

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

## 2015

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://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)

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>MERCY CLINIC EAST COMMUNITIES</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p><b>645 MARYVILLE CENTRE DRIVE, STE 100</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>ST. LOUIS, MO 63141</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions)</p> <p><b>43-1771217</b></p> <p><b>E</b> Unrelated business activity codes (See instructions)</p> <p><b>621500 722320</b></p>
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**C** Book value of all assets at end of year: **102533351.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **COMMERCIAL RESEARCH; OUTSIDE CATERING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No

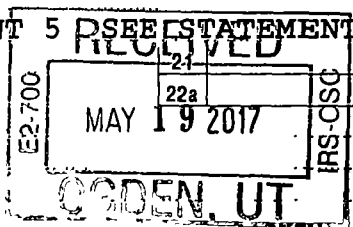
If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 4**

**J** The books are in care of ▶ **KERRY DUNGER** Telephone number ▶ **(314) 364-3731**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
<b>c Balance</b>	<b>1c</b>		
2 Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3 Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4a Capital gain net income (attach Schedule D)	<b>4a</b>		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c Capital loss deduction for trusts	<b>4c</b>		
5 Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6 Rent income (Schedule C)	<b>6</b>		
7 Unrelated debt-financed income (Schedule E)	<b>7</b>		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10 Exploited exempt activity income (Schedule I)	<b>10</b>		
11 Advertising income (Schedule J)	<b>11</b>		
12 Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	<b>12</b>	<b>418,869.</b>	<b>418,869.</b>
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>418,869.</b>	<b>418,869.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15 Salaries and wages	<b>15</b>	
16 Repairs and maintenance	<b>16</b>	
17 Bad debts	<b>17</b>	
18 Interest (attach schedule)	<b>18</b>	
19 Taxes and licenses	<b>19</b>	
20 Charitable contributions (See instructions for limitation rules) <b>STATEMENT 5</b>	<b>20</b>	<b>0.</b>
21 Depreciation (attach Form 4562)	<b>21</b>	
22 Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
23 Depletion	<b>23</b>	
24 Contributions to deferred compensation plans	<b>24</b>	
25 Employee benefit programs	<b>25</b>	
26 Excess exempt expenses (Schedule I)	<b>26</b>	
27 Excess readership costs (Schedule J)	<b>27</b>	
28 Other deductions (attach schedule) <b>SEE STATEMENT 3</b>	<b>28</b>	<b>432,801.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>432,801.</b>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-13,932.</b>
31 Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>-13,932.</b>
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>-13,932.</b>



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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 [X] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ 9,925,000. b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 35c 0. 36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36 37 Proxy tax See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40b Other credits (see instructions) 40b 40c General business credit. Attach Form 3800 40c 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 40e Total credits Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 0. 42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 0. 44a Payments: A 2014 overpayment credited to 2015 44a 22,251. 44b 2015 estimated tax payments 44b 44c Tax deposited with Form 8868 44c 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e Backup withholding (see instructions) 44e 44f Credit for small employer health insurance premiums (Attach Form 8941) 44f 44g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44g 45 Total payments. Add lines 44a through 44g 45 22,251. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 22,251. 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax 22,251. Refunded 49 0.

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. If YES, enter the name of the foreign country here 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 N/A

1 Inventory at beginning of year 1 6 Inventory at end of year 6 2 Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 3 Cost of labor 3 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X 4a Additional section 263A costs (att schedule) 4a 4b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Cheryl Matzger Date: 5/15/17 Title: TREASURER May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name: DOUGLAS G. PLEUS Preparer's signature: Douglas Pleus Date: 5/10/17 Check [ ] if self-employed PTIN: P00013488 Firm's name: PLEUS AND COMPANY, LLC Firm's EIN: 56-2632458 Firm's address: 14500 S OUTER 40 SUITE 201A CHESTERFIELD, MO 63017 Phone no.: 314-317-9916

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

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) **Total deductions.** Enter here and on page 1, Part I, line 8, column (B) **0.**

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
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. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8			<b>0.</b>	<b>0.</b>

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	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
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) <b>0.</b>	Add columns 8 and 11. Enter here and on page 1, Part I, line 8, column (B) <b>0.</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)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**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)						
		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
<b>Totals</b>		0.	0.			0.

**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)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**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)						
<b>Totals from Part I</b>		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 27
<b>Totals, Part II (lines 1-5)</b>		0.	0.			0.

**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)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 3800 and its separate instructions is at [www.irs.gov/form3800](http://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

Identifying number

MERCY CLINIC EAST COMMUNITIES

43-1771217

**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)

<b>1</b>	General business credit from line 2 of all Parts III with box A checked		<b>1</b>	
<b>2</b>	Passive activity credits from line 2 of all Parts III with box B checked	<b>2</b>		
<b>3</b>	Enter the applicable passive activity credits allowed for 2015 (see instructions)		<b>3</b>	0
<b>4</b>	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		<b>4</b>	8,547
<b>5</b>	Carryback of general business credit from 2016 Enter the amount from line 2 of Part III with box D checked (see instructions)		<b>5</b>	
<b>6</b>	Add lines 1, 3, 4, and 5		<b>6</b>	8,547

**Part II Allowable Credit**

<b>7</b>	Regular tax before credits		<b>7</b>	
	<ul style="list-style-type: none"> <li>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</li> <li>Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return</li> <li>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</li> </ul>			
<b>8</b>	Alternative minimum tax		<b>8</b>	
	<ul style="list-style-type: none"> <li>Individuals Enter the amount from Form 6251, line 35</li> <li>Corporations Enter the amount from Form 4626, line 14</li> <li>Estates and trusts Enter the amount from Schedule I (Form 1041), line 56</li> </ul>			
<b>9</b>	Add lines 7 and 8		<b>9</b>	0
<b>10a</b>	Foreign tax credit	<b>10a</b>		
<b>b</b>	Certain allowable credits (see instructions)	<b>10b</b>		
<b>c</b>	Add lines 10a and 10b		<b>10c</b>	0
<b>11</b>	<b>Net income tax.</b> Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16		<b>11</b>	0
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7 If zero or less, enter -0-	<b>12</b>		0
<b>13</b>	Enter 25% ( 25) of the excess, if any, of line 12 over \$25,000 (see instructions)	<b>13</b>		
<b>14</b>	Tentative minimum tax		<b>14</b>	
	<ul style="list-style-type: none"> <li>Individuals Enter the amount from Form 6251, line 33</li> <li>Corporations Enter the amount from Form 4626, line 12</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>			
<b>15</b>	Enter the greater of line 13 or line 14		<b>15</b>	0
<b>16</b>	Subtract line 15 from line 11 If zero or less, enter -0-		<b>16</b>	0
<b>17</b>	Enter the <b>smaller</b> of line 6 or line 16		<b>17</b>	0
	<b>C corporations:</b> 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	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	0
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	0
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	0
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	0
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	0
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	0
37	Enter the <b>smaller</b> of line 29 or line 36	37	0
38	<p><b>Credit allowed for the current year.</b> Add lines 28 and 37</p> <p>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</p> <ul style="list-style-type: none"> <li>• Individuals Form 1040, line 54, or Form 1040NR, line 51 .</li> <li>• Corporations Form 1120, Schedule J, Part I, line 5c</li> <li>• Estates and trusts Form 1041, Schedule G, line 2b</li> </ul>	38	0

Name(s) shown on return

Identifying number

MERCY CLINIC EAST COMMUNITIES

43-1771217

**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

I 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
<b>Note.</b> 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	8,547
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	8,547
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	0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	8,547

MERCY CLINIC EAST COMMUNITIES  
FEIN # 43-1771217

YEAR ENDED JUNE 30, 2016  
FORM 990T, PART II, LINE 31  
GENERAL BUSINESS CREDIT CARRYFORWARD

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GENERAL BUSINESS CREDIT FOR THE YEAR ENDED JUNE 2011	4,000
GENERAL BUSINESS CREDIT FOR THE YEAR ENDED JUNE 2012	9,000
UTILIZED JUNE 30, 2012	(2,072)
UTILIZED JUNE 30, 2013	-
UTILIZED JUNE 30, 2014	-
UTILIZED JUNE 30, 2015	(2,381)
UTILIZED JUNE 30, 2016	-
	<hr/>
GENERAL BUSINESS CREDIT CARRYFORWARD TO JUNE 30, 2017	<u>8,547</u>



MERCY CLINIC EAST COMMUNITIES  
FEIN # 43-1771217

YEAR ENDED JUNE 30, 2016  
FORM 990T, PART II, LINE 31  
NET OPERATING LOSS (NOL) CARRYFORWARD

NET INCOME (LOSS) FOR THE YEAR ENDED JUNE 2016	(13,932)
	<hr/>
NOL CARRYFORWARD TO JUNE 30, 2017	<u>(13,932)</u>

FORM 990-T	OTHER INCOME	STATEMENT	1
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
OUTSIDE CATERING			101,033.
COMMERCIAL RESEARCH			317,836.
TOTAL TO FORM 990-T, PAGE 1, LINE 12			418,869.

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
<u>DESCRIPTION/KIND OF PROPERTY</u>	<u>METHOD USED TO DETERMINE FMV</u>	<u>AMOUNT</u>	
WASHINGTON SCHOOL DISTRICT	N/A		150,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			150,000.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
OUTSIDE CATERING EXPENSES			106,688.
COMMERCIAL RESEARCH EXPENSE			326,113.
TOTAL TO FORM 990-T, PAGE 1, LINE 28			432,801.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	4
<u>CORPORATION'S NAME</u>		<u>IDENTIFYING NO</u>	
MERCY HEALTH			43-1423050