		37			
	Specific deduction (Generally \$1,000, but see line 38 instruction				38		<u>, 00</u>	<u>u.</u>
	Unrelated business taxable income. Subtract line 38 from lin	e 37. If line 38 is greater than line 3	37,					_
	enter the smaller of zero or line 37				39			<u>o.</u>
	IV Tax Computation				T T			
	Organizations Taxable as Corporations. Multiply line 39 by 2			•	40			<u>0.</u>
41]	Trusts Taxable at Trust Rates. See instructions for tax compu	tation. Income tax on the amount o	in line 39 from:					
L	Tax rate schedule or Schedule D (Form 1041)				41			
	Proxy tax. See instructions		1	•	42			
	Alternative minimum tax (trusts only)				43			
	Tax on Noncompliant Facility Income. See instructions				44			
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever app	ies			45			0.
Part \		- <u>-</u>	T T		 			
-	Foreign tax credit (corporations attach Form 1118; trusts attact	i Form 1116)	46a		4			
b (Other credits (see instructions)		46b		4			
-	General business credit. Attach Form 3800		46c		∤			
d C	Credit for prior year minimum tax (attach Form 8801 or 8827)		46d					
e T	Total credits. Add lines 46a through 46d				46e			
	Subtract line 46e from line 45				47			<u>0.</u>
48 (Other taxes. Check if from: Form 4255 Form 86	11 Form 8697 Form 8	1866 Other (at	tach schedule)	48			<u> </u>
49 T	Total tax. Add lines 47 and 48 (see instructions)				49			0.
50 2	2019 net 965 tax liability paid from Form 965-A or Form 965-B	, Part II, column (k), line 3	1 1		50			<u>0.</u>
51 a F	Payments: A 2018 overpayment credited to 2019		51a	-	. I			
b 2	2019 estimated tax payments		51b		- I			
c T	Tax deposited with Form 8868		51c					
d F	Foreign organizations: Tax paid or withheld at source (see instr	uctions)	51d		J I			
e E	Backup withholding (see instructions)		51e		. I			
f C	Credit for small employer health insurance premiums (attach F	orm 8941)	51f		1			
g (Other credits, adjustments, and payments: Form 2439				! !			
	Form 4136 Other	Total >	51g		<u> </u>			
52 T	Total payments. Add lines 51a through 51g				52			
	Estimated tax penalty (see instructions). Check if Form 2220 is				53			
54 T	Tax due. If line 52 is less than the total of lines 49, 50, and 53,	enter amount owed			54			
55 (Overpayment. If line 52 is larger than the total of lines 49, 50,	and 53, enter amount overpaid			55			
56 E	Enter the amount of line 55 you want: Credited to 2020 estima		Refu		56			
Part \	VI Statements Regarding Certain Activit	ies and Other Information	on (see instruct	ions)		•		
57 A	At any time during the 2019 calendar year, did the organization	have an interest in or a signature o	or other authority			<u> </u>	'es	No_
C	over a financial account (bank, securities, or other) in a foreign	country? If "Yes," the organization is	may have to file					- 1
F	FinCEN Form 114, Report of Foreign Bank and Financial Accou	nts. If "Yes," enter the name of the fo	oreign country			<u>-</u>	_	
t	here					L		<u>X</u>
58 (During the tax year, did the organization receive a distribution f	rom, or was it the grantor of, or tra	nsferor to, a foreign	trust?				X
t	If "Yes," see instructions for other forms the organization may I	ave to file.						1
59 E	Enter the amount of tax-exempt interest received or accrued du							
	Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than taxpayer) in	including accompanying schedules and st	tatements, and to the be	st of my knowle	dge and be	elief, it is true,		_
Sign	correct, and complete Declaration of preparer (other than taxpayer) i	EXEC D	IRECTOR	<u> </u>	av the IDS	discuss this ret	urn with	_
Here		FINANCI	E		-	shown below (s		
	Signature of officer Date	e Title		in	structions)	? X Yes		No
	Print/Type preparer's name Prepare	r's signature D	ate C	heck 🔲 ı	f PTIN	J		
Paid	DOUGLAG G DI BUG DOUG	LAS G. PLEUS,	s	elf- employed				
	CDA CDA		5/10/21	. •	P(000134	88	
Prepa Use (alei Dirivi e aggogiamu			irm's EIN 🕨		5-4532		
USE (1034 SOUTH BRE		2000					
	Firm's address ► SAINT LOUIS, M		i 1	Phone no. (314)	884-4	100	0
923711 0						Form 990		

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > N/A					_
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. Su	ubtract l	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes M	Vo
b Other costs (attach schedule)	4b	<u>-</u> -	1	property produced or a	cquired	for resale) apply to			\Box
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (,(see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property								•	
(1)									
(2)				•					
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec id 2(b) (s	ted with the income in attach schedule)	
(1)									
(2)									
(3)									
(4)				_					
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	() .
Schedule E - Unrelated Deb	t-Financed	Income (see	nstru	ctions)					
			2	. Gross income from		3. Deductions directly cont to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1						
(2)									
(3)									_
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%			T		
(4)				%					_
-						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0	.	().
Total dividends-received deductions in	icluded in column	ı 8		•		<u> </u>	. _		.
4171241124 10301704 4044414113 11					-			Form 990-T /20	110)

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Schedule F - Interest,	Annuities, Roy	yalties, a	nd Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	s)
				Controlled O	_		T _	_		
Name of controlled organizat		Employer entification number		elated income instructions)	4. Tot payn	al of specified nents made	Include	t of column 4 ed in the contr ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)			+				<u> </u>		- 	
(2)										
(3)			 							· .
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelated ii	ncome (loss)	9 Total	of specified payr	nents	10 Part of colu	mn 9 that	is included	11. De	ductions directly connected
,,	(see instruc		0	made		in the controll	ng organ s income	ization's		income in column 10
(1)										
(2)				•						
(3)										
(4)										
						Add colun Enter here and line 6, c		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, Ime 8, column (B)
Totals	····				▶			0.		0.
Schedule G - Investme (see instr		a Section	n 501(c)(7), (9), or (17) Org	anization				
1. Desc	ription of income			2. Amount of	income	 Deduction directly connected (attach schedule) 	cted	4. Set-		 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			>		0.					0.
Schedule I - Exploited (see instru	· · · · · · · · · · · · · · · · · · ·	ity Inco n	ne, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of t	Expenses y connected production inrelated ess income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)]			
(4)					T					
Totals •	Enter here and on page 1, Part I, line 10, col (A)	page	here and on e 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertisir						*				
Part I Income From I				olidated	Basis				-	
1. Name of periodical	2. Gros advertis incom	ing a	3. Direct dvertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				1						
(4)										
Totals (carry to Part II, line (5))	<u> </u>	0.	0	<u>. </u>						0 . Form 990-T (2019

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Form 990-T (2019) MERCY CLINIC OKLAHOMA COMMUNITIES, INC. 27-04730 Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising ancome	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)].		,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.	- *		·	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
CORPORATION'S	S NAME						IDENTIFYING NO
MERCY HEALTH	 						43-1423050

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