· ·			
Form 990-T	Exempt Organization Business Income Tax Retu	rn,	OMB No 1545-0047
	(and proxy tax under section 6033(e))	000	2040
		020	2019
Department of the Treasury	■ 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)	". F	Open to Public Inspection for
Internal Revenue Service		<u> </u>	501(c)(3) Organizations Only over identification number
A Check box if address changed	Name of organization (Check box if name changed and see instructions)	(Empl	loyees' trust, see actions)
B Exempt under section	Print MERCY CLINIC EAST COMMUNITIES		3-1771217
X 501(c)(3 02 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box, see instructions. Type 645 MARYVILLE CENTRE DRIVE, STE 100		ated business activity code natructions)
408(e) 220(e) 408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	\dashv	
529(a)	ST. LOUIS, MO 63141	722	320
C Book value of all assets at end of year	F Group exemption number (See instructions.)		
94,061,6		1(a) trust	Other trust
	organization's unrelated trades or businesses. 1 Describe the only (or first)	•	41
	► OUTSIDE CATERING . If only one, complete Parts I		
	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addit	lionai trade	or
business, then complete	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 3	X v	s No
	and identifying number of the parent corporation.	· [22] 10	.s NU
	► KERRY DUNGER Telephone number	(314) 364-3707
Part I Unrelated	d Trade or Business Income (A) Income (B) Expen	ises	(C) Net
1a Gross receipts or sale	os		
b Less returns and allow	wances c Balance	/	
2 Cost of goods sold (S	Schedule A, line 7)		<u> </u>
3 Gross profit. Subtract	 		
- -	ne (attach Schedule D)		
	4797, Part II, line 17) (attach Form 4797)		<u> </u>
c Capital loss deduction			
	partnership or an S corporation (attach statement) 5		
6 Rent income (Schedu	· · · · · · · · · · · · · · · · · · ·		
	ed income (Schedule E) 7 /alties, and rents from a controlled organization (Schedule F) 8		
	f a section 501(c)(7), (9), or (17) organization (Schedule G)		
	vity income (Schedule I)		
11 Advertising income (S			
· ·	structions; attach schedule) STATEMENT 1 12 114,071.		114,071.
13 Total. Combine lines			114,071.
Part II Deductio	ns Not Taken Elsewhere (See instructions for limitations on deductions.)		
(Deductions	must be directly connected with the unrelated business income)		
14 Compensation of off	ricers, directors, and trustees (Schedule K)	14	
15 Salaries and wages		15	
16 Repairs and mainten	MAY 1 9 2021 0	16	
17 Bad debts	/ (<u>CD</u>) 1(0)†	17	
•	edule) (see instructions)	18	
19 Taxes and licenses	OGDEN, UT	19	
20 Depreciation (attach	· /	21b	
·	aimed on Schedule A and elsewhere on return	22	
22 Depletion 23 Contributions to defe	erred compensation plans	23	
24 Employee benefit pro		24	
25 Excess exempt expe	· 7	25	
26 Excess readership co		26	_
27 Other deductions (at	/	27	102,758.
•	dd/lines 14 through 27	28	102,758.
	axable income before net operating loss deduction. Subtract line 28 from line 13	29	11,313.
30 Deduction for net op	erating loss arising in tax years beginning on or after January 1, 2018		
(see instructions)	SEE STATEMENT 4	30	11,313.
	axable income. Subtract line 30 from line 29	31	- 000 T
922701 01-27-20 I HA FO	or Panerwork Reduction Act Notice see instructions.		Form 990-T (2019)

	PT (2019) MERCY CLINIC EAST COMMUNITIES	43-17	771217 Page 2
Part	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 5	34	0.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	 	
	•	37	1,000.
38		38	
391	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	0
linard.	enter the smaller of zero or line 37	39	0.
	Tax Computation	T . T	
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	Mile:	
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44,33	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	***	
	Other credits (see instructions) 46b		
	General business credit, Attach Form 3800 46c	紫鷺	
-	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d		
	Total credits. Add lines 46a through 46d	46e	
	Subtract line 46e from line 45		0.
		47	<u>-</u>
		48	0.
	Total tax. Add lines 47 and 48 (see instructions)	49	
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments: A 2018 overpayment credited to 2019		
b	2019 estimated tax payments		
	Tax deposited with Form 8868 51c		
d	Foreign organizations: Tax paid or withheld at source (see Instructions) 51d		
e	Backup withholding (see instructions) 51e	100	
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	- 150年	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 ☐ Other Total ► 51g	5502	
52	Total payments. Add lines 51a through 51g	52	20,303.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	20,303.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax 20,303. Refunded	\$6	0.
Part		- V	
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		TESUE MAGE
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		ERM RESIN
	here >		$-\frac{x}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		A consideration
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		次外型 安全数
•	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ige and belief it	is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) to based on all information of which preparer has any knowledge EXEC DIRECTOR	y the IRS discus	s this return with
Here	SI32 FINANCE the	preparer shown	
	Signature of officer Date Title ins	structions)? X	Yes No
	Print/Type preparer's frame Preparer's signature Date Check if	PTIN	
Paid	DOUGLAS G. PLEUS, DOUGLAS G. PLEUS, self-employed		
	CDA	P000	13488
Prep	alei		532849
Use (1034 SOUTH BRENTWOOD BLVD. STE 2000		
		314) 8	84-4000
923711 0			n 990-T (2019)
JEU/ 11 U	r m r m =	, 011	(EU13)

Schedule A - Cost of Goods	Sold. Enter	method of inven	itory valuation 🕨 N/A				
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6	
2 Purchases	2		7 Cost of goods sold. St	ubtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,	,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	48		8 Do the rules of section	263A (with r	espect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	•	-		
5 Total. Add lines 1 through 4b	5		the organization?	•	,		X
Schedule C - Rent Income (From Real	Property and	Personal Property L	eased W	ith Real Prop	erty)	
(see instructions)		•					
1. Description of property							
(1)							
(2)							
(3)							
(4)							
- 3	2. Rent receive	ed or accrued					
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge 3	(8) Deductions directly columns 2(a) ar	connected nd 2(b) (atte	l with the income in ich schedule)
(1)							
(2)							
(3)							-
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter		Ènter	Total deductions. There and on page 1, I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
			2. Gross income from	3. [Deductions directly cont to debt-finance	ed propert	у
1. Description of debt-fin	enced property		or ellocable to debt- financed property	(8) Straig (atl	ht line depreciation tach schedule)	(b) Other deductions (attach schedule)
(1)	-						
(2)							
(3)						ĺ	
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed	5. Average	adjusted basis illocable to	6. Column 4 divided by column 5		Gross income rtable (column		Allocable deductions
property (attach schedule)	debt-fina	nced property n schedule)	by column o	2	x column 6)		3(a) and 3(b))
property (attach schedule) (1)	debt-fina	nced property	%	2	x column 6)		3(8) and 3(0))
(1)	debt-fina	nced property		2	x column 6)		3(a) and 3(b))
(1) (2)	debt-fina	nced property	%	2	x column 6)		s(e) and s(D))
(1) (2) (3)	debt-fina	nced property	% %	2	x column 6)		3(a) and 3(b))
(1) (2)	debt-fina	nced property	% % %	Enter he	x column 6) we and on page 1, ine 7, column (A).		er here and on page 1, rt I, line 7, column (B)
(1) (2) (3) (4)	debt-fina	nced property	% % %	Enter he	re and on page 1,	Pa	er here and on page 1,
(1) (2) (3)	debt-fina (attact	nced property	% % %	Enter he	ere and on page 1, ine 7, column (A).	Pa	er here and on page 1, rt I, line 7, column (B)

Schedule F - Interest,	Annuitie	s, Royal	ties, an					tions	see in:	structio	ns)
				Exempt	Controlled O	rganızatı	ons				<u></u>
Name of controlled organizat	tion	2. Em Identif nun	ication		related income e instructions)	4. To	tal of specified ments made	includ	rt of column 4 led in the cont tation's gross	rolling	6. Deductions directly connected with income in column 5
(1)				1				 		o	
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated inconses instruction		9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ing organ s income	nization's		reductions directly connected th income in column 10
(1)											
(2)											
(3)				<u> </u>							-
(4)					_						
							Add colum Enter here and line 8, c		1, Pert I,	l .	odd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7), (9), or ([•]	17) Org	ganization				
(see insti	ructions)										
1 . Desc	cription of inco	me			2. Amount of	Income	 Deduction directly connected (attach schedule) 	cted	4. Set- (ettach s	asides schedule)	5. Total deductions and set-esides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income	·			
1. Description of exploited activity	2. G unrelated income trade or t	business e from	directly of with pro of uni	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columingain, compute through	Itrade or olumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not urrelat business inco	hat ed	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-								
(2)										:	
(3)	<u> </u>										
(4)	Enter her page 1, line 10,	, Part I, col (A)		• •							Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.	<u> </u>	<u> </u>							
Schedule J - Advertision					1:-1-41	D:-					
Part I Income From I	Periodic	ais Rep	ortea oi	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising Income		3. Direct ertising costs	4. Advert or (lose) (co col 3) if a ga cols 5 th	ain, comput	5. Circulat e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•		0.	0							0.
12020 (22.1) 10 1 4.1 11, 1110 (0))	- 1										Form 990-T (2019)

Form 990-T (2019) MERCY CLINIC EAST COMMUNITIES 43-17712

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.)

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	lack	0.	0.	4			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			:	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	- : ,			0.

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

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

Form 990-T (2019)

Form 3800 Department of the Treasury

General Business Credit

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.

2019
Attachment Sequence No. 22

Internal Revenue Service

I Identifying numbe

MERCY CLINIC EAST COMMUNITIES	43-1771217
Part I Current Year Credit for Credits Not Allowed Against Tentative Minim	
(See instructions and complete Part(s) III before Parts I and II.)	
General business credit from line 2 of all Parts III with box A checked	1
Passive activity credits from line 2 of all Parts III with box B checked	N
3 Enter the applicable passive activity credits allowed for 2019 See instructions	3
4 Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box 0	
checked. See instructions for statement to attach	4 1,403.
5 Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box I	
checked	5
6 Add lines 1, 3, 4, and 5	6 1,403.
Part II Allowable Credit	
7 Regular tax before credits	
 Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and 	,
Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form	. 1
1040 NR, lines 42 and 44	-
 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the 	7 0.
applicable line of your return	ę.
• 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	17. 14
8 Alternative minimum tax	
● Individuals Enter the amount from Form 6251, line 11	,
Corporations Enter -0-	8 0.
Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	
,	
9 Add lines 7 and 8	9
10a Foreign tax credit	
b Certain allowable credits (see instructions)	
c Add lines 10a and 10b	10c
	e 16 11 0.
11 Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter ·0· on lin	e 16 11 U.
12 Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	
	:
13 Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See	•
instructions 13	
14 Tentative minimum tax	
Individuals Enter the amount from Form 6251, line 9	,
• Corporations Enter -0-	
Estates and trusts Enter the amount from Schedule I (Form 1041),	
line 52	15
15 Enter the greater of line 13 or line 14	15 0.
16 Subtract line 15 from line 11. If zero or less, enter -0-	
17 Enter the smaller of line 6 or line 16	17
C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or	or ,
reorganization	F 2000 (2010)
LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 3800 (2019)

914401 12-30-19

	m 3800 (2019)		Page 2
_	art II Allowable Credit (continued)		
Not	e: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	26	· · · · · · · · · · · · · · · · · · ·
18	Multiply line 14 by 75% (0 75) See instructions	18	
10	Enter the greater of line 13 or line 18	40	
19	Lines the greater of line 13 of line 16	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 2019 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	<u> </u>
			_
27	Subtract line 13 from line 11 If zero or less, enter 0	27	0.
28	Add lines 17 and 26	28	
			0
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	0.
~~	Fatavilla garagal humana anada frans hao 5 of all Dada III with hay A abadicad		
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
31	TIESELVEU	31	
		:	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
-	<u> </u>		
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	
34	Carryforward of business credit to 2019 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 2020 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	
		1	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return		
	• Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51		
	Corporations Form 1120, Schedule J, Part I, line 5c	Щ	
	Estates and trusts Form 1041, Schedule G, line 2b	38	0.

Name	s(s) shown on return		+	dentifying number
ME	RCY CLINIC EAST COMMUNITIES			43-1771217
	art III General Business Credits or Eligible Small Business Credits	5 /00/	inetructions)	10 1//121/
		1200	instructions)	
	nplete a separate Part III for each box checked below See instructions. General Business Credit From a Non-Passive Activity E Reserve	ad		
A				
В	Gordan Bacinese Great, Town at a control to the con		I Business Credit Carnifon	warde
C			Business Credit Carryfon	waius
D	General Business Credit Carrybacks H	-	additional Bort III combinin	a amounta from all
•	Parts III with box A or B checked Check here if this is the consolidated Part III	St an	auditional Fait in Combini	ig amounts from all
	(a) Description of credit		(b)	(c)
Not	e: On any line where the credit is from more than one source, a separate Part III is need	ed	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	each pass-through entity Investment (Form 3468, Part II only) (attach Form 3468)	1a		
1a	Reserved	1b		
b		1c		
ч С	Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only)	1d		
d 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		
9 h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
:	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		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		· · · · · · · · · · · · · · · · · · ·
m	1. 1. 1. 1. 1. 1. 1. 1. (5	1m		· · · · · · · · · · · · · · · · · · ·
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10	· ·	
р	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 oxide sequestration (Form 8933)	1x	·	
٧	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		1,403.
bt	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		<u></u>
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,403.
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		
е	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)	4 g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	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		1,403.

MERCY CLINIC EAST COMMUNITIES FEIN # 43-1771217

YEAR ENDED JUNE 30, 2020 FORM 990T, PART II, LINE 31 GENERAL BUSINESS CREDIT CARRYFORWARD

GENERAL BUSINESS CREDIT FOR THE YEAR ENDED JUNE 2011	4,000
GENERAL BUSINESS CREDIT FOR THE YEAR ENDED JUNE 2012	9,000
UTILIZED JUNE 30, 2012	(2,072)
UTILIZED JUNE 30, 2013	-
UTILIZED JUNE 30, 2014	-
UTILIZED JUNE 30, 2015	(2,381)
UTILIZED JUNE 30, 2016	-
UTILIZED JUNE 30, 2017	(3,320)
UTILIZED JUNE 30, 2018	(3,824)
UTILIZED JUNE 30, 2019	-
UTILIZED JUNE 30, 2020	-
GENERAL BUSINESS CREDIT CARRYFORWARD TO JUNE 30, 2021	1,403

MERCY CLINIC EAST COMMUNITIES FEIN # 43-1771217

YEAR ENDED JUNE 30, 2020 FORM 990T, PART II, LINE 31 NET OPERATING LOSS (NOL) CARRYFORWARD

NET INCOME (LOSS) FOR THE YEAR ENDED JUNE 2019	(27,675)
UTILIZED JUNE 30, 2020	11,313
	
NOL CARRYFORWARD TO JUNE 30, 2021	(16,362)

FORM 990-T		OTHER	INCOM	<u> </u>	STATEMENT 1
DESCRIPTION	1				AMOUNT
OUTSIDE CAT	- CERING				114,071
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12			114,071
FORM 990-T		OTHER	DEDUC	PIONS	STATEMENT 2
DESCRIPTION	1				AMOUNT
OUTSIDE CAT	- TERING EXPENSES				102,758
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 27			102,758
FORM 990-T	PARENT CORPORA	NAM S'NOIT	IE AND	IDENTIFYING NUMBER	STATEMENT 3
CORPORATION	1'S NAME				IDENTIFYING NO
MERCY HEALT	РН				43-1423050
miner minin.					
FORM 990-T	NET	OPERATING	LOSS	DEDUCTION	STATEMENT 4
FORM 990-T	NET	OPERATING LOSS PREVIOU APPLI	S JSLY	DEDUCTION LOSS REMAINING	STATEMENT 4 AVAILABLE THIS YEAR
11.		LOSS PREVIOU	S JSLY	LOSS	AVAILABLE

FORM 990-T CONTRIBUTIONS SUI	MMARY STATEMENT 5	5
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIM QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIM		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTION FOR TAX YEAR 2014 143,1 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150,0 150	.86	
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	293,186	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	293,186	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	293,186 0 293,186	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0