	(10°E	$\cdot$						۰ م ۱	Ja	
•	, , ,	/ Fx	empt Organization B	tiic	singes Incoma	Tay Rot	urn Ì			
Form	990-T	<b>L</b> /			der section 6033(		um		OMB No 1545-0687	
1 01111	,-	For cale	ndar year 2016 or other tax year beginning		•	• •	an 1	7	മെ ⊀ ഭ	
_ · ·	i		formation about Form 990-T and its					<u></u> :	<u> </u>	
	ment of the Treasury I Revenue Service		not enter SSN numbers on this form as i					F	Open to Public Inspection 501(c)(3) Organizations Of	for
A	Check box if				me changed and see instruction		DI		er identification numbe	er
<b>L</b>	addiress changed						(	Employ	ees' trust see instructions )	
	mpt under section		MERCY CLINIC SPRINGFI	EL	D COMMUNITIES					
X	501( C )(B)	Print	Number, street, and room or suite no. If a	ΡO	box, see instructions		4.3	3-15	60263	
	408(e) 220(e)	or Type							ted business activity co	odes
	408A 530(a)		1235 E. CHEROKEE				_	See mst	ructions)	
-	529(a)		City or town, state or province country, a		ZIP or foreign postal code					
	k value of all assets and of year		SPRINGFIELD, MO 65804							
			up exemption number (See instruction			092				
			ck organization type 🕨 🗓 501(c)	) co	rporation 501(c)	trust	40	1(a) tr	ust Other t	trust
			rimary unrelated business activity							
	=		corporation a subsidiary in an affiliate				17 10 i	/·β· ·	17 - 17 3	17 NO
			identifying number of the parent corpo	orati		ENT 1 e number ▶	311-5	10-6	6100	
			or Business Income		(A) Income	(B) Exp		1/9-1	(C) Net	
	Gross receipts or s				(A) Income	(D) EX	Jenses		(C) Net	
b	Less returns and allowar			1 c				ļ		
2				2						
3	-		· · · · · · · · · · · · · · · · · · ·	3						
4 a				4a						
b				4 b						
С	Capital loss deduc	tion for t	rusts	4 c						
5	income (loss) from p	artnershij	os and S corporations (attach statement)	5						
6	Rent income (Sche	edule C)	<u> </u>	6						
7	Unrelated debt-fin	anced in	come (Schedule E)	7						
8	Interest, annuities, royalt	es and re	nts from controlled organizations (Schedule F)	8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						<del></del>
10	•	-	/	10						
11	· ·	•		11		<del></del>				
12	•		/ · · · · · · · · · · · · · · · · · · ·	12						
13			ough 12				/Fva-			
FEL			Taken Elsewhere (See instruct be directly connected with the				(Exce	pt 10	r contributions,	
14					<del>"                                    </del>			44		
15	Calaries and wanes	2	directors and trustees (Schedule K),	2	,	•		4.5		
16	Renairs and mainte	enance		. "	MAY 9 4 2018	•	ì	16		
17	Bad debts				· Media in the second of the s			17		
18	Interest (attach sch	nedule)		. (i	A CONTRACTOR OF THE STATE OF TH			18	·	
19	Taxes and licenses							19		
20	Charitable contribu	utions (S	See instructions for limitation rules)					20		
21	Depreciation (attac	ch Form	4562)		21					
22	Less depreciation	claımed	on Schedule A and elsewhere on return	rn	22a			22b		
23								23		
24	Contributions to de	eferred (	compensation plans					24		
25			3					25		
26			Schedule I)					26		
27			chedule J)					27		
28			chedule)					28		
29			s 14 through 28					29		
30			le income before net operating lo				F	30		
31			on (limited to the amount on line 30) . e income before specific deduction S					31		
32 33			ally \$1,000 but see line 33 instruction					32		
34	•		ble income. Subtract line 33 from							
	enter the smaller of				- 22 11 mic 00 is gica	trair inte	ł	34		О.

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Form **990-T** (2016) PAGE 1

Par	till	Tax Computation								
35	Organ	izations Taxable as Corpo	rations. See u	nstructions for tax com	putatio	on Controlled gr	oup			
	members (sections 1561 and 1563) check here ▶ See instructions and									
а	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									
	(1) \$ (2) \$ (3) \$									
b		organization's share of. (1) Addition	al 5% tax (not mo	re than \$11,750).	\$					
	(2) Add	litional 3% tax (not more than \$10	0,000)		\$			Ţ		
С		tax on the amount on line 34					▶	35c		
36	Trusts	Taxable at Trust Rates	. See instruc	ctions for tax compu	utation	Income tax	on			
	the am	ount on line 34 from. Tax re	te schedule or	Schedule D (Form 1	041),		▶	36		
37	Proxy	tax. See instructions					- 1	37		
38	Alterna	itive minimum tax					[	38		
39	Tax on	Non-Compliant Facility Income. S	ee instructions .				[	39		
40		Add lines 37, 38 and 39 to line 35	or 36, whicheve	rapplies				40		
Par	t IV	Tax and Payments								
41 a	Foreign	n tax credit (corporations attach Fe	orm 1118; trusts a	ttach Form 1116)	41a					
		credits (see instructions)								
		al business credit. Attach Form 380								
		for prior year minimum tax (attach						}		
е	Total	redits. Add lines 41a through 41d		<b></b>				41e		
42	Sulbtra	ct line 41e from line 40		<u>.</u> <u></u>	· · <u>· · ·</u>		٠. [	42		
43	Oth er ta	exes. Check if from. Form 4255	Form 8611	Form 8697 Form 886	36	Other (attach schedu	ule) .	43		
44	Totalt	ax. Add lines 42 and 43,					[	44		0.
45 a		nts. A 2015 overpayment credited								
		stimated tax payments								
С		posited with Form 8868								
d		n organizations. Tax paid or withhe		· · · · · · · · · · · · · · · · · · ·				ı		
е		withholding (see instructions)								
f	Crædit	for small employer health insurance	e premiums (Attac	ch Form 8941)	45f					
g		credits and payments								
	f	Form 4136		Total ▶	459					
46	Total	payments, Add lines 45a through 4	5g					46		
47	Estàma	ted tax penalty (see instructions).	Check if Form 222	0 is attached		<b>&gt;</b>		47		
48	Tax. du	e. If line 46 is less than the total o	f lines 44 and 47	enter amount owed			. ▶	48		
49	Overpa	yment. If line 46 is larger than the	total of lines 44	and 47, enter amount overpa	aid		. ▶	49		
50	Enter th	e amount of line 49 you want. Credite	d to 2017 estimate	d tax 🕨		Refunder	5 ▶	50		
Par	t V	Statements Regarding	<u>Certain Activ</u>	ities and Other Info	orma	tion (see instru	ctions)			
51	At any	time during the 2016 calendary	ar year, did the	organization have an in	terest	in or a signatur	e or c	other authorit	ty Yes	No
		financial account (bank, secu	•			-	-			
	FINCEN	Form 114, Report of Foreign	Bank and Fin	nancial Accounts If YES	. ente	r the name of	the fo	oreign counti	ry	
	here 🕨	-	······							Х
52	During	the tax year, did the organization	eceive a distribut	ion from, or was it the gran	ntor of.	or transferor to, a	foreign	n trust?		X
	I YES,	see instructions for other forms the	organization may	have to file					-	
53	Entert	he amount of tax-exempt interest i	eceived or accrue	d dunng the tax year 🕨 \$						<u> </u>
		nder panalties of perjury 1 declare that in the correct, and complete Declaration of pre-					lho bas	l of my knowled	ige and bei	kof, it is
Sigr	1 6	LA	unit (Onles than tachayo	ing is cosed on all indiciniation of while	ni biobo	in use any subsective	May	the IRS disci	use this	retum
Her	e 🕨	SCOTT REYNOLDS	Wy-	-0 (5 8 P CFO	- C	ENTRAL COMM	with	the preparer	shown [	
	S	ignature of officer	0	Data Title			(200 š	nstructions)? X	Yes	No
		Print/Type preparer's name	Pre	parer's signature	1 0	ate	Check	if PTIN	1	
Paid		ABBEY E LEIBEL		Abbey & ofeibil	<u>'</u>	05/11/18	sell-em		151752	!7
-	arer	Firm's name ERNST & YO	UNG U.S. L	LP			Firm's E	IN ▶34-65	65596	
	Only	Firm's address ▶ 312 WALNUT	STREET, S'	TE 1900, CINCINNA	ATI,	OH 45202	Phone n	10. 513-6	12-140	0
								Form	990-T	(2016)

Form 990-T (2016)									Page 3	
Schedule A - Cost of Go	oods Sold. Er	nter method	of inventory	valuation	<b>&gt;</b>					
1 Inventory at beginning of y	ear . 1		6	Inventory	at end of yea	ar	6			
2 Purchases	2		7		Cost of goods sold. Subtract line					
3 Cost of labor	3			6 from	line 5 En	iter here and in				
4a Additional section 263A co	osts			Part I, line	2		7			
(attach schedule)	. 4a		8	Do the	rules of	section 263A (w	ith re	spect to	Yes No	
b Other costs (attach schedule) . 4b						or acquired for		· –		
5 Total. Add lines 1 through				to the org	anization?				X	
Schedule C - Rent Income	(From Real P	roperty at	nd Persona	I Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
Description of property										
(1)			<del>"</del>						<del></del>	
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed							
for personal property is more than 10% but not percentage			age of rent for po					s directly connected with the income s 2(a) and 2(b) (attach schedule)		
(1)								<del></del>		
(2)								<del></del>	<del></del>	
(3)									<del></del>	
(4)										
Total		Total								
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6	, column (A)	<u> ▶</u>				Part I, line 6, colum				
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instruction	s)						
			2 Gross inc	ome from or	3. [	Deductions directly con debt-finance			to	
1. Description of deb	t-financed property		ľ	ole to debt-financed (a) Straig		nt line depreciation	(b) Other deductions			
			prop	erty	(atta	ch schedule)	(attach schedule)		le)	
(1)										
(2)	·									
(3)	·									
(4)			L							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6 Col 4 div by colu	ided	7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		columns	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						e and on page 1, e 7, column (A)	Enter Part I	here and on , line 7, colu	page 1, mn (B)	
Totals					L					
Total dividends-received deduction	ions included in co	oiumn 8	<del></del>	<u> </u>	<del></del>	<u> , , ▶  </u>		- 004	O T	

Form **990-T** (2016)

Form 990 <sub>1</sub> T (2016)				FIELD COM						560263 Page <b>4</b>
Schedule F - Interest, Ann	uities, Royalties						ons (see	e instructio	ons)	
		Exe	empt Co	ontrolled Org	ganızatı	ons				
1 Name of controlled organization	2 Employer identification number		1		of specified included		rt of column 4 that is led in the controlling zation's gross income		6 Deductions directly connected with income in column 5	
(1)				=:						
(2)									·	
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8. Net unrelated (	1		Total of specifie payments made	ed	include	t of column ed in the co ation's gros	introlling		Deductions directly     nected with income in     column 10
(1)										
(2)										
(3)										
(4)										
					_	Enterh	olumns 5 a ere and on line 8 colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Totals	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	(0) 0- (47)	<del>-</del>	nizotion	(	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Schedule G - Investment li	ncome of a Sec	cuon 501	(C)(/),	(9), or (17 3 Deduct		inzation				5. Total deductions
1. Description of income	2 Amount o	fincome		directly con (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)	ļ						<del></del>			
	Enter here and Part I, line 9, c									Enter here and on page 1, Part I line 9 column (B)
Totals	omet Activity In		than Th	an Advarti	oina In			otiona)		
Schedule I - Exploited Ext	empt Activity in	come, O	ther in	an Auverus	sing in	Conie (s	ee institu	T		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connect produc unrel business	otly ed with tion of ated	4. Net incomfrom unrelate or business (2 minus column column column column column column column 5 thro	ed tradé (column umn 3) empute	5. Gross from act is not u business	ivity that	6 Expe attributa colum	ible to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(1)								<del>                                      </del>		
(3)										
(4)								<u> </u>		
(4)	Enter here and on page 1 Part I, line 10, col (A)	Enter here page 1, line 10, e	Part I			<u> </u>		<u>                                     </u>		Enter here and on page 1 Part II, line 26
Totals ▶										
Schedule J - Advertising Ir						<u></u>	····································	<u> </u>		
Part I Income From Per	riodicals Repor	ted on a	Consol	idated Bas	is			Т		- <del>                                    </del>
1. Name of periodical	2. Gross advertising income	3. Dı ad vertisir		4. Adverting an or (loss 2 minus con a gain, cor cols 5 thro	s) (col I 3) If npute	<b>5.</b> Circ		6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>	<del>                                     </del>						<del> </del>		
(2)	<del>                                     </del>			1			<del></del>			-
(3)	+			1				<del> </del>		-
(4)	-	<del> </del>		1						-
(7)	<del> </del>	<del> </del>						<del> </del>		
Totals (carry to Part II, line (5))							· · · · · · · · · · · · · · · · · · ·		-	Form <b>990-T</b> (2016)
										rum 330-1 (2016)

Part II Income From Per 2 through 7 on a l			rate Basis (For e	each periodical	listed in Part II	, fill in columns
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)				<u> </u>		
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 - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr			
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, P	art II, line 14	. <u> </u>	<u> </u>	<u></u> ▶		

Department of the Treasury Internal Revenue Service (99)

## **General Business Credit**

▶ 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.

OMB No 1545-0895

2016 Attachment Sequence No 22

Form 3800 (2016)

	shown on return	Identifying number
MERCY	CLINIC SPRINGFIELD COMMUNITIES	43-1560263
Part I		-)
	(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 2016 (see instructions)	3
4	Carryforward of general business credit to 2016 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 2017 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	
	• 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	7
	• 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	
J	• Individuals Enter the amount from Form 6251, line 35	
	• Corporations Enter the amount from Form 4626, line 14	8
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56	
9	Add lines 7 and 8	9
9	Actumes 7 and 6	
10a	Foreign tax credit	
b	Certain allowable credits (see instructions).	-
	Add lines 10a and 10b	10c
С	Acta liles roa and rob	,,,,
44	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11
11	Net income tax. Subtract line for from line 9 if zero, skip lines 12 (frough 15 and enter -0- on line 16	
40	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	
12	Net regular tax: Subtract line for from line / 11 zero or less, enter -0-	
40	Enter 25% (25) of the excess, if any, of line 12 over \$25,000 (see	
13		
		1
14	Te ntative minimum tax	
	• Individuals Enter the amount from Form 6251, line 33	
	• Corporations Enter the amount from Form 4626, line 12 > 14	1
	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
	<b>C</b> corporations: See the line 17 instructions if there has been an ownership change, acquisition.	
	or reorganization	1 1

For Paperwork Reduction Act Notice, see separate instructions.

Part			
Note:	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and en	ter -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 2016 (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 2016 (see instructions)	33	
34	Carryforward of business credit to 2016 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 2017 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  Individuals Form 1040, line 54, or Form 1040NR, line 51	38	m <b>3800</b> (2016)
		F01	<b>3000</b> 12016)

\_\_\_\_\_

## 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.