Form	990-Т	Ex	empt Organization (and proxy tax	Bus x un	siness In der sectio	come	Tax Retu	rn	ОМВ М	o 1545-0687
•		For caler	ndar year 2018 or other tax year begin	nnina	07/01.20	18, and end	ng 06/30	(2 0 19	2	ก12
Denartm	ent of the Treasury		► Go to www.irs.gov/Form990						ک	910
	Revenue Service	▶ Do	not enter SSN numbers on this form					c)(3)	Open to Pt 501(c)(3) C	iblic Inspection for Organizations Only
Α	Check box if address changed		Name of organization (Check b	ox if nai	me changed and	see instruction	s)		•	ation number instructions)
_	pt under section		MERCY HEALTH SPRING	FIEL	D COMMUNI	TIES				
X 5	01(C)(0 3)	Print or	Number, street, and room or suite no	If a P O	box, see instruct	ions			56028	
4	08(e) 220(e)	Туре			Unrelated business activity code (See instructions)					
\vdash	08A530(a)		1235 E. CHEROKEE City or town, state or province, count		71D former noot	al code		-		
	29(a) value of all assets		SPRINGFIELD, MO 658	•	zir or loreign posi	lai wue				
	d of year	E Gro	up exemption number (See instruc					l		
227	7,686,086.		ck organization type X 50			501/0) trust	401(a) t	ruet	Other trus
			nization's unrelated trades or busine		-	1 1301(0		e the only		
	le or business her		medica traces or busine			If only one	complete Parts		•	
			end of the previous sentence, co	molete		•	•			20001120 1110
	le or business, the						9			
			corporation a subsidiary in an affi	liated o	roup or a parent	t-subsidiary	controlled group?		▶	Yes N
			identifying number of the parent co			•				
J The	books are in care	of ▶WI	LLIAM J. ROBERTS			Telephor	e number 🕨	314-	579-61	00
Part	Unrelated	Trade o	or Business Income		(A) Inc	ome	(B) Exper	ises		(C) Net
	Gross receipts or s									
29-02	ess returns and allowa	nces	c Balance	1c						
30,34	ost of goods sol	d (Schedi	ule A, line 7)	2						
\sim	I ' I		2 from line 1c	3_						
∑a (i 1	income (attach Schedule D) 4a								
			Part II, line 17) (attach Form 4797)						<u> </u>	
	lapital loss dedu	ction for t	rusts	4c						
			an S corporation (attach statement)							
],	\sim 1			7						
	\smile		come (Schedule E)							
70	1		1(c)(7), (9), or (17) organization (Schedule G)	1						
			ncome (Schedule I)	·						
		-	lule J)	11						•
			tions, attach schedule)	12						
13 1	rotal. Combine lir	nes 3 thro	ough 12	13		0.				
Part	Deduction	ns Not	Taken Elsewhere (See inst	ructio	ons for limita	itions on d	leductions)(Except fo	or contrib	outions,
			be directly connected with							
14 (Compensation of	officers,	directors, and trustees (Schedule K)				14		
15 5	Salaries and wage	s						15	<u> </u>	
	-									
	•		(see instructions)							
		-	See instructions for limitation rules)					20		
			4562)							
			on Schedule A and elsewhere on r							
			compensation plans					· · —		
			6						-	
	•		chedule J)							
			chedule)							
		•	s 14 through 28							
			le income before net operating						_	
			g loss arising in tax years beginni							·
			e income Subtract line 31 from line							

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Form	990-T (2	018)			Page 2
Par	t III	Total Unrelated Business Taxable Income			
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see			
		tions)	33		
34	Amoun	ts paid for disallowed fringes	34		
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			
•••		tions)	35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
••		33 and 34	36		
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)			
38	•	ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		·	
30		ne smaller of zero or line 36	38		0
Par		Tax Computation	1		
39		zations Taxable as Corporations Multiply line 38 by 21% (0 21)	39		
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on			
70		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
44		ax See instructions			
41 42		tive minimum tax (trusts only)			
43		Noncompliant Facility Income. See instructions			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	14		
	t V	Tax and Payments	77		
_		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
		redits (see instructions)			
ا م	Cradit	or prior year minimum tax (attach Form 8801 or 8827)			
u	Total	redits. Add lines 45a through 45d	150		
46		t line 45e from line 44	46		
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			
		ax. Add lines 46 and 47 (see instructions)	48		0.
48 49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.,	4		
	2010 III	nts A 2017 overpayment credited to 2018	7		
ova h	2019 0	stimated tax payments			
	ZUIO E	posited with Form 8868			
		organizations Tax paid or withheld at source (see instructions)			
		withholding (see instructions)			
		or small employer health insurance premiums (attach Form 8941) 50f			
9		redits, adjustments, and payments Form 2439			
51	_	ayments Add lines 50a through 50g	51	6	0,100.
52		ted tax penalty (see instructions) Check if Form 2220 is attached	\$2		
53			\rightarrow		
54	Overna	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54	6	0,100.
55		e amount of line 54 you want Credited to 2019 estimated tax	55		0,100
_	t VI	Statements Regarding Certain Activities and Other Information (see instruction			
56	_	time during the 2018 calendar year, did the organization have an interest in or a signature or	7	uthority Y	es No
	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		· -	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			
	here ▶	•	•	-	
57	-	the tax year, did the organization receive a distribution from or was it the grantor of, or transferor to, a forei	an trust?		
٠.	•	see instructions for other forms the organization may have to file	g.,		
58		ne amount of tax-exempt interest received or accrued during the tax year > \$			
	U	nder penalties of penury. I declare that I have examined this return including accompanying schedules and statements and to the blue correct and complete. Declaration of oreology (other than taxgayer) is based on all information of which preparer has any knowledge.	est of my	knowledge and	belief it is
Sigr	า 📗 ""	Ma	v the IR	S discuss th	us return
Her	e 🏲 🛚	West / Viels Those VP-FINANCE with	h the p	reparer show	n below
	S	ignature of officer Date Title (see	instruction	s)? X Yes	No
		Print/Type preparer's name Preparer's signature Date Chec	, Lif	PTIN	
Paid		\mathbf{b}	mployed	P01517	7527
	oarer Only			34-65655	
	Unity	Firm's address ▶ 221 E. 4TH STREET SUITE 2900, CINCINNATI, OH 45202 Phone	no 512	2-612-14	_
JSA	_			Form 990	-T (2018)

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	ands Sald F	nter method	d of invent	ory valuation I	-				
1 Inventory at beginning of		inter method	101 11140111				6		
2 Purchases	' ' - - - - - - - - - - 			goods sold. Subtract line					
3 Cost of labor	• • • • • • • • • • • • • • • • • • • •			line 5 Enter here and in					
4a Additional section 263A c	· · · - - 						7		
	1 1					section 263A (v		N	
(attach schedule)			_			or acquired for	Tespesi to		
b Other costs (attach sched)5 Total Add lines 1 through	·····				•			x	
Schedule C - Rent Incom		Property a	nd Perso	nal Property	Leased V	Vith Real Prope	rtv)	1	
(see instructions)	e (i ioiii iteai i	i Topcity a	114 1 6130	nai i roperty	Leasea .	······································	••••		
1 Description of property									
(1)									
(2)			·	-		_			
			_						
(4)	2 Rent rece	eived or accru	ed						
/.he				namenal area at :	(d the	3/a) Doductions d	tractly connected with the in	come.	
(a) From personal property (if the for personal property is more the more than 50%	han 10% but not	percent	age of rent fo	n real and personal property (if the of rent for personal property exceeds the rent is based on profit or income)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)					·				
(3)									
(4)									
Total		Total				 (b) Total deduction	nno.		
(c) Total income Add totals of o	columns 2(a) and 2	2(b) Enter				Enter here and or	n page 1,		
· •	• •					Part I, line 6, colu			
here and on page 1, Part I, line 6	6, column (A)	▶	e instruct	ons)		Part I, line 6, colu	mn (B) ▶	-	
here and on page 1, Part I, line 6	ebt-Financed	▶	2 Gross	ons) Income from or to debt-financed		Part I, line 6, colu Deductions directly co debt-finance	mn (B) nnected with or allocable to ced property		
here and on page 1, Part I, line 6 Schedule E - Unrelated D	ebt-Financed	▶	2 Gross allocable	income from or	(a) Straig	Part I, line 6, colu	mn (B) nnected with or allocable to	 3	
here and on page 1, Part I, line 6 Schedule E - Unrelated D 1 Description of de	ebt-Financed	▶	2 Gross allocable	income from or to debt-financed	(a) Straig	Part I, line 6, colu Deductions directly co debt-finant	mn (B) nnected with or allocable to ced property (b) Other deduction		
here and on page 1, Part I, line 6 Schedule E - Unrelated D 1 Description of de	ebt-Financed	▶	2 Gross allocable	income from or to debt-financed	(a) Straig	Part I, line 6, colu Deductions directly co debt-finant	mn (B) nnected with or allocable to ced property (b) Other deduction	;	
here and on page 1, Part I, line 6 Schedule E - Unrelated D 1 Description of de (1) (2)	ebt-Financed	▶	2 Gross allocable	income from or to debt-financed	(a) Straig	Part I, line 6, colu Deductions directly co debt-finant	mn (B) nnected with or allocable to ced property (b) Other deduction	;	
(c) Total income Add totals of chere and on page 1, Part I, line 6 Schedule E - Unrelated D 1 Description of de (1) (2) (3) (4)	ebt-Financed	▶	2 Gross allocable	income from or to debt-financed	(a) Straig	Part I, line 6, colu Deductions directly co debt-finant	mn (B) nnected with or allocable to ced property (b) Other deduction	3	
here and on page 1, Part I, line 6 Schedule E - Unrelated D 1 Description of de (1) (2) (3)	ebt-Financed	Income (se	2 Gross allocable p	income from or to debt-financed	(a) Straigi (atta	Part I, line 6, colu Deductions directly co debt-finant	mn (B) nnected with or allocable to ced property (b) Other deduction	18	
there and on page 1, Part I, line 6 Schedule E - Unrelated D 1 Description of de (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. column (A)	Income (se	2 Gross allocable p	income from or to debt-financed roperty Column divided	(a) Straigi (atta	Part I, line 6, colu Deductions directly co debt-finant It line depreciation ch schedule)	mn (B) nnected with or allocable to ced property (b) Other deduction (attach schedule) 8 Allocable deduction (column 6 x total of column 6 x to	18	
1 Description of de (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	5. column (A)	Income (se	2 Gross allocable p	column 5	(a) Straigi (atta	Part I, line 6, colu Deductions directly co debt-finant It line depreciation ch schedule)	mn (B) nnected with or allocable to ced property (b) Other deduction (attach schedule) 8 Allocable deduction (column 6 x total of column 6 x to	18	
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here and on page 1, Part I, line 6 Schedule E - Unrelated D 1 Description of de (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed	5. column (A)	Income (se	2 Gross allocable p	Column divided column 5	(a) Straigi (atta	Part I, line 6, colu Deductions directly co debt-finance that line depreciation (ch schedule) Income reportable (n 2 x column 6)	mn (B) nnected with or allocable to ced property (b) Other deduction (attach schedule) 8 Allocable deduction (column 6 x total of column 6 x to	ns mns	

Schedule F—Interest, Annu	unies, Royanies			ontrolled Org			.au0	113 (566	in su uclic) 		
Name of controlled organization	2 Employer identification numb	e		ated income instructions)	4 Total of spe payments m		f specified inc		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)							\Box					
(2)							_					
(3)							-					
(4)	4											
Nonexempt Controlled Organiz				T-1-1-1-6		10	Part	of column	9 that is	11	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		inc	luded	I in the continue tion's gross	ntrolling		nected with income in column 10	
(1)						ļ				<u> </u>		
(2)						<u> </u>						
(3)												
(4)		- 1					dd co	lumns 5 a	nd 10	Ar	td columns 6 and 11	
Totals	· · · · · · · · · · · · · · · · · · ·				▶	En Pa	iter he art I, I	ere and on ine 8, colur	page 1, nn (A)	Ent	er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment Ir	ncome of a Sec	tion 501(c)(7),	(9), or (17 3 Deduc		nızatı	on (see inst	ructions)		5 Total deductions	
1 Description of income	2 Amount of	income		directly cor (attach sch	nected				-asides schedule)		and set-asides (col 3 plus col 4)	
<u>(1)</u>			1									
(2)	ļ							·				
(3)			+							-+		
(4)	Enter here and	on nage 1		*********	14g	l					Enter here and on page 1	
Totals ▶	Part I, line 9, o										Part I, line 9, column (B)	
Schedule I-Exploited Exe	empt Activity In	come. Oth	er Th	an Adverti	sina Ir	come	e (se	e instru	ctions)	· · · <u>·</u>		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				 								
(2)				 							-	
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,			-			-		Enter here and on page 1, Part II, line 26	
Totals		untin = 2 \										
Schedule J-Advertising Ir			onc s'	idated Des	,io							
Part I Income From Per	iodicais Report	ed on a C	onsol	idated Bas	515							
2 Gross 1 Name of periodical advertising income			3 Direct advertising costs		ising s) (col ol 3) If mpute ough 7	3) If spute 5 Circle		Circulation 6 Read income cos		•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)	_											
(3)]							_	
(4)											ļ	
Totals (carry to Part II, line (5))												
											Form 990-T (2018)	

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(2) (3) (4)

Total Enter here and on page 1, Part II, line 14,

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

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Name		2	Title	3 Percent of time devoted to business	4 Compensation unrelated	
(1)		1	•	%		

Form 990-T (2018)

▶