

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
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
MERCY CLINIC EAST COMMUNITIES

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
645 MARYVILLE CENTRE DRIVE STE 100

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63141

D Employer identification number
43-1771217

E Telephone number
(314) 364-3731

G Gross receipts \$ 344,247,356

F Name and address of principal officer
JOHN HUBERT
645 MARYVILLE CENTRE DRIVE STE 100
ST LOUIS, MO 63141

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 ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.MERCY.NET/STLOUISMO

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1994

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MERCY CLINIC EAST COMMUNITIES ("MCEC") COORDINATES PHYSICIAN-RELATED ASPECTS OF HEALTH CARE WITHIN THE MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM

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)	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	1,779
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	183,940
7b Net unrelated business taxable income from Form 990-T, line 34	23,712

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	330,249,659	342,699,992
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,859	881,314
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	561,296	666,050
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	330,873,814	344,247,356
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	150,000	8,000
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)	302,826,151	315,108,013
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)	134,380,292	129,722,915
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	437,356,443	444,838,928
19 Revenue less expenses Subtract line 18 from line 12	-106,482,629	-100,591,572

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	102,533,351	103,410,655
21 Total liabilities (Part X, line 26)	46,520,245	48,775,801
22 Net assets or fund balances Subtract line 21 from line 20	56,013,106	54,634,854

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 2018-05-14

CHERYL MATEJKA TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name DOUGLAS G PLEUS	Preparer's signature DOUGLAS G PLEUS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00013488
Firm's name ▶ PLEUS AND COMPANY LLC			Firm's EIN ▶ 56-2632458	
Firm's address ▶ 14500 SOUTH OUTER 40 RD STE 201A CHESTERFIELD, MO 63017			Phone no (314) 317-9916	

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 \$ 426,244,323 including grants of \$ 8,000) (Revenue \$ 342,883,932)
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 ▶ 426,244,323

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7) and (12) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (No); b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 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, [X] 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: KERRY DUNGER 645 MARYVILLE CENTRE DRIVE STE 100 ST LOUIS, MO 63141 (314) 364-3731

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	26,597,933	8,825,160	3,347,837

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 ▶ **658**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
METRO HEART GROUP 12855 N 40 DR STE 300 ST LOUIS, MO 63141	PHYSICIAN SERVICES	2,846,904
LAWLOR CORP 1440 STRASSNER DRIVE ST LOUIS, MO 63144 GH VOSS CO	CONSTRUCTION	2,157,522
210 OLD DORSETT RD MARYLAND HEIGHTS, MO 63043	CONSTRUCTION	809,446
GREGORY R GALAKATOS MD, 12008 CHALTENHAM ST LOUIS, MO 63131	PHYSICIAN SERVICES	661,324
MISSOURI CTR FOR ORTHOPEDICS 621 S NEW BALLAS RD STE 5015B ST LOUIS, MO 63141	PHYSICIAN SERVICES	646,767

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 ▶ **26**

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				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f					
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621110	271,856,708	271,856,708		
	b OTHER OPERATING REVENUE	621110	70,843,284	70,843,284		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		342,699,992				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		881,314		881,314	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a CAFE & VENDING	722210	666,050		183,940	482,110	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		666,050				
12 Total revenue. See Instructions		344,247,356	342,699,992	183,940	1,363,424	

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	8,000	8,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,820,735	15,820,735		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,023,226	1,023,226		
7 Other salaries and wages	253,626,262	247,603,899	6,022,363	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,915,100	8,703,413	211,687	
9 Other employee benefits	23,287,443	22,763,000	524,443	
10 Payroll taxes	12,435,247	12,157,576	277,671	
11 Fees for services (non-employees)				
a Management				
b Legal	8,250		8,250	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,243,023	14,695,357	547,666	
12 Advertising and promotion	225,957	217,839	8,118	
13 Office expenses	4,070,938	3,924,674	146,264	
14 Information technology	92,508	89,184	3,324	
15 Royalties				
16 Occupancy	21,871,355	21,085,543	785,812	
17 Travel	742,419	715,745	26,674	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,502	8,197	305	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,831,118	4,773,107	58,011	
23 Insurance	6,686,005	6,445,785	240,220	
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 EXPENSE	23,097,219	22,267,363	829,856	
b SHARED SERVICE FEES	16,391,223	8,523,436	7,867,787	
c BAD DEBTS	7,615,254	7,615,254		
d REPAIRS & MAINTENANCE	448,677	432,557	16,120	
e All other expenses	28,390,467	27,370,433	1,020,034	
25 Total functional expenses. Add lines 1 through 24e	444,838,928	426,244,323	18,594,605	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 <input type="checkbox"/> 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	19,472	1	15,566
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	28,106,742	4	35,777,248
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,817,657	7	2,259,027
	8 Inventories for sale or use	8,862	8	
	9 Prepaid expenses and deferred charges	446,315	9	516,881
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	49,921,400		
	b Less accumulated depreciation	29,213,501		
		20,288,754	10c	20,707,899
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	6,785,641	12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	43,278,905	14	43,278,905
15 Other assets See Part IV, line 11	781,003	15	855,129	
16 Total assets. Add lines 1 through 15 (must equal line 34)	102,533,351	16	103,410,655	
Liabilities	17 Accounts payable and accrued expenses	38,802,906	17	36,327,330
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	31,774	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	7,685,565	25	12,448,471
	26 Total liabilities. Add lines 17 through 25	46,520,245	26	48,775,801
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	56,013,106	27	54,634,854
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	56,013,106	33	54,634,854
	34 Total liabilities and net assets/fund balances	102,533,351	34	103,410,655

Part XI Reconciliation 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	344,247,356
2	Total expenses (must equal Part IX, column (A), line 25)	2	444,838,928
3	Revenue less expenses Subtract line 2 from line 1	3	-100,591,572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,013,106
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	99,213,320
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,634,854

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 43-1771217

Name: MERCY CLINIC EAST COMMUNITIES

Form 990 (2016)

Form 990, Part III, Line 4a:

THE PRIMARY PURPOSE OF MERCY CLINIC EAST COMMUNITIES ("CLINIC") IS TO COORDINATE PHYSICIAN-RELATED ASPECTS OF HEALTH CARE WITHIN MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM THESE PHYSICIAN-RELATED ACTIVITIES INCLUDE DELIVERY OF HEALTH CARE SERVICES TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO PHYSICIAN SERVICES, CONTRACTING FOR PHYSICIAN SERVICES WITH LOCAL NETWORKS, HEALTH MAINTENANCE ORGANIZATIONS, OTHER PROVIDER GROUPS, AND HOSPITALS AND OTHER HEALTH CARE FACILITIES, AND EMPLOYING THE NECESSARY STAFF OF PHYSICIANS AND OTHER PERSONNEL NECESSARY TO DELIVER SUCH HEALTH CARE SERVICES AND CARRY OUT OTHER PURPOSES OF THE CLINIC THE CLINIC ALSO PROVIDES SERVICES (OVER \$50,893,000) TO A LARGE NUMBER (OVER 214,000 VISITS) OF MEDICAID AND CHARITY CARE PATIENTS IN ITS SERVICE TO THE COMMUNITY THE PHYSICIAN DIRECTORS AND EMPLOYEES OF THE CLINIC CARRY OUT SUCH ACTIVITIES INDIVIDUALLY AND AS A CORPORATION THROUGH COMMITTEES, TASK FORCES, AND OTHER GROUPS, TO FURTHER THE CHARITABLE PURPOSES OF THE CLINIC THE COORDINATION OF SERVICES BY AND BETWEEN MERCY HEALTH EAST COMMUNITIES AND THE CLINIC ENABLES MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY SYSTEM TO PROVIDE MORE EFFECTIVE AND COST EFFICIENT SERVICES BY ALLOWING EACH PART OF THE SYSTEM TO FOCUS ON ITS AREA OF EXPERTISE, AVOID DUPLICATION OF SERVICES, AND PROVIDE INTEGRATED DELIVERY OF HEALTH CARE SERVICES THE CLINIC OPERATES EXCLUSIVELY FOR THE BENEFIT OF OR TO ESTABLISH AND MAINTAIN ONE OR MORE MEDICAL PRACTICES AS INSTITUTIONS WITH PERMANENT HEALTH SERVICE FACILITIES FOR THE DIAGNOSIS AND TREATMENT OF PATIENTS AND TO PROVIDE SUCH MEDICAL SERVICES AS MAY BE REQUIRED BY PATIENTS, TO CONDUCT EDUCATIONAL ACTIVITIES RELATED TO CARE OF THE SICK AND INJURED OR TO THE PROMOTION OF HEALTH, TO DEVELOP EFFICIENT AND PRACTICAL ARRANGEMENTS FOR PROVIDING HEALTH SERVICES, TO FOSTER THE TEACHING AND RESEARCH FUNCTIONS AT ITS FACILITIES IN COOPERATION WITH OTHER HEALTH SERVICES AND EDUCATIONAL INSTITUTIONS, AND TO PROVIDE ORIENTATION AND IN-SERVICE TRAINING PROGRAMS TO PERSONNEL EMPLOYED AT ITS FACILITIES IN ORDER TO MAINTAIN THEIR SKILLS AND TO MAKE THEM AWARE OF DEVELOPMENTS IN THE HEALTH SERVICES FIELD AMONG THE COMMUNITY SUPPORT ACTIVITIES OFFERED BY THE CLINIC WERE THE FOLLOWING HEALTH FAIRS AND SCREENINGS- CLINIC PHYSICIANS AND CO-WORKERS STAFFED "ASK THE DOCTOR" BOOTHS AND/OR PROVIDED FREE HEALTH SCREENINGS AND HEALTH INFORMATION AT VARIOUS NONPROFIT AND COMMUNITY EVENTS- IN ADDITION, CLINIC PHYSICIANS STAFFED BOOTHS OR PROVIDED SCREENINGS AT EMPLOYEE HEALTH FAIRS FOR AREA CORPORATIONS-PROVISION OF FREE HEALTH INFORMATION- CLINIC PHYSICIANS SHARED THEIR KNOWLEDGE WITH THE ST LOUIS COMMUNITY THROUGH VARIOUS MEDIA INTERVIEWS ON SPECIFIC HEALTH TOPICS - CLINIC PHYSICIANS PROVIDED TALKS TO THE COMMUNITY ON VARIOUS HEALTH RELATED TOPICS- SEVERAL CLINIC PHYSICIANS SERVE AS CONSULTING PHYSICIANS FOR ST LOUIS AREA SCHOOL DISTRICTS, BOY SCOUTS, AND ATHLETIC TEAMS-CHARITABLE OUTREACH- CO-WORKERS OF CLINIC PRACTICES COLLECTED CANNED GOODS AND PANTRY ITEMS TO DONATE TO LOCAL FOOD PANTRIES, AND BOXED UP DONATIONS OF FOOD FOR FAMILIES SERVED BY AREA CATHOLIC CHURCHES- DURING THE HOLIDAYS, CLINIC CO-WORKERS SPONSORED RAFFLES AND DRESS-DOWN DAYS TO RAISE FUNDS TO SUPPORT FAMILIES IN NEED CO-WORKERS DONATED CASH, WRAPPING PAPER, AND SUPPLIES, SHOPPED FOR AND WRAPPED GIFTS, AND DELIVERED THE ITEMS TO FAMILY MEMBERS, WHO WERE REFERRED BY MERCY NEIGHBORHOOD MINISTRY AND MISSION SERVICES SUPPORT OF COMMUNITY PROGRAMS- IN ADDITION TO ORGANIZATION-WIDE SUPPORT FOR THE AMERICAN HEART ASSOCIATION, THE SUSAN G KOMEN FOUNDATION RACE FOR THE CURE, THE ST LOUIS ZOO'S "BOO AT THE ZOO, AND THE UNITED WAY OF GREATER ST LOUIS, INDIVIDUAL PHYSICIANS AND CO-WORKERS VOLUNTEERED THEIR TIME AS WORKERS AND/OR HEALTH CARE PROVIDERS, AND/OR PARTICIPATED IN FUNDRAISING ACTIVITIES- GO! ST LOUIS MARATHON- FRANKLIN COUNTY HEART WALK- COLORECTAL CANCER ALLIANCE ST LOUIS UNDY RUN/WALK-MEDICAL EDUCATION PROGRAMS- CLINIC PHYSICIANS AND CO-WORKERS MENTORED INTERNS AND NEW ENTRANTS TO THE HEALTH CARE FIELD, AND SERVED AS PRECEPTORS FOR MEDICAL, PHARMACY, AND NURSE PRACTITIONER STUDENTS- SEVERAL CLINIC PHYSICIANS TAUGHT RESIDENTS AND STAFF THROUGH WEEKLY GRAND ROUNDS AND LECTURES FOR MEDICAL DEPARTMENTS AT MERCY HOSPITAL ST LOUIS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CHALK MD DAVID E PHYSICIAN & BOARD MEMBER	50 00 7 00	X						837,699	0	112,097
CONTI ANNA PHYSICIAN & BOARD MEMBER	60 00 0 00	X						488,899	0	19,383
CRAIG MD TODD PHYSICIAN & BOARD MEMBER	18 00 36 00	X						222,276	49,716	37,693
CZARNIK MD BRUCE PHYSICIAN & BOARD MEMBER	60 00 0 00	X						861,733	0	30,208
DUBOIS JOHN PHYSICIAN & BOARD MEMBER	60 00 0 00	X						423,216	0	18,121
DURAND MD DOUGLAS PHYSICIAN & BOARD MEMBER	60 00 0 00	X						312,432	0	28,088
GRIMES MD JAMES PHYSICIAN & BOARD MEMBER	49 00 1 00	X						348,496	0	28,203
HACK MD RICHARD PHYSICIAN & BOARD MEMBER	27 00 26 00	X						198,674	0	39,871
HILTON MD STEVEN PHYSICIAN & BOARD MEMBER	41 00 1 00	X						410,098	0	41,346
HINDIA KEYA PHYSICIAN & BOARD MEMBER	60 00 0 00	X						321,758	0	17,904

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
HRUSKA MD LINDY PHYSICIAN & BOARD MEMBER	52 00	X						622,108	0	20,737
HUBERT MD JOHN W PRESIDENT, MERCY CLINIC & BOARD MEMBER	12 00	X						0	994,035	121,556
JOHNSTON JEFFREY A PRESIDENT-EAST COMMUNITIES & BOARD MEMBER-STARTING	10 00	X						0	874,021	280,719
JOURNAGAN KEVIN PHYSICIAN & BOARD MEMBER	61 00	X						425,621	0	29,496
KHOURY MD JAD PHYSICIAN & BOARD MEMBER	60 00	X						445,167	0	18,290
KILIAN KEN PHYSICIAN & BOARD MEMBER	0 00	X						0	343,940	24,632
LANDON THOMAS H PHYSICIAN & BOARD MEMBER	60 00	X						618,768	0	25,643
LOGAN MD WILLIAM PHYSICIAN & BOARD MEMBER	25 00	X						504,884	0	60,104
MENGES BRYAN J PHYSICIAN & BOARD MEMBER	25 00	X						522,154	0	28,893
MILLER MD BRIAN P PHYSICIAN & BOARD MEMBER	60 00	X						53,498	335,307	33,861

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
MILLER MD DONNA PHYSICIAN & BOARD MEMBER	52 00 0 00	X						300,971	0	33,629
MIRZA MD MUHAMMAD PHYSICIAN & BOARD MEMBER	60 00 0 00	X						667,551	0	28,690
REHM MD CHARLES CHIEF ADMINISTRATIVE OFFICER & BOARD MEMBER	22 00 38 00	X						0	838,329	107,770
RIEGEL MD BRET PHYSICIAN & BOARD MEMBER	50 00 1 00	X						434,858	0	29,910
RUNGE ANDREW COO, CLINICS & BOARD MEMBER	40 00 10 00	X						0	526,805	81,964
SANDERS MD STEPHEN PHYSICIAN & BOARD MEMBER	50 00 1 00	X						510,523	0	46,242
SEECK MD BRIAN PHYSICIAN & BOARD MEMBER	31 00 13 00	X						1,051,342	0	21,936
SHARMA SHEETAL PHYSICIAN & BOARD MEMBER	60 00 0 00	X						492,923	0	7,089
SORENSEN DONN PRESIDENT-EAST COMMUNITIES & BOARD MEMBER-THROUGH	5 00 59 00	X						0	1,070,621	332,541
ULLERY BRIAN PHYSICIAN & BOARD MEMBER	60 00 0 00	X						530,051	0	30,917

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
WASSERMAN MD GARY PHYSICIAN & BOARD MEMBER	40 00 36 00	X						820,136	0	19,637
HANNASCH SUSAN REGIONAL VP-GENERAL COUNSEL	15 00 45 00			X				0	361,065	58,095
MATEJKA CHERYL L CHIEF FINANCIAL OFFICER	10 00 50 00			X				0	600,367	85,576
BAIN KELLY PHYSICIAN	39 00 0 00				X			388,567	0	29,934
CORT DAVID PHYSICIAN	66 00 0 00				X			874,710	0	29,708
GUSS DAVID MEDICAL DEPT CHAIRMAN	52 00 0 00				X			366,184	0	31,230
HAND MD JASON PHYSICIAN	50 00 0 00				X			620,874	0	23,042
HUYNH JUSTIN PHYSICIAN, QUALITY MEDICAL DIRECTOR-THROUGH 10/16	60 00 0 00				X			366,116	87,613	28,441
KOENIG MD CAROLYN PHYSICIAN, QUALITY MEDICAL DIRECTOR-STARTING 10/16	60 00 0 00				X			367,542	0	32,852
MARCRANDER MARGARET PHYSICIAN	65 00 0 00				X			769,570	0	29,425

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEINERS DAVID PHYSICIAN	52 00 1 00				X			965,640	0	29,408
MOHART JOHN MEDICAL DEPT CHAIRMAN	65 00 0 00				X			1,300,037	0	30,930
RIORDAN MD TRACY MEDICAL DEPT CHAIRMAN	50 00 0 00				X			248,051	229,391	38,189
SCHEER JENNIFER PHYSICIAN	48 00 0 00				X			439,346	0	39,653
SCHLANSKY HOWARD PHYSICIAN	50 00 0 00				X			342,021	0	36,880
FINNIE JOHN W PHYSICIAN	60 00 0 00					X		1,284,492	0	28,494
HU H SHAWN PHYSICIAN	59 00 1 00					X		1,491,090	0	30,943
PADRATZIK JAY PHYSICIAN	50 00 0 00					X		1,169,007	0	40,211
PALAGIRI ANAND V PHYSICIAN	60 00 0 00					X		1,127,285	0	27,047
RODGERS HEIDE A PHYSICIAN	60 00 0 00					X		1,191,503	0	28,293

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MCCURRY MICHAEL FORMER OFFICER	0 00						X	0	1,787,982	744,897
HALSTED MD ROBERT FORMER KEY EMPLOYEE	60 00 54 00						X	512,771	0	33,893
KAHN MD JOSEPH FORMER KEY EMPLOYEE	2 00 47 00						X	0	725,968	98,096
ZALEWSKI JOHN FORMER KEY EMPLOYEE	8 00 64 00 0 00						X	347,291	0	35,430

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

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 33 1/3% 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 33 1/3% 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 _____

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	47,094					47,094
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	228,378,376	247,799,801	311,029,173	330,249,659	342,699,992	1,460,157,001
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	228,425,470	247,799,801	311,029,173	330,249,659	342,699,992	1,460,204,095
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						1,460,204,095

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	228,425,470	247,799,801	311,029,173	330,249,659	342,699,992	1,460,204,095
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	626,973	901,799	240,957	62,859	881,314	2,713,902
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	626,973	901,799	240,957	62,859	881,314	2,713,902
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	99,294	106,750	374,477	418,869	183,940	1,183,330
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.)	229,151,737	248,808,350	311,644,607	330,731,387	343,765,246	1,464,101,327
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.730 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.760 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.190 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.150 %

19a 33 1/3% support tests—2016. 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—2015. 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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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. **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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 MERCY CLINIC EAST COMMUNITIES	Employer identification number 43-1771217
---	--

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
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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-
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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)		(b)
	Yes	No	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)?		No	
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?	Yes		2,039
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			2,039
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
PART II-B, LINE 1	THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE FOLLOWING ASSOCIATION CATHOLIC HEALTH ASSOCIATION FOR THE YEAR ENDED JUNE 30, 2017, DUES WERE \$54,231 APPROXIMATELY 3 76% OF CATHOLIC HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THIS ASSOCIATION

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY CLINIC EAST COMMUNITIES

Employer identification number
43-1771217

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 8/17/06, 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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				
b Buildings		1,201,272	614,454	586,818
c Leasehold improvements		23,865,127	13,282,010	10,583,117
d Equipment		24,378,702	15,317,037	9,061,665
e Other		476,299		476,299
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				20,707,899

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY PAYABLE	12,448,471
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	12,448,471

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: 43-1771217

Name: MERCY CLINIC EAST COMMUNITIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FEDERAL INCOME TAX PRIMARILY ALL OF THE MERCY HEALTH ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY MERCY COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2017 OR 2016

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization MERCY CLINIC EAST COMMUNITIES	Employer identification number 43-1771217
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>	1b	Yes								
<p>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 in line 1a?</p>	2	Yes								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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
PART I, LINE 1A	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. 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. TRAVEL FOR COMPANIONS FOR NONBUSINESS REASONS IS PROVIDED IN CERTAIN INSTANCES AND IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL. SPOUSAL TRAVEL WAS PROVIDED FOR THE FOLLOWING EMPLOYEES OF A RELATED ORGANIZATION: JEFF JOHNSTON.
PART I, LINE 4B	PART I, LINE 4B: MERCY HEALTH, THE ULTIMATE PARENT COMPANY, 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 FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLANS: THERE WERE NO PAYMENTS FOR THE FISCAL YEAR ENDED 6/30/2017: SORENSEN, DONN, MCCURRY, MICHAEL, MATEJKA, CHERYL L, HUBERT, JOHN, CHALK MD, DAVID, KAHN MD, JOSEPH, REHM MD, CHARLES H, RUNGE, ANDREW D, HANNASCH, SUSAN, JOHNSTON, JEFF. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C).
PART I, LINE 3	MERCY HEALTH (PARENT COMPANY) IS RESPONSIBLE FOR ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THE FOLLOWING METHODS WERE USED BY MERCY HEALTH TO ESTABLISH COMPENSATION: -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. MERCY CLINIC EAST COMMUNITIES USES A WRITTEN EMPLOYMENT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 43-1771217
Name: MERCY CLINIC EAST COMMUNITIES

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				
1 CHALK MD DAVID E PHYSICIAN & BOARD MEMBER	(i)	556,398	178,279	103,022	95,429	16,668	949,796	0
	(ii)	0	0	0	0	0	0	0
1 CONTI ANNA PHYSICIAN & BOARD MEMBER	(i)	363,342	71,539	54,018	12,961	6,422	508,282	0
	(ii)	0	0	0	0	0	0	0
2 CRAIG MD TODD PHYSICIAN & BOARD MEMBER	(i)	171,602	34,411	16,263	21,247	13,377	256,900	0
	(ii)	46,560	0	3,156	0	3,069	52,785	0
3 CZARNIK MD BRUCE PHYSICIAN & BOARD MEMBER	(i)	696,735	117,188	47,810	13,840	16,368	891,941	0
	(ii)	0	0	0	0	0	0	0
4 DUBOIS JOHN PHYSICIAN & BOARD MEMBER	(i)	378,848	0	44,368	11,925	6,196	441,337	0
	(ii)	0	0	0	0	0	0	0
5 DURAND MD DOUGLAS PHYSICIAN & BOARD MEMBER	(i)	238,591	44,625	29,216	11,683	16,405	340,520	0
	(ii)	0	0	0	0	0	0	0
6 GRIMES MD JAMES PHYSICIAN & BOARD MEMBER	(i)	282,061	39,607	26,828	11,984	16,219	376,699	0
	(ii)	0	0	0	0	0	0	0
7 HACK MD RICHARD PHYSICIAN & BOARD MEMBER	(i)	126,286	38,031	34,357	23,487	16,384	238,545	0
	(ii)	0	0	0	0	0	0	0
8 HILTON MD STEVEN PHYSICIAN & BOARD MEMBER	(i)	232,436	148,022	29,640	25,072	16,274	451,444	0
	(ii)	0	0	0	0	0	0	0
9 HINDIA KEYA PHYSICIAN & BOARD MEMBER	(i)	240,158	52,384	29,216	11,925	5,979	339,662	0
	(ii)	0	0	0	0	0	0	0
10 HRUSKA MD LINDY PHYSICIAN & BOARD MEMBER	(i)	509,959	82,412	29,737	14,575	6,162	642,845	0
	(ii)	0	0	0	0	0	0	0
11 HUBERT MD JOHN W PRESIDENT, MERCY CLINIC & BOARD MEMB	(i)	0	0	0	0	0	0	0
	(ii)	683,705	278,486	31,844	109,073	12,483	1,115,591	0
12 JOHNSTON JEFFREY A PRESIDENT-EAST COMMUNITIES & BOARD M	(i)	0	0	0	0	0	0	0
	(ii)	511,077	286,286	76,658	264,051	16,668	1,154,740	0
13 JOURNAGAN KEVIN PHYSICIAN & BOARD MEMBER	(i)	230,305	147,949	47,367	13,237	16,259	455,117	0
	(ii)	0	0	0	0	0	0	0
14 KHOURY MD JAD PHYSICIAN & BOARD MEMBER	(i)	348,147	67,589	29,431	12,178	6,112	463,457	0
	(ii)	0	0	0	0	0	0	0
15 KILIAN KEN PHYSICIAN & BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	259,439	48,610	35,891	12,726	11,906	368,572	0
16 LANDON THOMAS H PHYSICIAN & BOARD MEMBER	(i)	514,742	67,784	36,242	9,275	16,368	644,411	0
	(ii)	0	0	0	0	0	0	0
17 LOGAN MD WILLIAM PHYSICIAN & BOARD MEMBER	(i)	417,909	48,565	38,410	43,755	16,349	564,988	0
	(ii)	0	0	0	0	0	0	0
18 MENGES BRYAN J PHYSICIAN & BOARD MEMBER	(i)	335,954	138,722	47,478	12,246	16,647	551,047	0
	(ii)	0	0	0	0	0	0	0
19 MILLER MD BRIAN P PHYSICIAN & BOARD MEMBER	(i)	49,601	0	3,897	0	2,550	56,048	0
	(ii)	272,430	39,852	23,025	17,420	13,891	366,618	0

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				
21 MILLER MD DONNA PHYSICIAN & BOARD MEMBER	(i)	220,339	44,625	36,007	27,681	5,948	334,600	0
	(ii)	0	0	0	0	0	0	0
1 MIRZA MD MUHAMMAD PHYSICIAN & BOARD MEMBER	(i)	510,299	109,713	47,539	12,323	16,367	696,241	0
	(ii)	0	0	0	0	0	0	0
2 REHM MD CHARLES CHIEF ADMINISTRATIVE OFFICER & BOARD	(i)	0	0	0	0	0	0	0
	(ii)	518,910	243,404	76,015	95,618	12,152	946,099	0
3 RIEGEL MD BRET PHYSICIAN & BOARD MEMBER	(i)	318,424	68,709	47,725	13,589	16,321	464,768	0
	(ii)	0	0	0	0	0	0	0
4 RUNGE ANDREW COO, CLINICS & BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	339,164	142,394	45,247	65,430	16,534	608,769	0
5 SANDERS MD STEPHEN PHYSICIAN & BOARD MEMBER	(i)	398,384	74,440	37,699	29,585	16,657	556,765	0
	(ii)	0	0	0	0	0	0	0
6 SEECK MD BRIAN PHYSICIAN & BOARD MEMBER	(i)	852,087	172,248	27,007	11,925	10,011	1,073,278	0
	(ii)	0	0	0	0	0	0	0
7 SHARMA SHEETAL PHYSICIAN & BOARD MEMBER	(i)	466,521	0	26,402	6,591	498	500,012	0
	(ii)	0	0	0	0	0	0	0
8 SORENSEN DONN PRESIDENT-EAST COMMUNITIES & BOARD M	(i)	0	0	0	0	0	0	0
	(ii)	671,310	361,742	37,569	322,830	9,711	1,403,162	0
9 ULLERY BRIAN PHYSICIAN & BOARD MEMBER	(i)	294,889	223,377	11,785	14,575	16,342	560,968	0
	(ii)	0	0	0	0	0	0	0
10 WASSERMAN MD GARY PHYSICIAN & BOARD MEMBER	(i)	676,808	86,764	56,564	13,134	6,503	839,773	0
	(ii)	0	0	0	0	0	0	0
11 HANNASCH SUSAN REGIONAL VP-GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	244,284	80,003	36,778	45,838	12,257	419,160	0
12 MATEJKA CHERYL L CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	377,918	166,609	55,840	68,979	16,597	685,943	0
13 BAIN KELLY PHYSICIAN	(i)	295,044	74,243	19,280	17,225	12,709	418,501	0
	(ii)	0	0	0	0	0	0	0
14 CORT DAVID PHYSICIAN	(i)	680,562	137,584	56,564	17,225	12,483	904,418	0
	(ii)	0	0	0	0	0	0	0
15 GUSS DAVID MEDICAL DEPT CHAIRMAN	(i)	325,780	31,413	8,991	14,575	16,655	397,414	0
	(ii)	0	0	0	0	0	0	0
16 HAND MD JASON PHYSICIAN	(i)	501,924	89,464	29,486	13,331	9,711	643,916	0
	(ii)	0	0	0	0	0	0	0
17 HUYNH JUSTIN PHYSICIAN, QUALITY MEDICAL DIRECTOR-	(i)	277,015	59,741	29,360	12,110	12,028	390,254	0
	(ii)	87,492	40	81	0	4,303	91,916	0
18 KOENIG MD CAROLYN PHYSICIAN, QUALITY MEDICAL DIRECTOR-	(i)	287,414	50,729	29,399	16,615	16,237	400,394	0
	(ii)	0	0	0	0	0	0	0
19 MARCRANDER MARGARET PHYSICIAN	(i)	686,197	81,044	2,329	13,057	16,368	798,995	0
	(ii)	0	0	0	0	0	0	0

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				
41 MEINERS DAVID PHYSICIAN	(i)	764,102	141,680	59,858	17,225	12,183	995,048	0
	(ii)	0	0	0	0	0	0	0
1 MOHART JOHN MEDICAL DEPT CHAIRMAN	(i)	1,074,388	200,489	25,160	14,575	16,355	1,330,967	0
	(ii)	0	0	0	0	0	0	0
2 RIORDAN MD TRACY MEDICAL DEPT CHAIRMAN	(i)	181,484	51,040	15,527	21,531	8,226	277,808	0
	(ii)	187,583	33,308	8,500	0	8,432	237,823	0
3 SCHEER JENNIFER PHYSICIAN	(i)	373,777	35,791	29,778	23,002	16,651	478,999	0
	(ii)	0	0	0	0	0	0	0
4 SCHLANSKY HOWARD PHYSICIAN	(i)	290,791	25,000	26,230	24,900	11,980	378,901	0
	(ii)	0	0	0	0	0	0	0
5 FINNIE JOHN W PHYSICIAN	(i)	1,192,706	79,976	11,810	12,139	16,355	1,312,986	0
	(ii)	0	0	0	0	0	0	0
6 HU H SHAWN PHYSICIAN	(i)	1,461,280	0	29,810	14,575	16,368	1,522,033	0
	(ii)	0	0	0	0	0	0	0
7 PADRATZIK JAY PHYSICIAN	(i)	979,926	141,271	47,810	23,543	16,668	1,209,218	0
	(ii)	0	0	0	0	0	0	0
8 PALAGIRI ANAND V PHYSICIAN	(i)	746,352	351,393	29,540	10,679	16,368	1,154,332	0
	(ii)	0	0	0	0	0	0	0
9 RODGERS HEIDE A PHYSICIAN	(i)	701,173	460,790	29,540	11,925	16,368	1,219,796	0
	(ii)	0	0	0	0	0	0	0
10 MCCURRY MICHAEL FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	847,002	792,616	148,364	732,714	12,183	2,532,879	0
11 HALSTED MD ROBERT FORMER KEY EMPLOYEE	(i)	461,062	0	51,709	17,225	16,668	546,664	0
	(ii)	0	0	0	0	0	0	0
12 KAHN MD JOSEPH FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	421,804	254,990	49,174	85,642	12,454	824,064	0
13 ZALEWSKI JOHN FORMER KEY EMPLOYEE	(i)	220,791	71,888	54,612	25,335	10,095	382,721	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY CLINIC EAST COMMUNITIES

Employer identification number
43-1771217

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-1771217

Name: MERCY CLINIC EAST COMMUNITIES

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
VERNON YOUNG	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE	219,067	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
ANN MOHART	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE AND ROBERT HALSTED, KEY EMPLOYEE	122,448	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GINA MOHART	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE AND ROBERT HALSTED, KEY EMPLOYEE	192,346	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
SARAH SEECK	FAMILY MEMBER OF BRIAN SEECK, BOARD MEMBER	173,548	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN SOPUCH	FAMILY MEMBER OF MARGARET MARCRANDER, KEY EMPLOYEE	110,799	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
MARISSA STOCK	FAMILY MEMBER OF DAVID GUSS, KEY EMPLOYEE	184,534	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBER OF MERCY CLINIC EAST COMMUNITIES IS MERCY HEALTH EAST COMMUNITIES, A SUPPORTING ORGANIZATION UNDER SECTION 509(A)(3) THE MEMBER OF MERCY HEALTH EAST COMMUNITIES IS MERCY HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MERCY HEALTH EAST COMMUNITIES HAS RESERVE POWERS TO -APPOINT DIRECTORS PURSUANT TO THE PROCESS SET FORTH IN THE BYLAWS, -REMOVE UP TO TWO DIRECTORS DURING ANY FISCAL YEAR WITHOUT CAUSE AND OTHERWISE REMOVE DIRECTORS FOR CAUSE, AND -REMOVE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MERCY HEALTH EAST COMMUNITIES HAS RESERVE POWERS TO -ADOPT OR AMEND THE CORPORATION'S MISSION AND PHILOSOPHY, -ADOPT OR AMEND THE CORPORATION'S STRATEGIC PLANS, GOALS, AND OBJECTIVES, -ADOPT OR AMEND THE CORPORATION'S BUDGETS, -AUTHORIZE OR APPROVE THE ASSIGNMENT, TRANSFER, SALE OR LEASE OF ANY OF THE CORPORATION'S ASSETS OR INTEREST THEREIN IN EXCESS OF \$1,000,000, -AUTHORIZE OR APPROVE THE GRANT OF ANY PLEDGE, LIEN, ENCUMBRANCE, MORTGAGE, DEED OF TRUST OR OTHER SECURITY INTEREST IN ANY OR ALL OF THE CORPORATION'S ASSETS, -AUTHORIZE OR APPROVE THE INCURRENCE OF DEBT (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) BY THE CORPORATION AND GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, -MERGE, DISSOLVE OR ABANDON THE CORPORATION, -AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION, SUBJECT TO THE APPROVAL OF THE MERCY HEALTH EAST COMMUNITIES BOARD, -ESTABLISH COMPENSATION AND BENEFIT TERMS FOR PHYSICIANS AND OTHER MEDICAL PROFESSIONALS EMPLOYED OR OTHERWISE RETAINED BY THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 MANAGER OF ACCOUNTING 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' FORM 990S. AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CFO AND CEO, FOR REVIEW. ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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, 2017 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, SECTION B, LINE 15B	FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), MERCY HEALTH (ULTIMATE PARENT COMPANY) 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 MERCY HEALTH BOARD FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE FOLLOWING ARE USED TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT OF MERCY HEALTH EAST COMMUNITIES 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, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY, WE ARE NOT REQUIRED TO MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC FINANCIAL RESULTS ARE AVAILABLE VIA REQUEST OF COPY OF FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B	AVERAGE HOURS PER WEEK THE HOURS PER WEEK DISCLOSED IN PART VII IS THE AVERAGE HOURS THE LISTED PERSON WORKED OR DEVOTED PER WEEK WHILE EMPLOYED OR ASSOCIATED WITH THE FILING ORGANIZATION AND RELATED ORGANIZATIONS (IF APPLICABLE)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET TRANSFERS TO/FROM AFFILIATES 99,192,519 UNRESTRICTED DONATED PROPERTY 20,801

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2	AUDITED FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2017 (THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPARATE AUDIT OPINION IS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE STEWARDSHIP COMMITTEE OF THE MERCY HEALTH BOARD OF DIRECTORS AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	SYSTEM LIMITATIONS 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 B AND C

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 2A	W-3 FILING SALARIES AND WAGES WITH LIMITED EXCEPTIONS, THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX, LINE 7 REPRESENT AN ALLOCATION OF SALARIES AND WAGES FROM A RELATED ORGANIZATION MOST EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT AS SUCH, ALL REQUIRED PAYROLL FILING FOR THESE EMPLOYEES (INCLUDING W-2 AND W-3'S) IS REPORTED UNDER THE RELATED ORGANIZATION, MHM SUPPORT SERVICES,EIN 20-2553101

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	INDEPENDENT CONTRACTORS INDEPENDENT CONTRACTORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY HEALTH (EIN 43-1423050) AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE ENTIRE HEALTH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II	MERCY HOSPITALS EAST COMMUNITIES MERCY HOSPITALS EAST COMMUNITIES CONSISTS OF MERCY HOSPITALS EAST COMMUNITIES ST LOUIS, EIN 43-0653493, AND MERCY HOSPITALS EAST COMMUNITIES WASHINGTON, EIN 43-1066883

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

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▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(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

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	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) Disproportionate 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	
(1) PLAZA SURGERY SERVICES COMPANY LLC 12700 SOUTHFORK ROAD ST LOUIS, MO 63128 20-4709312	INACTIVE	MO	ST ANTHONY'S MEDICAL CENTER	N/A				No			No	
(2) RESOURCE OPTIMIZ & INNOVLLC 645 MARYVILLE CTR DRSTE 200 ST LOUIS, MO 63141 46-0468368	CENTRAL DISTRIBUTION CENTER	MO	MHN INC - MHNSR INC	N/A				No			No	
(3) MERCY AMBULATORY SURGERY CENTER LLC 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0827721	AMBULATORY SURGERY CENTER	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(4) FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR 72901 71-0416615	EMERGENCY MEDICAL SERVICES	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(5) ST EDWARD MERCY MED CTR M-P OFFICE BLDG 7301 ROGERS AVENUE FORT SMITH, AR 72903 71-0554050	OFFICE BUILDING	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	

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	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 organization 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	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
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	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
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) Disproportionate 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)

Additional Data

Software ID:
Software Version:
EIN: 43-1771217
Name: MERCY CLINIC EAST COMMUNITIES

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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 AFFILIATED PHYSICIANS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 81-0559009	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
(1) MERCY CARDIOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-1135019	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
(2) MERCY CLINIC BURN AND PLASTIC SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626706	PHYSICIAN PRACTICE	MO	6,802,870	2,943,641	MERCY CLINIC EAST COMMUNITIES
(3) MERCY CLINIC CARDIOVASCULAR AND THORACIC SURGERYLLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 56-2595510	PHYSICIAN PRACTICE	MO	2,161,755	930,925	MERCY CLINIC EAST COMMUNITIES
(4) MERCY CLINIC CHILD AND ADOLESCENT PSYCHIATRYLLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 43-1893326	PHYSICIAN PRACTICE	MO	1,894,061	430,094	MERCY CLINIC EAST COMMUNITIES
(5) MERCY CLINIC CHILD NEUROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-4187705	PHYSICIAN PRACTICE	MO	730,896	119,780	MERCY CLINIC EAST COMMUNITIES
(6) MERCY CLINIC CHILDREN'S CANCER AND HEMATOLOGYLLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 43-1905879	PHYSICIAN PRACTICE	MO	274,891	112,945	MERCY CLINIC EAST COMMUNITIES
(7) MERCY CLINIC CHILDREN'S HEART CENTER LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626888	PHYSICIAN PRACTICE	MO	617,221	106,346	MERCY CLINIC EAST COMMUNITIES
(8) MERCY CLINIC CHILDREN'S INFECTIOUS DISEASES LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2252716	PHYSICIAN PRACTICE	MO	174,614	37,682	MERCY CLINIC EAST COMMUNITIES
(9) MERCY CLINIC CHILDREN'S PALLIATIVE CARE LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-4436211	PHYSICIAN PRACTICE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
(10) MERCY CLINIC CHILDRENS RESPIR & SLEEP MEDLLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626863	PHYSICIAN PRACTICE	MO	913,654	99,916	MERCY CLINIC EAST COMMUNITIES
(11) MERCY CLINIC CHILDREN'S SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626627	PHYSICIAN PRACTICE	MO	844,568	213,396	MERCY CLINIC EAST COMMUNITIES
(12) MERCY CLINIC CHILDREN'S UROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-1581113	PHYSICIAN PRACTICE	MO	1,206,017	404,680	MERCY CLINIC EAST COMMUNITIES
(13) MERCY CLINIC DERMATOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5357743	PHYSICIAN PRACTICE	MO	3,556,768	1,128,857	MERCY CLINIC EAST COMMUNITIES
(14) MERCY CLINIC ENDOCRINOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2127648	PHYSICIAN PRACTICE	MO	1,162,260	122,467	MERCY CLINIC EAST COMMUNITIES
(15) MERCY CLINIC ENT LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5444208	PHYSICIAN PRACTICE	MO	1,461,562	359,991	MERCY CLINIC EAST COMMUNITIES
(16) MERCY CLINIC GASTROENTEROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4777940	PHYSICIAN PRACTICE	MO	13,486,866	4,231,621	MERCY CLINIC EAST COMMUNITIES
(17) MERCY CLINIC GERIATRICS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626475	PHYSICIAN PRACTICE	MO	1,720	0	MERCY CLINIC EAST COMMUNITIES
(18) MERCY CLINIC GYN ONCOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 30-0413949	PHYSICIAN PRACTICE	MO	154,958	240,515	MERCY CLINIC EAST COMMUNITIES
(19) MERCY CLINIC HEART AND VASCULAR LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 41-2175615	PHYSICIAN PRACTICE	MO	21,272,642	5,907,287	MERCY CLINIC EAST COMMUNITIES

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(21) MERCY CLINIC HYPERBARIC AND WOUND CARE LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-5332055	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	350,685	167,733	MERCY CLINIC EAST COMMUNITIES
(1) MERCY CLINIC INFECTIOUS DISEASE LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-1459234	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	715,447	155,513	MERCY CLINIC EAST COMMUNITIES
(2) MERCY CLINIC KIDS GI LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4186905	PHYSICIAN PRACTICE	MO	1,174,902	603,189	MERCY CLINIC EAST COMMUNITIES
(3) MERCY CLINIC KIDS PLASTIC SURGERYLLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123018	PHYSICIAN PRACTICE	MO	507,979	157,806	MERCY CLINIC EAST COMMUNITIES
(4) MERCY CLINIC NEPHROLOGY LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-5532932	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	307,230	49,672	MERCY CLINIC EAST COMMUNITIES
(5) MERCY CLINIC NEUROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 86-1176023	PHYSICIAN PRACTICE	MO	5,833,894	1,631,205	MERCY CLINIC EAST COMMUNITIES
(6) MERCY CLINIC ONCOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2127523	PHYSICIAN PRACTICE	MO	6,358,431	1,343,521	MERCY CLINIC EAST COMMUNITIES
(7) MERCY CLINIC OPHTHALMOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5450768	PHYSICIAN PRACTICE	MO	2,238,732	1,611,185	MERCY CLINIC EAST COMMUNITIES
(8) MERCY CLINIC PAIN MANAGEMENT LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-3705963	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	28,722	19,408	MERCY CLINIC EAST COMMUNITIES
(9) MERCY CLINIC PALLIATIVE CARE LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-2572054	PHYSICIAN PRACTICE	MO	1,491,973	371,133	MERCY CLINIC EAST COMMUNITIES
(10) MERCY CLINIC PODIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5484507	PHYSICIAN PRACTICE	MO	540,160	163,853	MERCY CLINIC EAST COMMUNITIES
(11) MERCY CLINIC POST ACUTE SERVICES LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-4440279	PHYSICIAN PRACTICE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
(12) MERCY CLINIC PULMONOLOGY-ST LOUIS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4186970	PHYSICIAN PRACTICE	MO	2,376,213	549,502	MERCY CLINIC EAST COMMUNITIES
(13) MERCY CLINIC PULMONOLOGY-WASHINGTON LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2882104	PHYSICIAN PRACTICE	MO	1,345,852	355,240	MERCY CLINIC EAST COMMUNITIES
(14) MERCY CLINIC SPECIALISTS SERVICES-ILLINOIS LLC 2227 VADALABENE DR MARYVILLE, IL 62062 81-3359770	BILLING ENTITY	IL	0	0	MERCY CLINIC EAST COMMUNITIES
(15) MERCY CLINIC ST LOUIS CANCER AND BREAST INSTITUTELLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 26-3290360	PHYSICIAN PRACTICE	MO	1,554,836	360,630	MERCY CLINIC EAST COMMUNITIES
(16) MERCY CLINIC SURGICAL SPECIALISTS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2481555	PHYSICIAN PRACTICE	MO	25,352,876	7,621,416	MERCY CLINIC EAST COMMUNITIES
(17) MERCY CLINIC TRAUMA AND GENERAL SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626820	PHYSICIAN PRACTICE	MO	3,099,676	1,376,981	MERCY CLINIC EAST COMMUNITIES
(18) MERCY CLINIC UROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123019	PHYSICIAN PRACTICE	MO	7,100,261	2,103,116	MERCY CLINIC EAST COMMUNITIES
(19) MERCY PODIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 51-0546434	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(41) MIDWEST HEART GROUP OF ROLLA LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 68-0659908	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
(1) MISSOURI INTERNISTS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1627002	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
(2) ST JOHN'S CARDIOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 73-1735426	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
(3) MERCY CLINIC PLASTIC SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123017	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES

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
(1) 1602 MCCLELLAND STREET LAREDO, TX 78044 74-2912461	WOMEN'S DOMESTIC VIOLENCE SHELTER	TX	501C3	7	MERCY MINISTRIES OF LAREDO	Yes	
(1) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 26-1708048	PORTFOLIO MANAGEMENT	MO	501C3	11-II	MERCY HEALTH	Yes	
(2) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 46-4504901	VIRTUAL CARE CENTER	MO	501C3	3	MERCY HEALTH	Yes	
(3) 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	PHYSICIAN CLINIC	AR	501C3	9	MERCY HEALTH FORT SMITH COMM	Yes	
(4) 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 27-0473057	PHYSICIAN GROUP	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
(5) 1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO 65804 43-1560263	PHYSICIAN GROUP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
(6) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 72-1069468	FAMILY COUNSELING SERVICES	MO	501C3	7	MERCY HEALTH	Yes	
(7) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1423050	CORPORATE OFFICE	MO	501C3	1	N/A		No
(8) 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1718408	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
(9) 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 46-1412322	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
(10) 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING COMPANY	AR	501C3	11-II	MERCY HEALTH	Yes	
(11) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-0901499	FOUNDATION	MO	501C3	11-II	MERCY HEALTH	Yes	
(12) 430 N MONTE VISTA STREET ADA, OK 74820 46-3596274	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ADA	Yes	
(13) 1011 14TH AVENUE NW ARDMORE, OK 73401 71-0962525	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ARDMORE	Yes	
(14) 214 CARTER STREET BERRYVILLE, AR 72616 71-0759301	FOUNDATION	AR	501C3	11-I	MERCY HOSPITAL BERRYVILLE	Yes	
(15) 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501C3	11-III	MERCY KANSAS COMMUNITIES INC	Yes	
(16) 7301 ROGERS AVENUE FORT SMITH, AR 72917 23-7330425	FOUNDATION	AR	501C3	7	MERCY HOSPITAL FORT SMITH	Yes	
(17) 300 WERNER STREET HOT SPRINGS, AR 71913 71-0804718	FOUNDATION	AR	501C3	11-II	MISSION CLINICAL SERVICES	Yes	
(18) 800 W MYRTLE INDEPENDENCE, KS 67301 48-1079981	FOUNDATION, DISSOLVED 6/30/17	KS	501C3	11-I	MERCY KANSAS COMMUNITIES INC	Yes	
(19) 1400 US HIGHWAY 61 SOUTH FESTUS, MO 63028 46-2797051	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES - SR	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
(21) 100 MERCY WAY JOPLIN, MO 64804 27-0906136	FOUNDATION	MO	501C3	11-I	MERCY HEALTH SW MOKS COMM	Yes	
(1) 1000 EAST CHERRY STREET TROY, MO 63379 81-1477159	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
(2) 2710 RIFE MEDICAL LN ROGERS, AR 72858 71-0601687	FOUNDATION	AR	501C3	11-III	MERCY HOSPITAL ROGERS	Yes	
(3) 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 45-4732301	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
(4) 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 46-3184231	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
(5) 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 32-0195818	FOUNDATION	MO	501C3	11-II	MERCY HEALTH SPRINGFIELD COMM	Yes	
(6) 100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 43-1873914	FOUNDATION	MO	501C3	11-I	MERCY ST FRANCIS HOSPITAL	Yes	
(7) 615 SOUTH NEW BALLAS ROAD ST LOUIS, MO 63141 56-2410020	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
(8) 901 E FIFTH STREET WASHINGTON, MO 63090 56-2410022	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
(9) 2710 RIFE MEDICAL LN ROGERS, AR 72758 62-1684203	PHYSICIAN GROUP	AR	501C3	11-II	MERCY HEALTH	Yes	
(10) 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HEALTH SYSTEM	OK	501C3	11-II	MERCY HEALTH	Yes	
(11) 3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0481419	HMO	MO	501C4		MERCY HEALTH	Yes	
(12) 3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0486150	PPO	MO	501C4		MERCY HEALTH PLANS OF MISSOURI INC	Yes	
(13) 100 MERCY WAY JOPLIN, MO 64804 30-0584463	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
(14) 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 43-1856028	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
(15) 804 W FREEMAN SUITE 4 BERRYVILLE, AR 72616 87-0781247	HOME HEALTH AND HOSPICE OPERATIONS	AR	501C3	11-III	MERCY HOSPITAL SPRINGFIELD	Yes	
(16) 430 N MONTE VISTA STREET ADA, OK 74820 46-2288155	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
(17) 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
(18) 500 PORTER AVENUE AURORA, MO 65605 43-1936696	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
(19) 214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501C3	3	MERCY HEALTH SPRINGFIELD COMM	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
(41) 880 WEST MAIN STREET BOONEVILLE, AR 72927 46-3851119	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
(1) 3125 DR RUSSELL SMITH WAY CARTHAGE, MO 64836 45-3808607	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
(2) 94 MAIN STREET CASSVILLE, MO 65625 43-1936699	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
(3) 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 27-0842031	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
(4) 2115 PARKVIEW DRIVE EL RENO, OK 73036 27-2716065	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
(5) 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501C3	3	MERCY HEALTH FORT SMITH COMM	Yes	
(6) 3462 HOSPITAL RD HEALDTON, OK 73438 26-3173902	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE INC	Yes	
(7) 1400 HIGHWAY 61 SOUTH FESTUS, MO 63028 43-0687077	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES - SR	Yes	
(8) 100 MERCY WAY JOPLIN, MO 64804 27-0814858	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
(9) 1000 HOSPITAL CIRCLE KINGFISHER, OK 73750 46-3433074	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
(10) 100 HOSPITAL DRIVE LEBANON, MO 65536 43-1767432	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
(11) 1000 EAST CHERRY STREET TROY, MO 63379 47-2219204	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
(12) 200 SOUTH ACADEMY GUTHRIE, OK 73044 45-2998842	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
(13) 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-0579285	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
(14) 801 W RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
(15) 500 E ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
(16) 2710 RIFE MEDICAL LN ROGERS, AR 72758 71-0294390	HOSPITAL	AR	501C3	3	MERCY HEALTH NW ARK COMMUNITIES	Yes	
(17) 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 44-0552485	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
(18) 1000 SOUTH BYRD TISHOMINGO, OK 73460 27-4433830	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ADA	Yes	
(19) 1341 W 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT 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
(61) 500 CLARENCE NASH BLVD WATONGA, OK 73772 45-5199762	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
(1) 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-0653493	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
(2) 401 WOODLAND HILLS BLVD FT SCOTT, KS 66701 48-0956045	HOSPITAL	KS	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
(3) 2500 ZACATECAS LAREDO, TX 78043 20-0198462	OUTREACH	TX	501C3	7	MERCY HEALTH	Yes	
(4) 524 NORTH BOONEVILLE AVENUE SPRINGFIELD, MO 65802 87-0796305	RESEARCH	MO	501C3	4	MERCY HEALTH	Yes	
(5) 100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
(6) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-2553101	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MO	501C3	11-II	MERCY HEALTH	Yes	
(7) 300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	CHILD ADVOCACY CENTER	AR	501C3	9	MERCY HEALTH	Yes	
(8) 10010 KENNERLY ROAD ST LOUIS, MO 63128 26-1516789	FOUNDATION	MO	501C3	11-II	ST ANTHONY'S MEDICAL CENTER	Yes	
(9) 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-0980256	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
(10) 10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1784536	HEALTH CARE	MO	501C3	3	ST ANTHONY'S MEDICAL CENTER	Yes	
(11) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 73-0614655	INACTIVE	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
(12) 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1861745	INACTIVE	MO	501C3	11-III	MERCY HEALTH EAST COMMUNITIES	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
(1) MERCY COMM SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1078101	RETAIL PHARMACY	KS	MERCY KANSAS COMM INC	C					No
(1) FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 52-1914421	HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT	DE	MERCY HEALTH	C					No
(2) INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 26-4509571	TECHNOLOGY TRANSFER COMPANY	MO	MERCY HEALTH SPRINGFIELD COMM	C					No
(3) UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1797042	INACTIVE	MO	MERCY HEALTH EAST COMMUNITIES	C					No
(4) UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 74-2499535	HOLDING COMPANY	MO	MERCY HEALTH SERVICES LLC	C					No
(5) MHN OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1580607	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C					No
(6) MERCY HEALTH CENTER CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120 68-0640970	ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS	OK	MERCY HOSPITAL OKLAHOMA CITYINC	C					No
(7) MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1441665	HOLDING COMPANY	OK	MERCY HEALTH	C					No
(8) MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1381689	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C					No
(9) MERCY COMMERCIAL SERVICES INC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-4953543	CORP PARENT OF VCC TAXABLE COMMERCIALIZ SVCS	OK	MHN INC AND MHNSR INC	C					No
(10) ST ANTHONY'S PHYSICIAN ORGANIZATION OF ILLINOIS 10010 KENNERLY ROAD ST LOUIS, MO 63128 32-0457168	HEALTH CARE	MO	ST ANTHONY'S MEDICAL CENTER	C					No

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
(1)	MERCY ACO CLINICAL SERVICES INC	Q	588,919	FMV
(1)	MERCY HEALTH	Q	52,507	FMV
(2)	MERCY HEALTH EAST COMMUNITIES	Q	33,905,143	FMV
(3)	MERCY HEALTH FOUNDATION JEFFERSON	P	100,434	FMV
(4)	MERCY HEALTH FOUNDATION ST LOUIS	P	327,928	FMV
(5)	MERCY HOSPITAL JEFFERSON	Q	918,285	FMV
(6)	MERCY HOSPITAL LINCOLN	P	717,584	FMV
(7)	MERCY HOSPITALS EAST COMMUNITIES	P	12,360,627	FMV
(8)	MERCY RESEARCH	Q	91,766	FMV
(9)	MHM SUPPORT SERVICES	P	4,029,199	FMV
(10)	RESOURCE OPTIMIZATION & INNOVATION LLC	P	695,586	FMV