

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2015

For calendar year 2015 or other tax year beginning 07/01, 2015, and ending 06/30, 2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed, B Exempt under section (501(c)(3)), C Book value of all assets, D Employer identification number (43-1560263), E Unrelated business activity codes, F Group exemption number (0928), G Check organization type (501(c) corporation).

H Describe the organization's primary unrelated business activity. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No). J The books are in care of SCOTT REYNOLDS Telephone number 314-579-6100.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

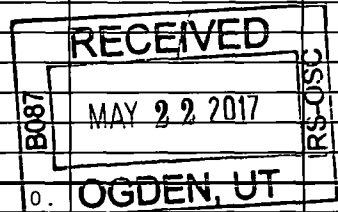


Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34 including Compensation of officers, Salaries and wages, Charitable contributions, etc.

SCANNED JUN 02 2017

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates... 37 Proxy tax... 38 Alternative minimum tax... 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)... 41 Subtract line 40e from line 39... 42 Other taxes. Check if from: Form 4256, Form 8611, Form 8897, Form 8866, Other... 43 Total tax. Add lines 41 and 42... 44 a Payments: A 2014 overpayment credited to 2015... 45 Total payments. Add lines 44a through 44g... 46 Estimated tax penalty... 47 Tax due. If line 46 is less than the total of lines 43 and 48, enter amount owed... 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid... 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax, Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts... 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file... 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year... 2 Purchases... 3 Cost of labor... 4a Additional section 263A costs (attach schedule)... 4b Other costs (attach schedule)... 5 Total. Add lines 1 through 4b... 6 Inventory at end of year... 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2... 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I prepared 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 taxpayer) is based on all information of which preparer has any knowledge. Sign Here SCOTT REYNOLDS CFO - CENTRAL COMM. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Print/Type preparer's name: ABBEY & LEIBEL, Preparer's signature: Abbey & Leibel, Date: 5/12/17, Firm's name: ERNST & YOUNG U.S. LLP, Firm's address: 312 WALNUT STREET, STE 1900, CINCINNATI, OH 45202, Firm's EIN: 34-6565596, Phone no.: 513-612-1623

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4).

Total (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals Enter here and on page 1, Part I, line 7, column (A) and (B).

Total dividends-received deductions included in column 8.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) and (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	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 (carry to Part II, line (5)) . . . ▶						

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 income	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 ▶		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 27
Totals, Part II (lines 1-5) ▶						

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

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

MERCY CLINIC SPRINGFIELD COMMUNITIES

EIN 43-1560263

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T
FOR THE YEAR ENDED JUNE 30, 2016

LINE 31, NET OPERATING LOSS:

Year	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEAR	AMOUNT UTILIZED IN CURRENT YEAR	NOL CARRYFORWARD	EXPIRATION DATE
6/30/2002 & PRIOR	(883,934)	-	-	(883,934)	6/30/2022
6/30/2003	(273,252)	-	-	(273,252)	6/30/2023
6/30/2004	(468,529)	-	-	(468,529)	6/30/2024
6/30/2005	(599,130)	-	-	(599,130)	6/30/2025
6/30/2006	(777,242)	-	-	(777,242)	6/30/2026
6/30/2007	(713,932)	-	-	(713,932)	6/30/2027
6/30/2008	(635,454)	-	-	(635,454)	6/30/2028
6/30/2009	(629,200)	-	-	(629,200)	6/30/2029
6/30/2010	(309,298)	-	-	(309,298)	6/30/2030
6/30/2011	(290,851)	-	-	(290,851)	6/30/2031
6/30/2012	-	-	-	-	6/30/2032
6/30/2013	-	-	-	-	6/30/2033
6/30/2014	-	-	-	-	6/30/2034
6/30/2015	-	-	-	-	6/30/2035
6/30/2016	-	-	-	-	6/30/2036
	<u>(5,580,822)</u>	<u>-</u>	<u>-</u>	<u>(5,580,822)</u>	

MERCY CLINIC SPRINGFIELD COMMUNITIES

EIN 43-1560283

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990 - T
FOR THE YEAR ENDED JUNE 30, 2016

LINE 20, CHARITABLE CONTRIBUTIONS

Year	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEAR	AMOUNT UTILIZED IN CURRENT YEAR	NOL CARRYFORWARD	EXPIRATION DATE
6/30/2013	59,646	-	-	59,646	6/30/2018
6/30/2014	-	-	-	-	6/30/2019
6/30/2015	-	-	-	-	6/30/2020
6/30/2016	-	-	-	-	6/30/2021
	<u>59,646</u>	<u>-</u>	<u>-</u>	<u>59,646</u>	

General Business Credit

Department of the Treasury
Internal Revenue Service (99)

Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return

MERCY CLINIC SPRINGFIELD COMMUNITIES

Identifying number
43-1560263

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2015 (see instructions)	3	
4	Carryforward of general business credit to 2015 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	11,000
5	Carryback of general business credit from 2016 Enter the amount from line 2 of Part III with box D checked (see instructions)	5	
6	Add lines 1, 3, 4, and 5	6	11,000

Part II Allowable Credit

7	Regular tax before credits	7	
	<ul style="list-style-type: none"> Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return 		
8	Alternative minimum tax	8	
	<ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 35 Corporations Enter the amount from Form 4626, line 14 Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 		
9	Add lines 7 and 8	9	
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	
13	Enter 25% (25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax	14	
	<ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 33 Corporations Enter the amount from Form 4626, line 12 Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	
17	Enter the smaller of line 6 or line 16	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		

For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (Continued)

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

18	Multiply line 14 by 75% (75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	
34	Carryforward of business credit to 2015 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2016 Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
36	Add lines 30, 33, 34, and 35.	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return <ul style="list-style-type: none"> • Individuals Form 1040, line 54, or Form 1040NR, line 51 • Corporations Form 1120, Schedule J, Part I, line 5c • Estates and trusts Form 1041, Schedule G, line 2b 	38	

Name(s) shown on return

Identifying number

MERCY CLINIC SPRINGFIELD COMMUNITIES

43-1560263

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	11,000
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	11,000
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Reserved	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	11,000

FORM 3800 DETAIL

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LINE 1AA - CARRYFORWARD OF NEW HIRE RETENTION CREDIT

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
06/30/2011	11,000.		11,000.
TOTALS	11,000.		11,000.

TOTAL CARRIED FORWARD FROM PRIOR YEARS 11,000.