

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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) 364-3707
G Gross receipts \$ 381,005,038

F Name and address of principal officer:
 JEFF CIARAMITA
 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

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:
 AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE.

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)	3	42
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	977
6 Total number of volunteers (estimate if necessary)	6	1
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	114,071
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,750	621,565
9 Program service revenue (Part VIII, line 2g)	328,706,172	379,616,933
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,857	187,802
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	774,226	552,225
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	329,569,005	380,978,525
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,996	94,466
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)	336,980,785	366,704,713
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)	115,034,652	163,678,484
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	452,058,433	530,477,663
19 Revenue less expenses. Subtract line 18 from line 12	-122,489,428	-149,499,138

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	105,161,457	94,061,635
21 Total liabilities (Part X, line 26)	40,624,928	32,326,950
22 Net assets or fund balances. Subtract line 21 from line 20	64,536,529	61,734,685

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: 2021-05-12

KERRY DUNGER EXEC DIRECTOR FINANCE
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-05-11
 Check if self-employed PTIN: P00013488

Firm's name ▶ PURK & ASSOCIATES PC Firm's EIN ▶ 26-4532849

Firm's address ▶ 1034 SOUTH BRENTWOOD BLVD STE 2000 SAINT LOUIS, MO 63117 Phone no. (314) 884-4000

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 \$ 505,340,890 including grants of \$ 94,466) (Revenue \$ 379,716,011)
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 ▶ 505,340,890

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 977</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		<p>2b Yes</p>		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		<p>3a Yes</p>		
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>		<p>3b Yes</p>		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>				<p>No</p>
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		<p>5a</p>		<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p>5b</p>		<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		<p>5c</p>		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>		<p>6a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		<p>6b</p>		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>		<p>7a</p>		<p>No</p>
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		<p>7b</p>		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		<p>7c</p>		<p>No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p>7e</p>		<p>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		<p>7f</p>		<p>No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		<p>7g</p>		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		<p>7h</p>		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		<p>8</p>		
<p>9 Sponsoring organizations maintaining donor advised funds.</p>				
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>		<p>9a</p>		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		<p>9b</p>		
<p>10 Section 501(c)(7) organizations. Enter:</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>			
<p>11 Section 501(c)(12) organizations. Enter:</p>				
<p>a Gross income from members or shareholders</p>	<p>11a</p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b</p>			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b</p>			
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>		<p>13a</p>		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		<p>14a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>		<p>14b</p>		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>		<p>15</p>		<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>		<p>16</p>		<p>No</p>

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (42), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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-A 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.
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:

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	621,565		
	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:\$	1g			
	h Total. Add lines 1a-1f		621,565		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT REVENUE		621110	300,849,978	300,849,978		
b CAPITATION BONUS		621110	68,375,257	68,375,257		
c OTHER OPERATING REVENUE		621110	10,391,698	10,391,698		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			379,616,933			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		187,802			187,802		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	11,520				
			(ii) Personal					
			b Less: rental expenses	6b	26,513			
			c Rental income or (loss)	6c	-14,993			
	d Net rental income or (loss)			-14,993	-14,993			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a CAFE & VENDING		722210	567,218		114,071	453,147		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			567,218					
12 Total revenue. See instructions			380,978,525	379,601,940	114,071	640,949		

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	25,501	25,501		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	68,965	68,965		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	22,211,841	22,211,841		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,394,888	1,394,888		
7 Other salaries and wages	299,500,496	292,241,611	7,258,885	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,064,073	4,932,195	131,878	
9 Other employee benefits	24,048,717	23,495,301	553,416	
10 Payroll taxes	14,484,698	14,158,002	326,696	
11 Fees for services (non-employees):				
a Management				
b Legal	660		660	
c Accounting				
d Lobbying	2,341		2,341	
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)	14,874,606	13,514,697	1,359,909	
12 Advertising and promotion	194,517	176,733	17,784	
13 Office expenses	3,031,590	2,754,427	277,163	
14 Information technology	45,431	41,277	4,154	
15 Royalties				
16 Occupancy	26,490,330	24,067,284	2,423,046	
17 Travel	407,955	370,658	37,297	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,790	3,443	347	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,447,979	5,447,979		
23 Insurance	8,179,849	7,432,007	747,842	
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 CLAIMS PAYMENTS	45,909,882	45,909,882		
b DRUGS & MEDICAL EXPENSE	25,916,255	25,916,255		
c SHARED SERVICE FEES	21,155,813	9,308,558	11,847,255	
d BAD DEBTS	9,922,845	9,922,845		
e All other expenses	2,094,641	1,946,541	148,100	
25 Total functional expenses. Add lines 1 through 24e	530,477,663	505,340,890	25,136,773	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	16,287	1	16,339
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,645,287	4	23,991,825
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,366,667	7	797,917
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,199,610	9	966,511
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 62,269,246		
	b Less: accumulated depreciation	10b 37,259,109	26,513,212	10c 25,010,137
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	43,278,906	14	43,278,906
	15 Other assets. See Part IV, line 11	1,141,488	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	105,161,457	16	94,061,635	
Liabilities	17 Accounts payable and accrued expenses	29,445,100	17	25,128,071
	18 Grants payable		18	
	19 Deferred revenue	116,280	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,632	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	11,057,916	25	7,198,879
	26 Total liabilities. Add lines 17 through 25	40,624,928	26	32,326,950
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	64,536,529	27	61,734,685
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	64,536,529	32	61,734,685	
33 Total liabilities and net assets/fund balances	105,161,457	33	94,061,635	

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	380,978,525
2	Total expenses (must equal Part IX, column (A), line 25)	2	530,477,663
3	Revenue less expenses. Subtract line 2 from line 1	3	-149,499,138
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,536,529
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	146,697,294
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,734,685

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 43-1771217

Name: MERCY CLINIC EAST COMMUNITIES

Form 990 (2019)

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 \$57,580,000) TO A LARGE NUMBER (OVER 200,900 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			
MILLER MD BRIAN P PHYSICIAN & BOARD MEMBER	59.00 1.00	X						188,728	0	23,453
TUCKER LESLIE PHYSICIAN & BOARD MEMBER	60.00 0.00	X						246,720	0	23,761
WARE ANGELA PHYSICIAN & BOARD MEMBER	60.00 0.00	X						340,091	0	15,646
KILIAN KEN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						378,593	0	24,563
SHETTY NISHA PHYSICIAN & BOARD MEMBER	60.00 0.00	X						291,802	0	19,051
LIMPERT MD JONATHAN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						674,213	0	19,942
CONTI ANNA PHYSICIAN & BOARD MEMBER	60.00 0.00	X						594,483	0	23,479
WASSERMAN MD GARY PHYSICIAN & BOARD MEMBER	60.00 0.00	X						747,152	0	23,675
BLACKBURN DENISE NURSE PRACTITIONER & BOARD MEMBER	60.00 0.00	X						100,343	0	14,131
KUHN DO KEYA B PHYSICIAN & BOARD MEMBER	60.00 0.00	X						327,130	0	24,856

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			
HILGEMAN JOSEPH PHYSICIAN & BOARD MEMBER	60.00 0.00	X						434,165	0	41,952
YOUNG PAUL PHYSICIAN & BOARD MEMBER	59.00 1.00	X						755,868	0	22,320
MAYES KARA PHYSICIAN & BOARD MEMBER	60.00 0.00	X						306,999	0	22,504
GIOIA HEIDI NURSE PRACTITIONER & BOARD MEMBER	60.00 0.00	X						113,708	0	22,879
SANDERS MD STEPHEN PHYSICIAN & BOARD MEMBER	59.00 1.00	X						492,869	0	43,807
CHALK MD DAVID E PRESIDENT, MERCY CLINIC FOUR RIVERS & BOARD MEMBER	50.00 10.00	X						873,505	0	106,167
LANDON THOMAS H PHYSICIAN & BOARD MEMBER	60.00 0.00	X						642,959	0	22,324
DELOACH DO BRADEN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						377,143	0	20,656
BIRNER NANCY PHYSICIAN & BOARD MEMBER	60.00 0.00	X						250,687	0	20,849
JOURNAGAN KEVIN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						505,806	0	29,631

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			
GALLI DO WILLIAM PHYSICIAN & BOARD MEMBER	59.00 1.00	X						417,980	0	25,432
ULLERY BRIAN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						619,704	0	31,008
LOGAN MD WILLIAM PHYSICIAN & BOARD MEMBER	59.00 1.00	X						491,916	0	59,440
DONEGAN SHAUN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						836,115	0	22,770
CZARNIK MD BRUCE PHYSICIAN & BOARD MEMBER	60.00 0.00	X						819,795	0	30,387
PERSCHBACHER JIM PHYSICIAN & BOARD MEMBER	60.00 0.00	X						951,955	0	28,645
AHMAD UMRAAN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						804,536	0	23,171
WILMAS JOHN PHYSICIAN & BOARD MEMBER	60.00 0.00	X						473,086	0	36,499
MARTIN THOMAS PHYSICIAN & BOARD MEMBER	60.00 0.00	X						440,627	0	25,867
GRIMES MD JAMES PHYSICIAN & BOARD MEMBER	59.00 1.00	X						459,410	0	31,467

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			
RIEGEL MD BRET PHYSICIAN & BOARD MEMBER	59.00 1.00	X						410,453	0	33,248
BRYANT ANDY PHYSICIAN & BOARD MEMBER	60.00 0.00	X						297,392	0	28,060
ROUKOZ BASSAM PHYSICIAN & BOARD MEMBER	60.00 0.00	X						1,260,895	0	25,938
KARPMAN CRAIG PHYSICIAN & BOARD MEMBER	60.00 0.00	X						461,228	0	25,952
DALY-WILSON TRACEY PHYSICIAN & BOARD MEMBER	60.00 0.00	X						495,935	0	43,860
KHAN MD ADEEL PHYSICIAN & BOARD MEMBER	60.00 0.00	X						706,436	0	28,723
MENGES BRYAN J PHYSICIAN & BOARD MEMBER	60.00 0.00	X						504,827	0	29,490
CIARAMITA MD JEFF COMMUNITY PRESIDENT - CLINICS & BOARD MEMBER	43.00 17.00			X				0	1,117,695	120,954
MATEJKA CHERYL L CHIEF FINANCIAL OFFICER	10.00 50.00			X				0	731,608	95,846
HANNASCH SUSAN REGIONAL VP - GENERAL COUNSEL	10.00 50.00			X				0	731,691	20,345

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			
WEST KIMELA ASSOCIATE COUNSEL	5.00 55.00			X				0	91,980	5,156
RICHMOND JACQUELYNN VP DEPUTY GENERAL COUNSEL	2.00 58.00			X				0	548,092	82,143
HUBERTJOHN PRESIDENT MERCY CLINIC	55.00 5.00			X				0	1,326,951	25,551
STIFFLERMARK VP-OPERATIONS	55.00 5.00				X			0	363,690	19,173
JEWELLATESHA VP-OPERATIONS	55.00 5.00				X			0	232,837	16,179
HASTINGSHEIDI VP-OPERATIONS	55.00 5.00				X			0	220,361	9,792
RODGERS HEIDE A PHYSICIAN	60.00 0.00					X		1,144,250	0	25,520
HU HSIAO-OU PHYSICIAN	60.00 0.00					X		1,180,778	0	31,020
SCHLOSS TIMOTHY W PHYSICIAN	60.00 0.00					X		1,172,475	0	25,921
CHEN FANGXIANG PHYSICIAN	60.00 0.00					X		1,389,813	0	29,096

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			
HADI BASSAM PHYSICIAN	60.00 0.00					X		1,234,423	0	29,135
SCHLANSKY HOWARD FORMER BOARD MEMBER	60.00 0.00						X	261,377	0	30,100
BAIN KELLY FORMER BOARD MEMBER	60.00 0.00						X	360,066	0	24,843
MEINERS DAVID FORMER BOARD MEMBER	60.00 0.00						X	906,704	0	27,797
HAND JASON FORMER BOARD MEMBER	60.00 0.00						X	644,229	0	26,902
CORT DAVID FORMER BOARD MEMBER	60.00 0.00						X	826,766	0	30,600
GUSS DAVID FORMER BOARD MEMBER	60.00 0.00						X	375,705	0	28,148
KOENIG CAROLYN FORMER BOARD MEMBER	60.00 0.00						X	425,750	0	33,667
MOHART JOHN FORMER BOARD MEMBER	60.00 0.00						X	861,318	0	31,440
MARCRANDER MARGARET FORMER BOARD MEMBER	60.00 0.00						X	615,444	0	32,736

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			
RIORDAN MD TRACY FORMER BOARD MEMBER	59.00 1.00						X	530,096	0	42,643
SCHEER JENNIFER FORMER BOARD MEMBER	60.00 0.00						X	455,038	0	43,761
HUYNH JUSTIN H FORMER KEY EMPLOYEE	0.00 60.00						X	0	419,655	25,144
KAHN MD JOSEPH FORMER KEY EMPLOYEE	0.00 60.00						X	0	788,843	41,914

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				8,750	621,565	630,315
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	330,249,659	342,699,992	351,459,547	328,706,172	379,616,933	1,732,732,303
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	330,249,659	342,699,992	351,459,547	328,714,922	380,238,498	1,733,362,618
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.)						1,733,362,618

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	330,249,659	342,699,992	351,459,547	328,714,922	380,238,498	1,733,362,618
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,859	881,314	549,764	79,857	187,802	1,761,596
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	62,859	881,314	549,764	79,857	187,802	1,761,596
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	418,869	183,940	218,327	158,947	114,071	1,094,154
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.)	330,731,387	343,765,246	352,227,638	328,953,726	380,540,371	1,736,218,368
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 2019 (line 8, column (f) divided by line 13, column (f))	15	99.840 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.810 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.100 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.110 %

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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>	Yes	No
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 (explain in Part VI). **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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 43-1771217

Name: MERCY CLINIC EAST COMMUNITIES

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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
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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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		2,341
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			2,341
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, 2020, DUES WERE \$65,939. APPROXIMATELY 3.55% OF CATHOLIC HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THIS ASSOCIATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 7/25/06, 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 | | |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		1,794,679	948,740	845,939
c Leasehold improvements		34,220,713	18,665,360	15,555,353
d Equipment		26,253,854	17,645,009	8,608,845
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				25,010,137

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO TAX-EXEMPT AFFILIATES	7,198,879
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,198,879

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, 2020 OR 2019.

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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the
Treasury
Internal Revenue Service

Name of the organization

MERCY CLINIC EAST COMMUNITIES

Employer identification number

43-1771217

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MERCY HEALTH FOUNDATION ST LOUIS 615 SOUTH NEW BALLAS ROAD ST LOUIS, MO 63141	56-2410020	501C3	10,000				CHARITABLE SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MORTGAGE/RENT ASSISTANCE	7	47,184			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GRANTS ARE MADE TO ORGANIZATIONS WHICH HAVE AN ESTABLISHED HISTORY OF PROVIDING HEALTH CARE SUPPORT AND/OR COMMUNITY BENEFIT. IF NECESSARY, PERIODIC REPORTS ARE PROVIDED TO US. GRANTS ARE MADE TO RELATED ORGANIZATIONS, WHICH PROVIDE REPORTING ON THE USE OF THE FUNDS AND WORK CLOSELY WITH OUR ORGANIZATION. THE ORGANIZATION USES AN APPROVAL PROCESS TO DETERMINE WHICH INDIVIDUALS WILL RECEIVE GRANTS DURING THE FISCAL YEAR. THE FUNDS ARE THEN GIVEN DIRECTLY TO THE INDIVIDUALS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

	Yes	No
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.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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	1b Yes	
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 on Line 1a?	2 Yes	
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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 A BOARD MEMBER. LIMITED INSTANCES OF GROSSUPS OCCURRED WITH EXECUTIVES.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY: SUSAN HANNASCH \$132,497; CHARLES REHM \$200,878; HOWARD SCHLANSKY \$100,936. PART I, LINE 4B: MERCY HEALTH, THE ULTIMATE PARENT COMPANY, OFFERS A SUPPLEMENTAL RETIREMENT PLAN 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 FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN. MATEJKA, CHERYL L; CHALK MD, DAVID; KAHN MD, JOSEPH; REHM MD, CHARLES H; RUNGE, ANDREW D; HANNASCH, SUSAN; JOHNSTON, JEFF; CIARAMITA, JEFFERY; RICHMOND, JACQUELYNN THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). CHARLES REHM, SUSAN HANNASCH, AND JOSEPH KAHN RECEIVED PAYMENT FROM RETIREMENT PLAN(S) DURING THE YEAR FROM A RELATED ORGANIZATION. THE AMOUNTS REPORTED FOR THESE INDIVIDUALS IN COLUMN (F) IS INCLUDED IN COLUMN B (I) AS BASE COMPENSATION. THIS PAYOUT WAS INCLUDED IN COLUMN (C) OF PREVIOUSLY FILED FORMS 990.
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.

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 CHALK MD DAVID E PRESIDENT, MERCY CLINIC FOUR RIVERS	(i)	592,468	211,564	69,473	93,689	12,478	979,672	0
	(ii)	0	0	0	0	0	0	0
1 LANDON THOMAS H PHYSICIAN & BOARD MEMBER	(i)	536,872	59,765	46,322	9,625	12,699	665,283	0
	(ii)	0	0	0	0	0	0	0
2 DELOACH DO BRADEN PHYSICIAN & BOARD MEMBER	(i)	316,230	60,622	291	7,690	12,966	397,799	0
	(ii)	0	0	0	0	0	0	0
3 BIRNER NANCY PHYSICIAN & BOARD MEMBER	(i)	234,122	0	16,565	7,875	12,974	271,536	0
	(ii)	0	0	0	0	0	0	0
4 JOURNAGAN KEVIN PHYSICIAN & BOARD MEMBER	(i)	337,713	129,627	38,466	16,575	13,056	535,437	0
	(ii)	0	0	0	0	0	0	0
5 GALLI DO WILLIAM PHYSICIAN & BOARD MEMBER	(i)	326,207	66,705	25,068	12,375	13,057	443,412	0
	(ii)	0	0	0	0	0	0	0
6 ULLERY BRIAN PHYSICIAN & BOARD MEMBER	(i)	355,242	244,652	19,810	17,875	13,133	650,712	0
	(ii)	0	0	0	0	0	0	0
7 LOGAN MD WILLIAM PHYSICIAN & BOARD MEMBER	(i)	437,016	24,634	30,266	46,302	13,138	551,356	0
	(ii)	0	0	0	0	0	0	0
8 DONEGAN SHAUN PHYSICIAN & BOARD MEMBER	(i)	797,305	0	38,810	9,625	13,145	858,885	0
	(ii)	0	0	0	0	0	0	0
9 CZARNIK MD BRUCE PHYSICIAN & BOARD MEMBER	(i)	704,954	78,232	36,609	17,242	13,145	850,182	0
	(ii)	0	0	0	0	0	0	0
10 PERSCHBACHER JIM PHYSICIAN & BOARD MEMBER	(i)	918,401	13,744	19,810	15,125	13,520	980,600	0
	(ii)	0	0	0	0	0	0	0
11 AHMAD UMRAAN PHYSICIAN & BOARD MEMBER	(i)	784,058	938	19,540	9,625	13,546	827,707	0
	(ii)	0	0	0	0	0	0	0
12 WILMAS JOHN PHYSICIAN & BOARD MEMBER	(i)	357,528	89,372	26,186	21,341	15,158	509,585	0
	(ii)	0	0	0	0	0	0	0
13 MARTIN THOMAS PHYSICIAN & BOARD MEMBER	(i)	388,016	33,258	19,353	9,625	16,242	466,494	0
	(ii)	0	0	0	0	0	0	0
14 GRIMES MD JAMES PHYSICIAN & BOARD MEMBER	(i)	396,351	41,650	21,409	15,191	16,276	490,877	0
	(ii)	0	0	0	0	0	0	0
15 RIEGEL MD BRET PHYSICIAN & BOARD MEMBER	(i)	330,614	37,448	42,391	16,963	16,285	443,701	0
	(ii)	0	0	0	0	0	0	0
16 BRYANT ANDY PHYSICIAN & BOARD MEMBER	(i)	249,146	29,056	19,190	11,748	16,312	325,452	0
	(ii)	0	0	0	0	0	0	0
17 ROUKOZ BASSAM PHYSICIAN & BOARD MEMBER	(i)	1,121,921	100,164	38,810	9,625	16,313	1,286,833	0
	(ii)	0	0	0	0	0	0	0
18 KARPMAN CRAIG PHYSICIAN & BOARD MEMBER	(i)	400,062	42,020	19,146	9,625	16,327	487,180	0
	(ii)	0	0	0	0	0	0	0
19 DALY-WILSON TRACEY PHYSICIAN & BOARD MEMBER	(i)	378,705	93,695	23,535	27,531	16,329	539,795	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				
41KHAN MD ADEEL PHYSICIAN & BOARD MEMBER	(i)	609,807	61,594	35,035	12,375	16,348	735,159	0
	(ii)	0	0	0	0	0	0	0
1MENGES BRYAN J PHYSICIAN & BOARD MEMBER	(i)	353,844	114,766	36,217	12,730	16,760	534,317	0
	(ii)	0	0	0	0	0	0	0
2CIARAMITA MD JEFF COMMUNITY PRESIDENT - CLINICS & BOAR	(i)	0	0	0	0	0	0	0
	(ii)	701,036	371,588	45,071	107,807	13,147	1,238,649	0
3MATEJKA CHERYL L CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	499,662	174,209	57,737	82,299	13,547	827,454	0
4HANNASCH SUSAN REGIONAL VP - GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	169,835	350,545	211,311	12,493	7,852	752,036	221,782
5RICHMOND JACQUELYNN VP DEPUTY GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	406,788	116,389	24,915	76,559	5,584	630,235	0
6HUBERTJOHN PRESIDENT MERCY CLINIC	(i)	0	0	0	0	0	0	0
	(ii)	444,513	455,491	426,947	17,596	7,955	1,352,502	160,934
7STIFFLERMARK VP-OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	222,678	91,178	49,834	12,419	6,754	382,863	0
8JEWELLLATESHA VP-OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	187,713	35,574	9,550	1,062	15,117	249,016	0
9HASTINGSHEIDI VP-OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	175,783	33,044	11,534	8,163	1,629	230,153	0
10RODGERS HEIDE A PHYSICIAN	(i)	1,010,789	108,314	25,147	12,375	13,145	1,169,770	0
	(ii)	0	0	0	0	0	0	0
11HU HSIAO-OU PHYSICIAN	(i)	1,026,077	109,459	45,242	17,875	13,145	1,211,798	0
	(ii)	0	0	0	0	0	0	0
12SCHLOSS TIMOTHY W PHYSICIAN	(i)	1,031,091	102,861	38,523	12,375	13,546	1,198,396	0
	(ii)	0	0	0	0	0	0	0
13CHEN FANGXIANG PHYSICIAN	(i)	1,341,080	2,411	46,322	12,375	16,721	1,418,909	0
	(ii)	0	0	0	0	0	0	0
14HADI BASSAM PHYSICIAN	(i)	1,210,655	6,905	16,863	12,375	16,760	1,263,558	0
	(ii)	0	0	0	0	0	0	0
15SCHLANSKY HOWARD FORMER BOARD MEMBER	(i)	73,780	23,769	163,828	26,233	3,867	291,477	0
	(ii)	0	0	0	0	0	0	0
16BAIN KELLY FORMER BOARD MEMBER	(i)	329,080	8,993	21,993	17,875	6,968	384,909	0
	(ii)	0	0	0	0	0	0	0
17MEINERS DAVID FORMER BOARD MEMBER	(i)	770,227	85,619	50,858	17,875	9,922	934,501	0
	(ii)	0	0	0	0	0	0	0
18HAND JASON FORMER BOARD MEMBER	(i)	563,324	61,365	19,540	16,679	10,223	671,131	0
	(ii)	0	0	0	0	0	0	0
19CORT DAVID FORMER BOARD MEMBER	(i)	695,348	80,560	50,858	17,875	12,725	857,366	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				
1 GUSS DAVID FORMER BOARD MEMBER	(i)	307,929	29,383	38,393	15,125	13,023	403,853	0
	(ii)	0	0	0	0	0	0	0
1 KOENIG CAROLYN FORMER BOARD MEMBER	(i)	363,180	40,533	22,037	17,379	16,288	459,417	0
	(ii)	0	0	0	0	0	0	0
2 MOHART JOHN FORMER BOARD MEMBER	(i)	621,655	192,768	46,895	15,125	16,315	892,758	0
	(ii)	0	0	0	0	0	0	0
3 MARCRANDER MARGARET FORMER BOARD MEMBER	(i)	532,378	44,540	38,526	16,376	16,360	648,180	0
	(ii)	0	0	0	0	0	0	0
4 RIORDAN MD TRACY FORMER BOARD MEMBER	(i)	460,826	47,567	21,703	25,930	16,713	572,739	0
	(ii)	0	0	0	0	0	0	0
5 SCHEER JENNIFER FORMER BOARD MEMBER	(i)	380,624	48,261	26,153	27,009	16,752	498,799	0
	(ii)	0	0	0	0	0	0	0
6 HUYNH JUSTIN H FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	348,649	53,476	17,530	12,580	12,564	444,799	0
7 KAHN MD JOSEPH FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	493,384	244,601	50,858	29,587	12,327	830,757	95,735

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

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 section 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.

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

Table with 5 columns: (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
(1) VERNON YOUNG	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE	57,843	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(1) ANN MOHART	FAMILY MEMBER OF JOHN MOHART, KEY EMPLOYEE AND ROBERT HALSTED, KEY EMPLOYEE	62,720	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
(3) MARISSA STOCK	FAMILY MEMBER OF DAVID GUSS, KEY EMPLOYEE	256,731	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(1) GINA SEECK	FAMILY MEMBER OF KEY EMPLOYEE (JOHN MOHART & ROBERT HALSTED)	222,624	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
(5) PATRICIA LIMPERT	FAMILY MEMBER OF BOARD MEMBER JONATHAN LIMPERT	325,725	EMPLOYMENT ARRANGEMENT, MERCY CLINIC EAST COMMUNITIES		No
(1) ROOHI DESAI	FAMILY MEMBER OF BOARD MEMBER SUNNY DESAI	357,105	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
(7) SHERRI KILIAN	FAMILY MEMBER OF BOARD MEMBER KEN KILIAN	62,789	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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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 LEADERSHIP. 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, 2020. 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 146,697,294.

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 2020 (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
PART XII, QUESTION 3A AND 3B	SINGLE AUDIT ACT AND 2 CFR 200 AUDIT MERCY HEALTH UNDERGOES A CONSOLIDATED 2 CFR 200 AUDIT EVERY YEAR. THIS AUDIT IS UNDERWAY FOR THE FISCAL YEAR ENDING JUNE 30, 2020 AND WILL BE COMPLETED BY JUNE 30, 2021. EACH ENTITY THAT RECEIVES FEDERAL FUNDS DURING THE YEAR IS INCLUDED ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (SEFA) AND IS ALSO INCLUDED IN THE POPULATION INCLUDED IN THE AUDIT. IF THE FILING ENTITY RECEIVED FEDERAL FUNDS DURING THE YEAR ENDED JUNE 30, 2020, IT WILL BE INCLUDED ON THE MERCY HEALTH CONSOLIDATED SEFA, AND THEREFORE, ALSO INCLUDED IN THE POPULATION INCLUDED IN THE AUDIT.

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 P AND Q.

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 HOSPIT ALS EAST COMMUNITIES ST. LOUIS, EIN 43-0653493, AND MERCY HOSPITALS EAST COMMUNITIES WASHI NGTON, EIN 43-1066883.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COVID-19	<p>EARLY IN 2020, THE MERCY HEALTH SYSTEM WAS CALLED TO SERVE AS THE COVID-19 PANDEMIC SWEEP ACROSS THE WORLD. THIS CONTINUES TO BE A DIFFICULT TIME FOR ALL HEALTHCARE PROVIDERS. ALL MERCY FACILITIES ADJUSTED OPERATIONS FOR THE IMPACTS OF THE PANDEMIC WHICH MEANT MAKING CHANGES TO PATIENT CARE AREAS AND CANCELLING MOST OF OUR OUTPATIENT PROCEDURES FOR PERIODS OF TIME. IN ADDITION, MERCY FOUNDATIONS AND OUTREACH MINISTRIES EXPERIENCED LIMITATIONS IN FUNDRAISING FOR PROGRAM AND CAPITAL SUPPORT EFFORTS THAT ASSIST THE UNDERSERVED IN OUR COMMUNITIES. MERCY'S TOTAL SYSTEM REVENUES WERE REDUCED BY OVER \$550 MILLION DOLLARS DURING THE FOUR MONTHS ENDING JUNE 30, 2020, AND THIS FIGURE DOES NOT INCLUDE THE IMPACT OF ANY CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY ACT ("CARES ACT") FUNDING. MERCY RECEIVED CARES ACT FUNDING ACROSS VARIOUS ENTITIES FOR THE YEAR ENDED JUNE 30, 2020 AND RECOGNIZED A PORTION OF THIS FUNDING IN OTHER OPERATING REVENUE. THESE FUNDS HELPED TO OFFSET REVENUE LOSSES AND ADDITIONAL EXPENSES INCURRED DUE TO THE PANDEMIC; HOWEVER, THESE FUNDS FELL SHORT OF THE SYSTEM LOSSES EXPERIENCED IN THESE MONTHS DUE TO THE PANDEMIC. THE IMPACT OF COVID-19 WAS SIGNIFICANT TO OUR COMMUNITIES AND COWORKERS AS UNEMPLOYMENT RATES SOARED AND MERCY ACTED QUICKLY TO PROVIDE CONTINUOUS CARE TO PATIENTS AND THE COMMUNITY. MERCY CONTINUES TO MONITOR THE IMPACTS OF THE PANDEMIC BOTH TO THE HEALTH SYSTEM AND THE COMMUNITIES SERVED AS WE CONTINUE TO PROVIDE ASSISTANCE AND MAINTAIN ACCESS TO CARE WITHIN OUR COMMUNITIES.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	MERCY HOSPITAL SOUTH	N/A				No			No	
(2) RESOURCE OPTIMIZ & INNOVLLC 645 MARYVILLE CTR DRSTE 200 ST LOUIS, MO 63141 46-0468368	CENTRAL DISTRIBUTION CENTER	MO	MERCY MANAGED CARE CORP MERCY HEALTH	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	
(6) PLATINUM CPS HOLDINGS LLC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 84-2493007	HOLDING COMPANY	MO	MERCY MANAGED CARE CORP MERCY HEALTH	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		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		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).

Return Reference	Explanation

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
MERCY AFFILIATED PHYSICIANS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 81-0559009	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CARDIOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-1135019	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ADULT PSYCHIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 47-2408553	BILLING ENTITY	MO	1,275,788	113,193	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ANESTHESIOLOGY-WASHINGTON LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 03-0597437	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC BURN AND PLASTIC SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626706	PHYSICIAN PRACTICE	MO	6,927,672	1,126,723	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CARDIOVASCULAR AND THORACIC SURGERYLLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 56-2595510	PHYSICIAN PRACTICE	MO	2,733,763	321,591	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILD AND ADOLESCENT PSYCHIATRYLLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 43-1893326	PHYSICIAN PRACTICE	MO	2,622,594	167,051	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILD NEUROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-4187705	PHYSICIAN PRACTICE	MO	471,158	33,391	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S CANCER AND HEMATOLOGYLLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 43-1905879	PHYSICIAN PRACTICE	MO	355,562	29,481	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S HEART CENTER LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626888	PHYSICIAN PRACTICE	MO	548,321	46,185	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S INFECTIOUS DISEASES LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2252716	PHYSICIAN PRACTICE	MO	167,963	16,411	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDRENS RESPIR & SLEEP MEDLLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626863	PHYSICIAN PRACTICE	MO	748,449	46,701	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626627	PHYSICIAN PRACTICE	MO	2,295,563	362,603	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDREN'S UROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-1581113	PHYSICIAN PRACTICE	MO	1,235,846	185,809	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC DERMATOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5357743	PHYSICIAN PRACTICE	MO	2,793,645	149,007	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ENDOCRINOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2127648	PHYSICIAN PRACTICE	MO	1,621,133	119,848	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ENT LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5444208	PHYSICIAN PRACTICE	MO	1,509,943	83,189	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC GASTROENTEROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4777940	PHYSICIAN PRACTICE	MO	13,656,148	893,966	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC GERIATRICS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626475	PHYSICIAN PRACTICE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC GYN ONCOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 30-0413949	PHYSICIAN PRACTICE	MO	721,926	68,430	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
MERCY CLINIC HEART AND VASCULAR LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 41-2175615	PHYSICIAN PRACTICE	MO	26,832,600	2,576,327	MERCY CLINIC EAST COMMUNITIES
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	104,326	4,884	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC INFECTIOUS DISEASE LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-1459234	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	711,310	37,957	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC KIDS GI LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4186905	PHYSICIAN PRACTICE	MO	824,044	64,313	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC KIDS PLASTIC SURGERYLLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123018	PHYSICIAN PRACTICE	MO	634,376	81,401	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC MATERNAL AND FETAL MEDICINE 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 82-2496814	PHYSICIAN PRACTICE	MO	4,777,437	680,914	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC NEPHROLOGY LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-5532932	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	2,460,774	161,639	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC NEUROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 86-1176023	PHYSICIAN PRACTICE	MO	6,053,288	617,785	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ONCOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2127523	PHYSICIAN PRACTICE	MO	7,538,124	484,162	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC OPHTHALMOLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5450768	PHYSICIAN PRACTICE	MO	2,830,301	219,472	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PAIN MANAGEMENT LLC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-3705963	CONTRACTING ORGANIZATION FOR PROFESSIONAL PHYSICIAN SERVICES	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PALLIATIVE CARE LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-2572054	PHYSICIAN PRACTICE	MO	919,778	131,847	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PLASTIC SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PODIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 45-5484507	PHYSICIAN PRACTICE	MO	1,199,404	103,311	MERCY CLINIC EAST COMMUNITIES
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
MERCY CLINIC PULMONOLOGY-ST LOUIS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 26-4186970	PHYSICIAN PRACTICE	MO	4,636,291	351,730	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC PULMONOLOGY-WASHINGTON LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2882104	PHYSICIAN PRACTICE	MO	1,482,894	95,941	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC SPECIALISTS SERVICES-ILLINOIS LLC 2227 VADALABENE DR MARYVILLE, IL 62062 81-3359770	BILLING ENTITY	IL	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC ST LOUIS CANCER AND BREAST INSTITUTELLC 645 MARYVILLE CENTRE DRIVESUITE 100 ST LOUIS, MO 63141 26-3290360	PHYSICIAN PRACTICE	MO	2,082,549	167,488	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC SURGICAL SPECIALISTS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 27-2481555	PHYSICIAN PRACTICE	MO	31,117,578	4,147,157	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
MERCY CLINIC SURGICAL SPECIALISTS IL LLC 227 VADALABENE DR MARYVILLE, IL 62062 82-4797248	PHYSICIAN PRACTICE	IL	0	0	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC TRAUMA AND GENERAL SURGERY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1626820	PHYSICIAN PRACTICE	MO	5,587,564	873,042	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC UROLOGY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 33-1123019	PHYSICIAN PRACTICE	MO	9,051,188	686,282	MERCY CLINIC EAST COMMUNITIES
MERCY PODIATRY LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 51-0546434	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
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
MISSOURI INTERNISTS LLC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 20-1627002	INACTIVE	MO	0	0	MERCY CLINIC EAST COMMUNITIES
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

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
1000 MIER ST LAREDO, TX 78040 74-2912461	WOMEN'S DOMESTIC VIOLENCE SHELTER	TX	501C3	7	MERCY MINISTRIES OF LAREDO	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 26-1708048	PORTFOLIO MANAGEMENT	MO	501C3	11-II	MERCY HEALTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 46-4504901	VIRTUAL CARE CENTER	MO	501C3	3	MERCY HEALTH	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	PHYSICIAN CLINIC	AR	501C3	9	MERCY HEALTH FORT SMITH COMM	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 27-0473057	PHYSICIAN GROUP	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO 65804 43-1560263	PHYSICIAN GROUP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 72-1069468	FAMILY COUNSELING SERVICES	LA	501C3	7	MERCY HEALTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1423050	CORPORATE OFFICE	MO	501C3	1	N/A		No
645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1718408	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING COMPANY	AR	501C3	11-II	MERCY HEALTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-0901499	FOUNDATION	MO	501C3	11-II	MERCY HEALTH	Yes	
430 N MONTE VISTA STREET ADA, OK 74820 46-3596274	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ADA	Yes	
1011 14TH AVENUE NW ARDMORE, OK 73401 71-0962525	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ARDMORE	Yes	
214 CARTER STREET BERRYVILLE, AR 72616 71-0759301	FOUNDATION	AR	501C3	11-I	MERCY HOSPITAL BERRYVILLE	Yes	
401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501C3	11-III	MERCY KANSAS COMMUNITIES INC	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 23-7330425	FOUNDATION	AR	501C3	7	MERCY HOSPITAL FORT SMITH	Yes	
100 HOSPITAL DRIVE LEBANON, MO 65536 82-2514567	FOUNDATION	MO	501C3	11-II	MERCY HOSPITAL LEBANON	Yes	
1400 US HIGHWAY 61 SOUTH FESTUS, MO 63028 46-2797051	FOUNDATION	MO	501C3	11-II	MERCY HOSPITAL JEFFERSON	Yes	
100 MERCY WAY JOPLIN, MO 64804 27-0906136	FOUNDATION	MO	501C3	11-I	MERCY HEALTH SW MOKS COMM	Yes	
1000 EAST CHERRY STREET TROY, MO 63379 81-1477159	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	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
2710 RIFE MEDICAL LN ROGERS, AR 72858 71-0601687	FOUNDATION	AR	501C3	11-III	MERCY HOSPITAL ROGERS	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 45-4732301	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 46-3184231	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 32-0195818	FOUNDATION	MO	501C3	11-II	MERCY HEALTH SPRINGFIELD COMM	Yes	
100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 43-1873914	FOUNDATION	MO	501C3	11-I	MERCY ST FRANCIS HOSPITAL	Yes	
615 SOUTH NEW BALLAS ROAD ST LOUIS, MO 63141 56-2410020	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
901 E FIFTH STREET WASHINGTON, MO 63090 56-2410022	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
2710 RIFE MEDICAL LN ROGERS, AR 72758 62-1684203	PHYSICIAN GROUP	AR	501C3	11-II	MERCY HEALTH	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HEALTH SYSTEM	OK	501C3	11-II	MERCY HEALTH	Yes	
3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0481419	HMO	MO	501C4		MERCY HEALTH	Yes	
3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0486150	PPO	MO	501C4		MERCY HEALTH PLANS OF MISSOURIINC	Yes	
100 MERCY WAY JOPLIN, MO 64804 30-0584463	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 43-1856028	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
804 W FREEMAN SUITE 4 BERRYVILLE, AR 72616 87-0781247	HOME HEALTH AND HOSPICE OPERATIONS	AR	501C3	11-III	MERCY HOSPITAL SPRINGFIELD	Yes	
430 N MONTE VISTA STREET ADA, OK 74820 46-2288155	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
500 PORTER AVENUE AURORA, MO 65605 43-1936696	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501C3	3	MERCY HEALTH NW ARK COMMUNITIES	Yes	
880 WEST MAIN STREET BOONEVILLE, AR 72927 46-3851119	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
3125 DR RUSSELL SMITH WAY CARTHAGE, MO 64836 45-3808607	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS 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
94 MAIN STREET CASSVILLE, MO 65625 43-1936699	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 27-0842031	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
2115 PARKVIEW DRIVE EL RENO, OK 73036 27-2716065	HOSPITAL - INACTIVE	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501C3	3	MERCY HEALTH FORT SMITH COMM	Yes	
3462 HOSPITAL RD HEALDTON, OK 73438 26-3173902	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE INC	Yes	
1400 HIGHWAY 61 SOUTH FESTUS, MO 63028 43-0687077	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
100 MERCY WAY JOPLIN, MO 64804 27-0814858	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
1000 HOSPITAL CIRCLE KINGFISHER, OK 73750 46-3433074	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
100 HOSPITAL DRIVE LEBANON, MO 65536 43-1767432	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
1000 EAST CHERRY STREET TROY, MO 63379 47-2219204	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
200 SOUTH ACADEMY GUTHRIE, OK 73044 45-2998842	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-0579285	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
801 W RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
500 E ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
2710 RIFE MEDICAL LN ROGERS, AR 72758 71-0294390	HOSPITAL	AR	501C3	3	MERCY HEALTH NW ARK COMMUNITIES	Yes	
1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 44-0552485	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
1000 SOUTH BYRD TISHOMINGO, OK 73460 27-4433830	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ADA	Yes	
1341 W 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
500 CLARENCE NASH BLVD WATONGA, OK 73772 45-5199762	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-0653493	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	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
401 WOODLAND HILLS BLVD FT SCOTT, KS 66701 48-0956045	HOSPITAL	KS	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
2500 ZACATECAS LAREDO, TX 78043 20-0198462	OUTREACH	TX	501C3	7	MERCY HEALTH	Yes	
524 NORTH BOONEVILLE AVENUE SPRINGFIELD, MO 65802 87-0796305	RESEARCH	MO	501C3	4	MERCY HEALTH	Yes	
100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-2553101	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MO	501C3	11-II	MERCY HEALTH	Yes	
300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	CHILD ADVOCACY CENTER	AR	501C3	9	MERCY HEALTH	Yes	
10010 KENNERLY ROAD ST LOUIS, MO 63128 26-1516789	FOUNDATION	MO	501C3	11-II	MERCY HOSPITAL SOUTH	Yes	
10010 KENNERLY ROAD ST LOUIS, MO 63128 43-0980256	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
10010 KENNERLY ROAD ST LOUIS, MO 63128 43-1784536	HEALTH CARE	MO	501C3	3	MERCY HOSPITAL SOUTH	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 73-0614655	INACTIVE	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1861745	INACTIVE	MO	501C3	11-III	MERCY HEALTH EAST COMMUNITIES	Yes	
14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 84-3730625	HOSPITAL	KS	501C3	3	MERCY HEALTH SW MOKS COMM	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
FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 52-1914421	HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT	DE	MERCY HEALTH	C					No
INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 26-4509571	TECHNOLOGY TRANSFER COMPANY	MO	MERCY HEALTH SPRINGFIELD COMM	C					No
UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1797042	INACTIVE	MO	MERCY HEALTH EAST COMMUNITIES	C					No
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
MHN OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1580607	HOLDING COMPANY;DISSOLVED 10/15/18	OK	MERCY MANAGED CARE CORP	C					No
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
MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1441665	HOLDING COMPANY	OK	MERCY HEALTH	C					No
MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1381689	HOLDING COMPANY;DISSOLVED 10/15/18	OK	MERCY MANAGED CARE CORP	C					No
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
ST ANTHONY'S PHYSICIAN ORGANIZATION OF ILLINOIS 10010 KENNERLY ROAD ST LOUIS, MO 63128 32-0457168	HEALTH CARE	MO	MERCY HOSPITAL SOUTH	C					No
MCAULEY INSURANCE COMPANY LTD AON HOUSE 30 WOODBOURNE AVENUE PEMBROKE HM 08 BD	INACTIVE	BD	MERCY HEALTH	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
MERCY HEALTH FOUNDATION JEFFERSON	C	398,082	FMV
MERCY HEALTH FOUNDATION ST LOUIS	C	195,688	FMV
MERCY HEALTH FOUNDATION WASHINGTON	C	24,045	FMV
MERCY HEALTH FOUNDATION ST LOUIS	B	10,000	FMV
MERCY ACO CLINICAL SERVICES	Q	46,164	FMV
MERCY CLINIC SPRINGFIELD COMMUNITIES	P	1,732	FMV
MERCY FAMILY CENTER	Q	5,705	FMV
MERCY HEALTH	P	685,200	FMV
MERCY HEALTH EAST COMMUNITIES	Q	14,556,467	FMV
MERCY HEALTH OKLAHOMA COMMUNITIES	Q	1,519	FMV
MERCY HEALTH SPRINGFIELD COMMUNITIES	Q	140,374	FMV
MERCY HOSPITAL FORT SMITH	Q	18	FMV
MERCY HOSPITAL JEFFERSON	P	955	FMV
MERCY HOSPITAL LINCOLN	P	440	FMV
MERCY HOSPITAL OKLAHOMA CITY	Q	13	FMV
MERCY HOSPITAL SOUTH	Q	11,744	FMV
MERCY HOSPITALS EAST COMMUNITIES	P	211,288	FMV
MERCY RESEARCH	P	122	FMV
MHM SUPPORT SERVICES	P	98,995,680	FMV
ST ANTHONY'S PHYSICIAN ORGANIZATION	Q	952,343	FMV