(324°C)	_

Form 990-T

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

For calendar year 2019 or other tax year beginning ___ 07/01 , 2019, and ending 06/30,2020

Department of the Treasury
internal Revenue Service

▶ Go to www irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Name of organization (Check box if name changed and see instructions) Check box if (Employees' trust, see instructions) address changed MERCY HEALTH SPRINGFIELD COMMUNITIES Print 43-1856028 Number, street, and room or suite no. If a P.O. box, see instructions

B Exempt under section X 501(C) B 408(e) 220(e) 408A 530(a) 529(a) C Book value of all assets

OF Туре 1235 E. CHEROKEE City or town, state or province, country, and ZIP or foreign postal code

E Unrelated business activity code (See instructions)

OMB No 1545-0047

at end of year 143,653,457. H Enter the number of the organization's unrelated trades or businesses

Group exemption number (See instructions) G Check organization type ► X 501(c) corporation

SPRINGFIELD, MO 65804

401(a) trust 501(c) trust Describe the only (or first) unrelated than one, describe the

Other trus

(C) Net

trade or business here	if only one, complete Parts I-V if more that
first in the blank space at the end of the previous sentence, complete Parts I and II,	complete a Schedule M for each additional
tunds or humans, then complete Darte III V	

trade or business, then complete Parts III-V		
During the tax year, was the corporation a subsidiary in an affiliated group of	r a parent-subsidiary controlled group }	Νo
If "Voc." optor the name and identifying number of the parent corporation.	ATCH 1 MV/VU $UA-1UJA_0 \subseteq 0$	

J	The books are in care of ▶WILLIAM J ROBERTS		A		Telep	hone nu	mber I	▶ 417-8	20-3	666
	rt I Unrelated Trade or Business Income			(A) Incom				Expenses		
, ₁ 1 a	Gross receipts or sales									
Ŀ	C E	Balance 🕨	1c							
2	Cost of goods sold (Schedule A, line 7)	7	2							
3	Gross profit Subtract line 2 from line 1c	()	3					\/FD		
4 a	Capital gain net income (attach Schedule D)	\mathcal{O}	4a			T(E)	45	VED	اں۔	
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4		4b		2	_2	IY,		S	
c	Capital loss deduction for trusts		4c		31	MAY	(2)	2021	인	

Income (loss) from a partnership or an S corporation (attach statement). Rent income (Schedule C) GDEN. Unrelated debt-financed income (Schedule E) 7

Interest, annuities, royalties, and rents from a controlled organization (Schedule F. 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12

13 Total. Combine lines 3 through 12. Part II- Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14_	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	· · · · · · · · · · · · · · · · · · ·
23	Contributions to deferred compensation plans		
24	Employee benefit programs		
25	Excess exempt expenses (Schedule I).		
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	l	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	
30/	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	

For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income. Subtract line 30 from line 29.

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Pai	990-T (2019) MERCY HEALTH SPRINGFIELD COMMUNITIES	43-1856028	Page 2
_	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
-	enter the smaller of zero or line 37	39	0.
Par	t IV Tax Computation	<u> </u>	
10	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
* '	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
12			
2	Proxy tax. See instructions		
. • •		43	
A	Tax on Noncompliant Facility Income. See Instructions		
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
	Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		•
	Other credits (see instructions),	i I	
C	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)] }	
е	Total credits. Add lines 46a through 46d	46e	
17	Subtract line 46e from line 45	47	
18	Other taxes Check If from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
19	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payments A 2018 overpayment credited to 2019		
b	Payments A 2018 overpayment credited to 2019 51a 2019 estimated tax payments 30,050	1 1	
	Tax deposited with Form 8868	j	
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)	1	
	Credit for small employer health insurance premiums (attach Form 8941) 51f	l'	
	Other credits, adjustments, and payments Form 2439		
9	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	30,050.
52 53			30,030.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	58	
54	11)	5#	20.050
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	30,050.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	56	30,050.
	Statements Regarding Certain Activities and Other Information (see instructions		1
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	· · · · · · · · · · · · · · · · · · ·	•	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•	
	· · · · · · · · · · · · · · · · · · ·	ay have to file	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	ay have to file	x
57	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization marking FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	ay have to file foreign country	x
57	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization material Financial Accounts of the here	ay have to file foreign country	
57 58	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization material FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ay have to file foreign country	
57 58	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$\Begin{array}(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	ay have to file foreign country	x
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57 58 59 Sigr Hero Paid Prep	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury 1 declars that I have examined this return, including accompanying schedules and statements, and to the beautive, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge with true, correct, and complete Declaration of the beautiful true, including accompanying schedules and statements, and to the beauti	ay have to file foreign country gn trust? est of my knowledge y the IRS discuss the preparer significations)? X Y If PTIN PRIOR P015 EIN 34-656 no 512-612-	and belief, it is this return hown below es No

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Total dividends-received deductions included in column 8

	iuities, itoyaities			ntrolled Or							
Name of controlled organization	2 Employer identification number	er 3 Ne	t unrela	ited income istructions)	4 Total	of specified included in		of column 4 th I in the contro tion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations	•						-			
7 Taxable Income	8 Net unrelated in (loss) (see instruct			otal of specific	ed	ınc			Deductions directly nected with income in column 10		
(1)		,		•		- Orga	inzation o groc	,			
(2)	· · · · · · · · · · · · · · · · · ·				_						
(3)				· · · · · · · · · · · · · · · · · · ·					<u> </u>		
(4)						Ent	d columns 5 ar er here and on t 1, line 8, colu	page 1,	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals		tion 501/c			▶	nizati	n (saa ins	tructions)			
Schedule G-myestment i	a sec		<i>7</i> (1),	3 Deduc		ınzatı			Т	5 Total deductions	
1 Description of income	2 Amount of	ıncome	ļ	directly cor (attach sch	nected			et-asides i schedule) 		and set-asides (col 3 plus col 4)	
(1)	<u> </u>		-				 				
(2)											
(3)			<u> </u>								
(4)	<u></u>									<u>-</u>	
Totals	Enter here and o Part I, line 9, or									Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶ Schedule I−Exploited Ex	empt Activity Inc	come. Oth	er Tha	an Adverti	sina In	come	(see instri	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business income.	es with of	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 G from	5 Gross income from activity that is not unrelated business income		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								 			
<u>(1)</u> (2)	 									-	
	-				-	<u> </u>	•	·			
(3)	 					-		<u> </u>		 	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,							Enter here and on page 1, Part II, line 25	
Totals	·1			<u>L</u>						1	
Schedule J-Advertising I											
Part I Income From Per	riodicals Report	ed on a Co	onsoli	dated Bas	SIS			T			
1 Name of periodical	2 Gross advertising income	3 Directadvertising of		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	s) (col ol 3) If mpute	5 Circulation 6 Readership income costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)								T			
(2)	 				_ 	1					
	 							1			
(3)				 -		 -		+		 	
(4)	 			 		 		 		 	
Totals (carry to Part II, line (5))										Form 990-T (2019	

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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 penodical	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 26
Totals, Part II (lines 1-5) ▶						<u> </u>
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)		
1. Name		2	Title	3 Percent of time devoted to business	4 Compensation unrelated	on attributable to business
(1)				%		
(2)			,	%	,	
(3)				%		
(4)		<u> </u>	<u> </u>	%		

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JSA

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ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

MERCY HEALTH 43-1423050