

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

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

Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 105,843,408; D Employer identification number 43-1771217; E Unrelated business activity codes 621500 722320; F Group exemption number; G Check organization type 501(c) corporation.

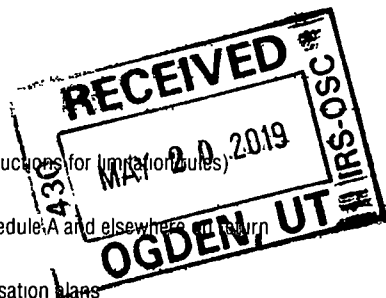
H Describe the organization's primary unrelated business activity: OUTSIDE CATERING. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes.

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), etc. Total income 218,327.

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

Table with 4 columns: Line number, Description, Amount, Total. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions 195,444; Unrelated business taxable income before net operating loss deduction 22,883; Net operating loss deduction 193,012; Unrelated business taxable income before specific deduction 22,883; Specific deduction 1,000; Unrelated business taxable income 21,883.



SCANNED JUN 17 2019

Handwritten initials 'GFB' at the bottom right.

Part III Tax Computation

| | | |
|--|------------------------|-------------------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ 9,925,000. | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 | SEE STATEMENT 5 | 35c 6,030. |
| 36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | | 36 |
| 37 Proxy tax See instructions | | 37 |
| 38 Alternative minimum tax | | 38 |
| 39 Tax on Non-Compliant Facility Income See instructions | | 39 |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | | 40 6,030. |

Part IV Tax and Payments

| | | | |
|--|------------|---------------------|---------------|
| 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | | |
| b Other credits (see instructions) | 41b | | |
| c General business credit. Attach Form 3800 | 41c | 45c 3,824. | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | |
| e Total credits. Add lines 41a through 41d | 41e | 45e 3,824. | |
| 42 Subtract line 41e from line 40 | 42 | | 2,206. |
| 43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | | |
| 44 Total tax. Add lines 42 and 43 | 44 | | 2,206. |
| 45a Payments: A 2016 overpayment credited to 2017 | 45a | 50 a 17,509. | |
| b 2017 estimated tax payments | 45b | | |
| c Tax deposited with Form 8868 | 45c | | |
| d Foreign organizations. Tax paid or withheld at source (see instructions) | 45d | | |
| e Backup withholding (see instructions) | 45e | | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total | 45g | | |
| 46 Total payments. Add lines 45a through 45g | 46 | 51 17,509. | |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | | |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | 54 15,303. | |
| 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax 15,303. Refunded | 50 | | 0. |

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

| | | |
|--|-----|----------|
| 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| | | X |
| 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | Yes | No |
| | | X |
| 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *Cheryl Matzger* | 5/14/19 | **TREASURER**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **DOUGLAS G. PLEUS** Preparer's signature: *Douglas Pleus* Date: **5/15/19** Check 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**

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

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

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

(see instructions)

| | | |
|---|---|---|
| 1 Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |
| (c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) |
| 0. | | 0. |

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

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

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

| | | Exempt Controlled Organizations | | | |
|---|--|--|--|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Name of controlled organization | Employer identification number | Net unrelated income (loss) (see instructions) | Total of specified payments made | Part of column 4 that is included in the controlling organization's gross income | Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 | 8 | 9 | 10 | 11 | |
| Taxable income | Net unrelated income (loss) (see instructions) | Total of specified payments made | Part of column 9 that is included in the controlling organization's gross income | Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

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

| 1 | 2 | 3 | 4 | 5 |
|-----------------------|------------------|--|------------------------------|--|
| Description of income | Amount of income | Deductions directly connected (attach schedule) | Set-asides (attach schedule) | Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A) | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-----------------------------------|--|--|--|--|-----------------------------------|--|
| Description of exploited activity | Gross unrelated business income from trade or business | Expenses directly connected with production of unrelated business income | Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | Gross income from activity that is not unrelated business income | Expenses attributable to column 5 | Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | Enter here and on page 1, Part II, line 26 |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|--------------------------|--------------------------|--|--------------------|------------------|---|
| Name of periodical | Gross advertising income | Direct advertising costs | Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | Circulation income | Readership costs | Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1 Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|--|--|--|----------------------|--------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. <small>Enter here and on page 1, Part I, line 11, col (A)</small> | 0. <small>Enter here and on page 1, Part I, line 11, col (B)</small> | | | | 0. <small>Enter here and on page 1, Part II, line 27</small> |

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

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

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return

▶ Go to www.irs.gov/Form4626 for instructions and the latest information

2017

| | | |
|---|---|---|
| Name MERCY CLINIC EAST COMMUNITIES | | Employer identification number 43-1771217 |
| <p>Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).</p> | | |
| 1 | Taxable income or (loss) before net operating loss deduction | 1 21,883. |
| 2 | Adjustments and preferences: | |
| a | Depreciation of post-1986 property | 2a |
| b | Amortization of certified pollution control facilities | 2b |
| c | Amortization of mining exploration and development costs | 2c |
| d | Amortization of circulation expenditures (personal holding companies only) | 2d |
| e | Adjusted gain or loss | 2e |
| f | Long-term contracts | 2f |
| g | Merchant marine capital construction funds | 2g |
| h | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | 2h |
| i | Tax shelter farm activities (personal service corporations only) | 2i |
| j | Passive activities (closely held corporations and personal service corporations only) | 2j |
| k | Loss limitations | 2k |
| l | Depletion | 2l |
| m | Tax-exempt interest income from specified private activity bonds | 2m |
| n | Intangible drilling costs | 2n |
| o | Other adjustments and preferences | 2o * |
| 3 | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o | 3 21,883. |
| 4 | Adjusted current earnings (ACE) adjustment: | |
| a | ACE from line 10 of the ACE worksheet in the instructions | 4a 21,883. |
| b | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions | 4b 0. |
| c | Multiply line 4b by 75% (0.75). Enter the result as a positive amount | 4c |
| d | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions Note: You must enter an amount on line 4d (even if line 4b is positive) | 4d |
| e | ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount | 4e 0. |
| 5 | Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT | 5 21,883. |
| 6 | Alternative tax net operating loss deduction. See instructions | 6 |
| 7 | Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions | 7 21,883. |
| 8 | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c). | |
| a | Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8a 0. |
| b | Multiply line 8a by 25% (0.25) | 8b 0. |
| c | Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8c 0. |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- | 9 21,883. |
| 10 | Multiply line 9 by 20% (0.20) | 10 4,377. |
| 11 | Alternative minimum tax foreign tax credit (AMTFTC). See instructions | 11 |
| 12 | Tentative minimum tax. Subtract line 11 from line 10 | 12 2,206. |
| 13 | Regular tax liability before applying all credits except the foreign tax credit | 13 6,030. |
| 14 | Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 14 0. |

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* SEE ALSO

STATEMENT 6

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

| | | | |
|---|--|-------|---------|
| 1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 | | 1 | 21,883. |
| 2 ACE depreciation adjustment: | | | |
| a | AMT depreciation | 2a | |
| b | ACE depreciation: | | |
| | (1) Post-1993 property | 2b(1) | |
| | (2) Post-1989, pre-1994 property | 2b(2) | |
| | (3) Pre-1990 MACRS property | 2b(3) | |
| | (4) Pre-1990 original ACRS property | 2b(4) | |
| | (5) Property described in sections 168(f)(1) through (4) | 2b(5) | |
| | (6) Other property | 2b(6) | |
| | (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) | 2b(7) | |
| c | ACE depreciation adjustment. Subtract line 2b(7) from line 2a | 2c | |
| 3 Inclusion in ACE of items included in earnings and profits (E&P). | | | |
| a | Tax-exempt interest income | 3a | |
| b | Death benefits from life insurance contracts | 3b | |
| c | All other distributions from life insurance contracts (including surrenders) | 3c | |
| d | Inside buildup of undistributed income in life insurance contracts | 3d | |
| e | Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) | 3e | |
| f | Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e | 3f | |
| 4 Disallowance of items not deductible from E&P: | | | |
| a | Certain dividends received | 4a | |
| b | Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(4)(A), Dec 19, 2014, 128 Stat 4043) | 4b | |
| c | Dividends paid to an ESOP that are deductible under section 404(k) | 4c | |
| d | Nonpatronage dividends that are paid and deductible under section 1382(c) | 4d | |
| e | Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) | 4e | |
| f | Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e | 4f | |
| 5 Other adjustments based on rules for figuring E&P: | | | |
| a | Intangible drilling costs | 5a | |
| b | Circulation expenditures | 5b | |
| c | Organizational expenditures | 5c | |
| d | LIFO inventory adjustments | 5d | |
| e | Installment sales | 5e | |
| f | Total other E&P adjustments. Combine lines 5a through 5e | 5f | |
| 6 | Disallowance of loss on exchange of debt pools | 6 | |
| 7 | Acquisition expenses of life insurance companies for qualified foreign contracts | 7 | |
| 8 | Depletion | 8 | |
| 9 | Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property | 9 | |
| 10 | Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 | 10 | 21,883. |

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

| | |
|-------------------------|--------------------|
| Name(s) shown on return | Identifying number |
|-------------------------|--------------------|

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

| | | |
|---|---|--------|
| 1 General business credit from line 2 of all Parts III with box A checked | 1 | 0. |
| 2 Passive activity credits from line 2 of all Parts III with box B checked | 2 | |
| 3 Enter the applicable passive activity credits allowed for 2017 See instructions | 3 | |
| 4 Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach | 4 | 5,227. |
| 5 Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked | 5 | |
| 6 Add lines 1, 3, 4, and 5 | 6 | 5,227. |

Part II Allowable Credit

| | | |
|---|-----|--------|
| 7 Regular tax before credits: <ul style="list-style-type: none"> • Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return | 7 | 6,030. |
| 8 Alternative minimum tax: <ul style="list-style-type: none"> • Individuals Enter the amount from Form 6251, line 35 • Corporations Enter the amount from Form 4626, line 14 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 | 8 | 0. |
| 9 Add lines 7 and 8 | 9 | 6,030. |
| 10a Foreign tax credit | 10a | |
| b Certain allowable credits (see instructions) | 10b | |
| c Add lines 10a and 10b | 10c | |
| 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | 6,030. |
| 12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 6,030. |
| 13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) | 13 | |
| 14 Tentative minimum tax: <ul style="list-style-type: none"> • Individuals Enter the amount from Form 6251, line 33 • Corporations Enter the amount from Form 4626, line 12 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 | 14 | 2,206. |
| 15 Enter the greater of line 13 or line 14 | 15 | 2,206. |
| 16 Subtract line 15 from line 11. If zero or less, enter -0- | 16 | 3,824. |
| 17 Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization. | 17 | 3,824. |

Part II Allowable Credit (Continued)

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

| | | | | |
|----|---|----|----|--------|
| 18 | Multiply line 14 by 75% (0.75). See instructions | | 18 | |
| 19 | Enter the greater of line 13 or line 18 | | 19 | |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0- | | 20 | |
| 21 | Subtract line 17 from line 20. If zero or less, enter -0- | | 21 | |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | | 22 | |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked | 23 | | |
| 24 | Enter the applicable passive activity credit allowed for 2017. See instructions | | 24 | |
| 25 | Add lines 22 and 24 | | 25 | |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 | | 26 | |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0- | | 27 | 6,030. |
| 28 | Add lines 17 and 26 | | 28 | 3,824. |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | | 29 | 2,206. |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | | 30 | |
| 31 | Reserved | | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked | 32 | | |
| 33 | Enter the applicable passive activity credits allowed for 2017. See instructions | | 33 | |
| 34 | Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach | | 34 | |
| 35 | Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions | | 35 | |
| 36 | Add lines 30, 33, 34, and 35 | | 36 | |
| 37 | Enter the smaller of line 29 or line 36 | | 37 | 0. |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return <ul style="list-style-type: none"> • Individuals Form 1040, line 54, or Form 1040NR, line 51 • Corporations Form 1120, Schedule J, Part I, line 5c • Estates and trusts Form 1041, Schedule G, line 2b | | 38 | 3,824. |

Name(s) shown on return

Identifying number

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

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

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

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

| (a) Description of credit | (b) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|--|--|----------------------------------|
| Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity | | |
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel (carryforward only) | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance (carryforward only) | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Enhanced oil recovery credit (Form 8830) | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon dioxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa Employee retention (Form 5884-A) | 1aa | 5,227. |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | |
| zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | 1zz | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | 5,227. |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Increasing research activities (Form 6765) | 4i | |
| j Reserved | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 5,227. |

FOOTNOTES

STATEMENT

REASONABLE CAUSE WAIVER REQUEST - IRC 6651, FAILURE TO FILE
LATE FILED RETURN DUE TO CCH SOFTWARE OUTAGE

MERCY CLINIC EAST COMMUNITIES
FEIN # 43-1771217

YEAR ENDED JUNE 30, 2018
FORM 990T, PART II, LINE 31
GENERAL BUSINESS CREDIT CARRYFORWARD

| | |
|--|--------------|
| GENERAL BUSINESS CREDIT FOR THE YEAR ENDED JUNE 30, 2011 | 4,000 |
| GENERAL BUSINESS CREDIT FOR THE YEAR ENDED JUNE 30, 2012 | 9,000 |
| UTILIZED JUNE 30, 2012 | (2,072) |
| UTILIZED JUNE 30, 2013 | - |
| UTILIZED JUNE 30, 2014 | - |
| UTILIZED JUNE 30, 2015 | (2,381) |
| UTILIZED JUNE 30, 2016 | - |
| UTILIZED JUNE 30, 2017 | (3,320) |
| UTILIZED JUNE 30, 2018 | (3,824) |
| | <hr/> |
| GENERAL BUSINESS CREDIT CARRYFORWARD TO JUNE 30, 2019 | <u>1,403</u> |

| | | | |
|------------|--------------|-----------|---|
| FORM 990-T | OTHER INCOME | STATEMENT | 1 |
|------------|--------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|----------|
| OUTSIDE CATERING | 218,327. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 12 | 218,327. |

| | | | |
|------------|------------------|-----------|---|
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 2 |
|------------|------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|----------|
| OUTSIDE CATERING EXPENSES | 193,012. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 193,012. |

| | | | |
|------------|--|-----------|---|
| FORM 990-T | PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER | STATEMENT | 3 |
|------------|--|-----------|---|

| CORPORATION'S NAME | IDENTIFYING NO |
|--------------------|----------------|
| MERCY HEALTH | 43-1423050 |

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

 QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

| | |
|-------------------|---------|
| FOR TAX YEAR 2012 | |
| FOR TAX YEAR 2013 | |
| FOR TAX YEAR 2014 | 145,618 |
| FOR TAX YEAR 2015 | 150,000 |
| FOR TAX YEAR 2016 | |

| | |
|-----------------|---------|
| TOTAL CARRYOVER | 295,618 |
|-----------------|---------|

| | |
|--------------------------------------|--|
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | |
|--------------------------------------|--|

| | |
|-------------------------------|---------|
| TOTAL CONTRIBUTIONS AVAILABLE | 295,618 |
|-------------------------------|---------|

| | |
|---------------------------------------|-------|
| TAXABLE INCOME LIMITATION AS ADJUSTED | 2,432 |
|---------------------------------------|-------|

| | |
|--------------------------|---------|
| EXCESS 10% CONTRIBUTIONS | 293,186 |
|--------------------------|---------|

| | |
|---------------------------|---|
| EXCESS 100% CONTRIBUTIONS | 0 |
|---------------------------|---|

| | |
|----------------------------|---------|
| TOTAL EXCESS CONTRIBUTIONS | 293,186 |
|----------------------------|---------|

| | |
|-----------------------------------|-------|
| ALLOWABLE CONTRIBUTIONS DEDUCTION | 2,432 |
|-----------------------------------|-------|

| | |
|------------------------------|-------|
| TOTAL CONTRIBUTION DEDUCTION | 2,432 |
|------------------------------|-------|

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 5

| | | | | |
|-----|---|------------|--------------|--------------|
| 1. | TAXABLE INCOME | | 21,883 | |
| 2. | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . . | | 0 | |
| 3. | LINE 1 LESS LINE 2 | | 21,883 | |
| 4. | LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . . | | 0 | |
| 5. | LINE 3 LESS LINE 4 | | 21,883 | |
| 6. | INCOME SUBJECT TO 34% TAX RATE | | 21,883 | |
| 7. | INCOME SUBJECT TO 35% TAX RATE | | 0 | |
| 8. | 15 PERCENT OF LINE 2 | | 0 | |
| 9. | 25 PERCENT OF LINE 4 | | 0 | |
| 10. | 34 PERCENT OF LINE 6 | | 7,440 | |
| 11. | 35 PERCENT OF LINE 7 | | 0 | |
| 12. | ADDITIONAL 5% SURTAX | | 0 | |
| 13. | ADDITIONAL 3% SURTAX | | 0 | |
| 14. | TOTAL INCOME TAX | | | <u>7,440</u> |
| 15. | TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017 | | <u>4,595</u> | |
| | | DAYS | | |
| 16. | TAX PRORATED FOR NUMBER OF DAYS IN 2017 | 184 | 3,751 | |
| 17. | TAX PRORATED FOR NUMBER OF DAYS IN 2018 | 181 | 2,279 | |
| 18. | TOTAL TAX PRORATED | <u>365</u> | | <u>6,030</u> |

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 6

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

145,718

FOR TAX YEAR 2015

150,000

FOR TAX YEAR 2016

TOTAL CARRYOVER

295,718

CURRENT YEAR CONTRIBUTIONS

TOTAL CONTRIBUTIONS

295,718

10% OF TAXABLE INCOME AS ADJUSTED

2,432

EXCESS CONTRIBUTIONS

293,286

ALLOWABLE CONTRIBUTIONS

2,432

AMT CHARITABLE DEDUCTION

2,432

REGULAR CONTRIBUTION DEDUCTION

2,432

AMT CONTRIBUTION ADJUSTMENT

0

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 7

| | | |
|---|---------------|---------------|
| TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . . | 4,377. | |
| | <u>4,377.</u> | |
| TMT IN EFFECT BEFORE 01/01/2018 | 4,377. | |
| | <u>4,377.</u> | |
| TMT IN EFFECT AFTER 12/31/2017 | 0. | |
| | <u>0.</u> | |
| | | DAYS |
| TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 184 | 2,206. | |
| TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 181 | 0. | |
| | <u>0.</u> | |
| TMT PRORATED 365 | | <u>2,206.</u> |