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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [X] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization ST. EDWARD MERCY CLINIC, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 7301 ROGERS AVENUE

Room/suite

City or town, state or country, and ZIP + 4 FORT SMITH, AR 72917

D Employer identification number 26-1318597

E Telephone number (479) 314-6000

G Gross receipts $ 17,496,847.

F Name and address of principal officer GRETA WILCHER
7301 ROGERS AVENUE FORT SMITH, AR 72917

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website. ▶ WWW.STEDWARDMERCY.COM

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2007 M State of legal domicile AR

SCANNED JUN 20 2011

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.	
	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)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of employees (Part V, line 2a)	148
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	18,663,731.	15,018,788.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-196.	505.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,619,418.	2,477,554.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,282,953.	17,496,847.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000.	7,100.
	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)	10,046,231.	18,107,133.
	16 a	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-24f)	16,590,689.	7,293,363.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	26,637,920.	25,407,596.
	19	Revenue less expenses Subtract line 18 from line 12	-6,354,967.	-7,910,749.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,255,971.	2,855,576.
	21	Total liabilities (Part X, line 26)	8,610,938.	16,987,050.
	22	Net assets or fund balances Subtract line 21 from line 20	-6,354,967.	-14,131,474.

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 Greta Wilcher Date 5/16/11

▶ Type or print name and title Greta Wilcher, CFO

Paid Preparer's Use Only

Preparer's signature ▶ Jennifer Richter Date 5/11/11 Check if self-employed ▶ [ ] Preparer's identifying number (see instructions) P00366526

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP, 190 CARONDELET PLAZA, SUITE 1300 CLAYTON, MO 63105

EIN ▶ 34-6565596

Phone no ▶ 314-290-1000

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form **990** (2009)

JSA
9E1010 3 000

6108BC 2256

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . [X] 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 [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 7,521,201 including grants of $ 0.) (Revenue $ 6,395,179.)

SEE SCHEDULE O.

4b (Code _____) (Expenses $ 5,404,065. including grants of $ 0.) (Revenue $ 2,697,732.)

HOSPITALIST GROUP-ST EDWARD MERCY CLINIC EMPLOYS AND CONTRACTS WITH PHYSICIANS WHOSE PRIMARY ROLE IS TO PROVIDE GENERAL MEDICAL CARE TO HOSPITALIZED PATIENTS AT ST EDWARD MERCY MEDICAL CENTER. PATIENTS HOSPITALIZED THROUGH AN EMERGENCY ROOM VISIT, THROUGH A REFERRAL, OR BY A PRIMARY CARE PHYSICIAN, MAY REQUEST THAT OUR HOSPITALIST PHYSICIAN MANAGE MEDICAL CARE DURING THE PATIENTS HOSPITAL STAY. THE HOSPITALIST PHYSICIAN PROGRAM ENSURES THE PATIENT'S OVERALL CARE PLAN IS FOLLOWED UNTIL DISCHARGE. HOSPITALISTS ARE AN INTEGRAL PART OF ST EDWARD MERCY CLINICS SERVICE LINES.

4c (Code: _____) (Expenses $ 2,287,829. including grants of $ 0.) (Revenue $ 1,526,800)

PULMONOLOGY - ST EDWARD MERCY CLINIC EMPLOYS TWO PULMONOLOGY/CRITICAL CARE PHYSICIANS.

4d Other program services (Describe in Schedule O)

(Expenses $ 8,824,146. including grants of $ 7,100) (Revenue $ 6,876,631)

4e Total program service expenses ▶ 24,037,241.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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? *If "Yes," complete Schedule J*	23	X	
24 a	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25*	24a		X
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		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. 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	X	
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	2a 148		
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* this return (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	11		
b	Enter the number of voting members that are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GRETA WILCHER, VP OF FINANCE; 7301 ROGERS AVENUE FORT SMITH, AR 72917 479-314-6104

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SEAN BAKER, DO CHAIR	40.00	X						108,226.	0.	9,822.
MATTHEW DUPREE, MD TRUSTEE	40.00	X						316,795.	0.	9,372.
JOSH WILKINSON, MD TRUSTEE	40.00	X						92,013.	0.	7,882.
WILLIAM DUDDING, MD TRUSTEE	40.00	X						221,873.	0.	20,169.
DELILAH EASOM, MD TRUSTEE	40.00	X						176,055.	182,921.	25,424.
JEFFREY A. JOHNSTON PRESIDENT & CEO	40.00	X		X				0.	549,160.	75,791.
MATT KEEP COO	40.00	X		X				222,239.	0.	14,122.
DONNA B BEALLIS, MD TRUSTEE	40.00	X						176,300.	0.	8,851.
RAYMOND C GOODMAN, MD PRESIDENT	40.00	X		X				48,554.	0.	4,955.
SAURIN G PATEL, MD TRUSTEE	40.00	X						302,657.	0.	10,154.
ROBERT C PATTON, MD TRUSTEE	40.00	X						294,504.	0.	12,266.
GRETA WILCHER VP FINANCE	40.00				X			0.	220,042.	33,965.
JONATHAN R VITIELLO CFO	40.00				X			0.	316,771.	38,423.
BRUCE L CRABTREE, MD PHYSICIAN	40.00					X		302,143.	0.	23,989.
DANILO CRUZ, MD PHYSICIAN	40.00					X		508,084.	492.	17,742.
DAVID A DIAS, MD PHYSICIAN	40.00					X		321,004.	0.	13,230.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
THOMAS M HILLIS, MD PHYSICIAN	40.00					X		308,674.	0.	22,363.
SARIKUN TJANDRA, MD PHYSICIAN	40.00					X		712,788.	0.	21,697.
WILLIAM E GENTRY CONTROLLER	40.00						X	0.	148,207.	28,812.
1b Total ▶								4,111,909.	1,417,593.	399,029.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 39

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 9

Part VIII Statement of Revenue 26-1318597

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	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 $					
	h Total. Add lines 1a-1f		0.			
Program Service Revenue		Business Code				
	2a PATIENT SERVICES RENDERED	621111	15,018,788.	15,018,788.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		15,018,788.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		505			505.
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0.			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0.			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0.			
	Miscellaneous Revenue	Business Code				
	11a BILLING FEES REVENUE	621111	1,383,664.	1,383,664.		
	b HOSPITAL SUPPORT/COVERAGE SERVICES	621111	505,622.	505,622		
	c MANAGEMENT FEES REVENUE	621111	227,457.	227,457		
	d All other revenue	900099	360,811.	360,811		
	e Total. Add lines 11a-11d		2,477,554.			
	12 Total Revenue. See instructions		17,496,847.	17,496,342.		505.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	7,100.	7,100.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,457,070.	2,220,378.	236,692.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	13,405,713.	11,720,674.	1,685,039.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	592,496.	535,226.	57,270.	
9 Other employee benefits	876,259.	519,873.	356,386.	
10 Payroll taxes	775,595.	627,159.	148,436.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	83,045.	13,748.	69,297.	
c Accounting	9,004.	3,800.	5,204.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	1,509,762.	1,504,161.	5,601.	
12 Advertising and promotion	45,530.	31,618.	13,912.	
13 Office expenses	1,020,034.	2,417,108.	-1,397,074.	
14 Information technology	7,373.	7,373.		
15 Royalties	0.			
16 Occupancy	573,212.	480,792.	92,420.	
17 Travel	63,964.	15,268.	48,696.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	65,869.	58,033.	7,836.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	91,954.	52,647.	39,307.	
23 Insurance	365,423.	365,423.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROVISION OF BAD DEBT	3,431,418.	3,431,418.		
b REPAIR & MAINTENANCE	25,501.	23,197.	2,304.	
c MISCELLANEOUS	1,274.	2,245.	-971.	
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	25,407,596.	24,037,241.	1,370,355.	0.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,000.	1	2,000.
	2	Savings and temporary cash investments		5,832.	2	29,116.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,632,067.	4	2,022,899.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		158,857.	9	228,962.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 783,227.			
	b	Less accumulated depreciation	10b 267,712.	458,215.	10c	515,515.
	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			14	57,084.
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,255,971.	16	2,855,576.
Liabilities	17	Accounts payable and accrued expenses		508,736.	17	1,441,605.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		8,102,202.	25	15,545,445.
	26	**Total liabilities.** Add lines 17 through 25		8,610,938.	26	16,987,050.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-6,354,967.	27	-14,131,474.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-6,354,967.	33	-14,131,474.
	34	Total liabilities and net assets/fund balances		2,255,971.	34	2,855,576.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
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.	3b		

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
ST. EDWARD MERCY CLINIC, INC.	26-1318597

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 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2009.** 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 . . . . . ▶ ☐

b **33 1/3 % support test - 2008.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. EDWARD MERCY CLINIC, INC.

Employer identification number

26-1318597

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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, acces sion, 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 XIV

5 During the year, did the organization solici t 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custo dian 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 XI V and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to 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 y ear end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the pos session of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		106,186.	8,618.	97,568.
c Leasehold improvements				
d Equipment		677,041.	259,094.	417,947.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				515,515.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	15,545,445.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	15,545,445.

2. FIN 48 Footnote. In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV.)	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 XIV)	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 XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE SISTERS OF MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES DO NOT INCLUDE A FOOTNOTE TO REPORT THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48, AS THEY ARE DEEMED IMMATERIAL FOR DISCLOSURE.

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. EDWARD MERCY CLINIC, INC.

Employer identification number

26-1318597

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☒

1 (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 non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

JSA

9E1288 2 000

6108BC 2256

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2

THE ASSISTANCE PROVIDED BY THE FILING ORGANIZATION ARE DONATIONS TO THE

LISTED ORGANIZATIONS (IN addition TO VARIOUS OTHER MISCELLANEOUS

DONATIONS),THAT ARE INTENDED TO BE USED FOR GENERAL OPERATING PURPOSES OF

THE DONEE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. EDWARD MERCY CLINIC, INC.

Employer identification number

26-1318597

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a is 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in 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		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in 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		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	239,170.	59,541.	18,084.	7,283.	2,089.	326,167.	0.
MATTHEW DUPREE, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	194,391.	0.	27,482.	7,610.	12,559.	242,042.	0.
WILLIAM DUDDING, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	138,593.	26,036.	11,426.	4,245.	7,109.	187,409.	0.
DELILAH EASOM, MD	(ii)	108,200.	38,773.	35,948.	7,120.	6,950.	196,991.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
JEFFREY A. JOHNSTON	(ii)	328,696.	123,469.	96,995.	61,229.	14,562.	624,951.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
GRETA WILCHER	(ii)	191,070.	25,963.	3,009.	28,017.	5,948.	254,007.	0.
	(i)	166,628.	36,150.	19,461.	6,781.	7,341.	236,361.	0.
MATT KEEP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
WILLIAM E GENTRY	(ii)	104,352.	7,850.	36,005.	23,502.	5,310.	177,019.	0.
	(i)	167,726.	7,500.	1,074.	3,548.	5,303.	185,151.	0.
DONNA B BEALLIS, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	234,394.	44,099.	23,650.	9,554.	14,435.	326,132.	0.
BRUCE L CRABTREE, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	491,009.	0.	17,075.	11,845.	5,891.	525,820.	0.
DANILO CRUZ, MD	(ii)	-1.	0.	493.	0.	6.	498.	0.
	(i)	269,068.	32,463.	19,473.	6,759.	6,471.	334,234.	0.
DAVID A DIAS, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	246,399.	45,111.	17,164.	8,168.	14,195.	331,037.	0.
THOMAS M HILLIS, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	272,607.	29,719.	331.	4,900.	5,254.	312,811.	0.
SAURIN G PATEL, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	461,104.	181,791.	69,893.	8,093.	13,604.	734,485.	0.
SARIKUN TJANDRA, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	190,556.	68,250.	35,698.	6,254.	6,012.	306,770.	0.
ROBERT C PATTON, MD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
JONATHAN R VITIELLO	(ii)	241,732.	50,149.	24,890.	29,343.	9,080.	355,194.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 3

THE FILING ORGANIZATION RELIES ON A RELATED ORGANIZATION; REFER TO SCHEDULE O, PART VI, QUESTIONS 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS.

SUPPLEMENTAL RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

SISTERS OF MERCY HEALTH SYSTEM OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON RETIREMENT 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 INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE: JEFFREY JOHNSTON, JON VITIELLO, AND GRETA WILCHER. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). NO PERSONS LISTED ON THIS RETURN RECEIVED PAYMENT UNDER THE PLANS DURING THE TAX YEAR.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 7

THE FILING ORGANIZATION PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE. FOR FISCAL YEAR 2009(JULY 1 2008-JUNE 30, 2009), PAYMENT OF ALL OR PART OF THE BONUS IS CONTINGENT UPON PERCENTAGE ATTAINMENT OF (I) PERSONAL GOALS AND (II) CERTAIN FINANCIAL TARGETS. FOR FISCAL YEAR 2010(JULY 1, 2009-JUNE 30,2010), PAYMENT OF ALL OR PART OF THE BONUS IS CONTINGENT UPON ATTAINMENT OF CERTAIN FINANCIAL TARGETS. PAYMENTS ARE MADE ANNUALLY IN OCTOBER FOLLOWING (I) THE CONCLUSION OF THE FISCAL YEAR AND (II) DETERMINATION OF GOAL ACHIEVEMENT(APPLICABLE ONLY FOR FISCAL YEAR 2009). BONUS OPPORTUNITIES ARE TIERED PERCENTAGES AND ARE DEPENDENT UPON THE LEADERSHIP LEVEL AND ATTAINMENT PERCENTAGE. MERCY'S ATTAINMENT OF FINANCIAL GOALS ARE VALIDATED BY AN EXTERNAL CONSULTING FIRM AND ARE THEN TAKEN INTO ACCOUNT BY THE EXECUTIVE COMPENSATION COMMITTEE OF MERCY WHEN ANALYZING EXECUTIVE COMPENSATION FOR REASONABLENESS.

ATTACHMENT 1

ORGANIZATION'S MISSION STATEMENT

FORM 990, PART I & PART III, LINE 1

ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH, AND FAITHFUL TO CATHERINE MCAULEYS SERVICE TRADITION MARKED BY JUSTICE, EXCELLENCE, STEWARDSHIP, AND RESPECT FOR THE DIGNITY OF EACH PERSON, THE SISTERS OF MERCY HEALTH SYSTEM IMPLEMENTS AND ADVOCATES FOR INNOVATIVE HEALTH AND SOCIAL SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF COMMUNITIES SERVED, WITH PARTICULAR CONCERN FOR PEOPLE WHO ARE ECONOMICALLY POOR. IN DOING SO, WE MAKE A DIFFERENCE BY TOUCHING THE LIVES OF THOSE WE SERVE WITH COMPASSION AND EXCEPTIONAL MERCY SERVICE.

DESCRIPTION OF NEW SERVICES

FORM 990, PART III, LINE 2

CARDIOLOGY IS A NEW SERVICE LINE FOR YEAR ENDING 6/30/10. AN EXISTING CLINIC WAS ACQUIRED 1/1/10. REVENUES FOR YEAR ENDING 6/30/10 WERE $1,472,464, AND EXPENSES WERE $1,949.136. THE ENCOUNTERS FOR THE SIX MONTHS FROM JANUARY 1, 2010 THROUGH JUNE 30, 2010 WERE 4,004.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

EMERGENCY DEPARTMENT-ST EDWARD MERCY CLINIC EMPLOYS AND CONTRACTS WITH PHYSICIANS ENGAGED IN PROVIDING EMERGENCY MEDICAL TREATMENT FOR MAIN ST EDWARD MERCY MEDICAL CENTER EMERGENCY ROOM, 24 HOURS A DAY, SEVEN DAYS A WEEK. THREE CRITICAL ACCESS HOSPITAL EMERGENCY ROOMS ARE STAFFED WITH

Name of the organization: ST. EDWARD MERCY CLINIC, INC.

Employer identification number: 26-1318597

ATTACHMENT 1 (CONT'D)

ADDITIONAL PHYSICIANS AS WELL. THERE IS AN ONGOING DEMAND FOR HIGH-QUALITY, EFFICIENT EMERGENCY MEDICAL CARE IN OUR SERVICE AREAS. THE EMERGENT CARE PHYSICIANS, NURSES, AND SUPPORT STAFF HAVE DEVELOPED A TEAM APPROACH IN THE PAST YEAR TO HELP ENSURE PATIENTS WILL BE SEEN PROMPTLY UPON ARRIVAL WITH A GOAL OF BEING EXAMINED BY A PHYSICIAN WITHIN 30 MINUTES. THE ED FEATURES A MINOR MEDICAL CARE AREA FOR MINOR INJURIES, AND AN ACUTE CARE AREA FOR LIFE-THREATENING EMERGENCIES.

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

OTHER HEALTH CARE PROGRAMS - EXPENSES: $8,824,146 INCLUDING GRANTS OF $7,100 AND REVENUE OF $6,876,631. THE OTHER PROGRAM SERVICES INCLUDE SEVERAL PHYSICIAN CLINICS AS WELL AS THE OVERHEAD AND ADMINISTRATIVE ACTIVITIES OF SEMCI.

FORM 1099/1096 FILING

FORM 990, PART V, QUESTION 1A

VENDORS FOR THE FILING ORGANIZATION ARE PAID BY THE SISTERS OF MERCY HEALTH SYSTEM(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 SMHS EIN.

CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6, 7A, 7B

THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, ST. EDWARD MERCY HEALTH SYSTEM, INC.

Name of the organization: ST. EDWARD MERCY CLINIC, INC.

Employer identification number: 26-1318597

ATTACHMENT 1 (CONT'D)

THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES ARE RESERVED SOLELY FOR THE SOLE CORPORATE MEMBER:

- ADOPT OR AMEND THE MISSION AND PHILOSOPHY OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

- ADOPT OR AMEND THE OPERATING AND CAPITAL BUDGETS OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND ANY CHANGES IN SUCH BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE MEMBER;

- REVIEW AND APPROVE ANY CAPITAL EXPENDITURES OR RECOMMENDATIONS NOT PREVIOUSLY APPROVED AS PART OF THE CORPORATION'S BUDGETS;

- AUTHORIZE OR APPROVE THE ASSIGNMENT, TRANSFER, SALE OR LEASE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION OR INTEREST THEREIN IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE MEMBER;

- AUTHORIZE OR APPROVE THE GRANT OF ANY PLEDGE, LIEN, ENCUMBRANCE, MORTGAGE, DEED OF TRUST OR OTHER SECURITY INTEREST IN ANY OR ALL OF THE ASSETS OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

- 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 OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND THE GRANT ANY SECURITY INTERESTS, THE PLACEMENT OF ANY ENCUMBRANCES, THE ENTERING INTO ANY COVENANTS, AND THE EXECUTION OF ANY DOCUMENTS AND THE TAKING OF ANY ACTIONS NECESSARY OR APPROPRIATE IN

Name of the organization: ST. EDWARD MERCY CLINIC, INC.

Employer identification number: 26-1318597

ATTACHMENT 1 (CONT'D)

CONNECTION WITH THE INCURRENCE OF SUCH DEBT;

- MERGE, DISSOLVE OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

- AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

- APPOINT DIRECTORS;

- ESTABLISH ALL COMPENSATION AND BENEFIT TERMS FOR PHYSICIANS AND OTHER MEDICAL PROFESSIONALS EMPLOYED OR OTHERWISE RETAINED BY THE CORPORATION;

- REMOVE DIRECTORS WITH OR WITHOUT CAUSE;

- APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION;

- APPROVE CONTRACTS IN WHICH THE CORPORATION ASSUMES FINANCIAL RISK, INCLUDING BUT NOT LIMITED TO MANAGED CARE CONTRACTS, SUBJECT TO CONSULTATION WITH THE MANAGED CARE CONTRACTING COMMITTEE OF THE MEMBER;

- APPROVE THE CORPORATION'S MANPOWER PLAN;

- THROUGH THE SOLE ACTION OF THE PRESIDENT OF THE MEMBER (WITH THE APPROVAL OF THE PRESIDENT OF SMHS), APPOINT AND REMOVE THE PRESIDENT OF THE CORPORATION; AND

- AUTHORIZE AND AMEND THE CHARITY CARE POLICY OF THE CORPORATION.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, QUESTION 11A

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION. A DRAFT FORM 990 IS

Name of the organization: ST. EDWARD MERCY CLINIC, INC.

Employer identification number: 26-1318597

ATTACHMENT 1 (CONT'D)

REVIEWED BY THE FILING ORGANIZAITON'S FINANCE TEAM, INCLUDING THE MANAGER OF ACCOUNTING AND THE VICE-PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS ALSO REVIEWED BY THE SISTERS OF MERCY HEALTH SYSTEM'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990S. AFTER QUESTIONS ARISNG 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 PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW; IT IS THEN SIGNED AND FILED WITH THE IRS.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

THE COMPLIANCE POLICY COVERS THE FOLLOWING: ALL CO-WORKERS, MIDDLE MANAGEMENT, PROVIDERS, BOARD MEMBERS, AND ADMINISTRATORS THROUGH HIGHEST LEVEL EXECUTIVES. THE DETERMINATION OF A CONFLICT OF INTEREST IS MADE AND REVIEWED AT ALL LEVELS. A CORPORATE COMPLIANCE COMMITTEE MEETS TO REVIEW ANY CONFLICTS AND PROVIDE A REASONABLE ALTERNATIVE TO RESOLVE THE CONFLICT OF INTEREST, WHICH MAY INCLUDE SUPERVISORY PROCEDURES OR TRANSFER A DECISION-MAKING ROLE. BOARD MEMBERS INVOLVED IN THE CONFLICT OF INTEREST ARE EXCLUDED FROM THE DELIBERATIONS AND DECISION MAKING PROCESS.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTIONS 15A & 15B

Name of the organization: ST. EDWARD MERCY CLINIC, INC.

Employer identification number: 26-1318597

ATTACHMENT 1 (CONT'D)

FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON SISTERS OF MERCY HEALTH SYSTEM, WHICH 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 EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF THE SISTERS OF MERCY HEALTH SYSTEM. FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGAEMENT. COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, QUESTION 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY.

AVERAGE HOURS PER WEEK

FORM 990, PART VII, SECTION A, COLUMN B

SEVERAL INDIVIDUALS LISTED IN PART VII ARE DISCLOSED AS TRUSTEES, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ON MULTIPLE FORM 990S OF ENTITIES INCLUDED WITHIN THE SISTERS OF MERCY HEALTH SYSTEM. THE AVERAGE HOURS PER WEEK DISCLOSED IN PART VII IS AN ESTIMATE OF THE HOURS PER WEEK THAT

Name of the organization: ST. EDWARD MERCY CLINIC, INC.
Employer identification number: 26-1318597

ATTACHMENT 1 (CONT'D)

THE LISTED INDIVIDUAL SPENDS ON BOTH THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS.

AUDIT OF FINANCIAL STATEMENTS

FORM 990, PART XI, QUESTION 2B

THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE SISTERS OF MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT. THE SISTERS OF MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2010(THE TAX YEAR CURRENTLY BEING REPORTED). HOWEVER, NO SEPERATE 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 FINANCE, AUDIT, AND COMPLIANCE COMMITTEE OF THE SISTERS OF MERCY HEALTH SYSTEM BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE.

SUPPLEMENTAL INFORMATION

SCHEDULE R, PART V

LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY THE SISTERS OF 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,

Name of the organization: ST. EDWARD MERCY CLINIC, INC.
Employer identification number: 26-1318597

ATTACHMENT 1 (CONT'D)

MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CLINICAL PARTNERS, AR PA P. O. BOX 4502 LONGVIEW, TX 75606	ANESTHESIA SERVICES	877,240.
SPECIALTY MEDICAL ASSOCIATES P. O. BOX 7228 VAN BUREN, AR 72956	PHYSICIAN STAFFING	309,725.
VIKKI SUTTERFIELD, MD P. O. BOX 10345 FORT SMITH, AR 72917	PHYSICIAN STAFFING	273,440.
KEVIN GRIFFITH, MD, PA 26 W 26TH CIRCLE FAYETTEVILLE, AR 72701	PHYSICIAN STAFFING	219,678.
WILLIAM PAUL KING 3611 PINNACLE RIDGE LANE GREENWOOD, AR 72936	PHYSICIAN STAFFING	195,514.
	TOTAL COMPENSATION	1,875,597.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST. EDWARD MERCY CLINIC, INC.

Employer identification number
26-1318597

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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.)

(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
ADVANCE CARE HOSPITAL 71-0816634						
300 WERNER ST, 3RD FLOOR	HOT SPRINGS, AR 71913	HOSPITAL	AR	501(C)(3)	3	SMHS
BREECH REGIONAL MEDICAL CENTER 43-1767432						
100 HOSPITAL DRIVE	LEBANON, MO 65536	HOSPITAL	MO	501(C)(3)	3	ST JOHNS HS
CARROLL HEALTH FOUNDATION 71-0759301						
214 CARTER STREET	BERRYVILLE, AR 72616	FOUNDATION	AR	501(C)(3)	11A	OZARK RG HS
CASA DE MISERICORDIA 74-2912461						
1602 MCCLELLAND STREET	LAREDO, TX 78044	SHELTER	TX	501(C)(3)	7	MM LAREDO
HEALDTON MERCY HOSPITAL CORPORATION 26-3173902						
918 SOUTH STREET	HEALDTON, OK 73438	HOSPITAL	OK	501(C)(3)	3	MMHC
LAREDO MEDICAL GROUP 74-2764726						
14528 S OUTER FORTY, STE 100	CHESTERFIELD, MO 63017	INACTIVE	TX	501(C)(3)	9	MHS-TX
MCAULEY PORTFOLIO MANAGEMENT COMPANY 26-1708048						
14528 S OUTER FORTY, STE 100	CHESTERFIELD, MO 63017	INVST MGMT	MO	501(C)(3)	11B	SMHS

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
HOT SPRINGS EQUIP 20-4340915 300 WERNER HOT SP AR 71913	DISSOLVED 9/30/09	AR	N/A								
HOT SPRINGS MRI 71-0675196 100 RWAY P HOT SPRING AR 72901	DISSOLVED 8/5/09	AR	N/A								
MERC AMBU SURG CTR 71-0827721 7301 ROGERS FORTSMITH AR 72917	AMBULATORY S CTR	AR	N/A								
RES OPT & INNOV 46-0468368 645 MARYVILLE STL MO 63141	CENTRAL DIST. CTR	MO	N/A								
SO OK DIAG CTR 43-1971232 1011 14TH NW ARDMORE, OK 73401	MRI SERVICES	OK	N/A								
FORTSMITH E MED SER 71-0416615 1701 GRWOOD FORTSMITH AR 72901	EMERGENCY MED SEV	AR	N/A								
SOUTH OK PHY HP ORG 73-1462104 1011 14 NW ARDMORE OK 73401	DISSLV 12/31/09	OK	N/A								

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.)

(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
CONSOLIDATED LOGISTICS, INC 71-0474406 2710 RIFE MEDICAL LANE ROGERS, AR 72758	DISSOLVED 8/4/09	AR	N/A	C-CORP			
FRONTENAC PROPERTIES, INC 52-1914421 14528 S. OUTER FORTY, SUITE 100 CHESTERFIELD, MO 63017	HOLDING COMP	DE	N/A	C-CORP			
INVENO HEALTH, INC 26-4509571 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804	IT SERVICES	MO	N/A	C-CORP			
MERCY COMMUNITY SERVICES, INC 48-1078101 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701	CATERING	KS	N/A	C-CORP			
MERCY HEALTH CENTER CONDOMINIUM, INC 68-0640970 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120	REAL ESTATE	OK	N/A	C-CORP			
MERCY HEALTH NETWORK OF THE SOUTHERN REG 73-1580607 1011 14TH AVENUE NW ARDMORE, OK 73401	HEALTH CARE	OK	N/A	C-CORP			
MERCY HEALTH NETWORK, INC 73-1381689 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HEALTH CARE	OK	N/A	C-CORP			

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	MERCY MEDICAL SERVICES, INC.	P	130,573.
(2)	MHM SUPPORT SERVICES	O	693,569.
(3)	ST. EDWARD HEALTH FACILITIES OF FRANKLIN COUN	O	644,408.
(4)	ST. EDWARD HEALTH FACILITIES OF LOGAN COUNTY	O	500,999.
(5)	ST. EDWARD HEALTH FACILITIES OF SCOTT COUNTY	O	1,977,925.
(6)	ST. EDWARD MEDICAL SERVICES, INC.	P	175,213.

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization

ST. EDWARD MERCY CLINIC, INC.

Employer identification number

26-1318597

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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 **Continuation of 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
MERCY EL RENO HOSPITAL CORPORATION 73-6617948 2115 PARKVIEW DRIVE EL RENO, OK 73036	LEASED HOSPT	OK	501(C)(3)	3	MHS
MERCY EMERGENCY MEDICAL SERVICES, INC. 81-0627035 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	INACTIVE	OK	501(C)(3)	9	MHC
MERCY FOUNDATION FOR HEALTH INNOVATION 20-0901499 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	FOUNDATION	MO	501(C)(3)	11B	SMHS
MERCY HEALTH CENTER FOUNDATION 48-1077073 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701	FOUNDATION	KS	501(C)(3)	11C	MHS-KS
MERCY HEALTH CENTER FOUNDATION, INC. 73-1593024 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	FOUNDATION	OK	501(C)(3)	11A	MHC
MERCY HEALTH CENTER, INC. 73-0579285 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HOSPITAL	OK	501(C)(3)	3	MHS
MERCY HEALTH MHMCH, INC. 27-0842031 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725	HOSPITAL	MO	501(C)(3)	9	MHS-JOPLIN
MERCY HEALTH OF JOPLIN FOUNDATION 27-0906136 2727 MCCLELLAND BLVD. JOPLIN, MO 64804	FOUNDATION	MO	501(C)(3)	11A	MHS-JOPLIN
MERCY HEALTH OF JOPLIN, INC. 27-0814858 2727 MCCLELLAND BLVD. JOPLIN, MO 64804	HOSPITAL	MO	501(C)(3)	9	MHS-JOPLIN
MERCY HEALTH SERVICES, INC. 14-1838609 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	DISV 6/30/10	OK	501(C)(3)	9	MHC
MERCY HEALTH SYSTEM-JOPLIN, INC. 30-0584463 2727 MCCLELLAND BLVD. JOPLIN, MO 64804	HLTH SYSTEM	MO	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM OF KANSAS, INC. 48-0956045 401 WOODLAND HILLS BLVD. FT. SCOTT, KS 66701	HOSPITAL	KS	501(C)(3)	3	MHS-JOPLIN
MERCY HEALTH SYSTEM NORTHWEST ARKANSAS 62-1684203 2710 RIFE MEDICAL DRIVE ROGERS, AR 72758	PHYS GROUP	AR	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM OF TEXAS, INC. 74-2764727 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	INACTIVE	TX	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM, INC. 73-1453048 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HOLDING CO.	OK	501(C)(3)	11B	SMHS
MERCY HOSP. FOUNDATION OF INDEPENDENCE 48-1079981 800 W. MYRTLE INDEPENDENCE, KS 67301	FOUNDATION	KS	501(C)(3)	11A	MHS-KS
MERCY HOSPITAL OF LAREDO 74-1189682 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	INACTIVE	TX	501(C)(3)	3	MHS-TX
MERCY MEDICAL GROUP 43-1771217 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	PHYS GROUP	MO	501(C)(3)	9	ST JOHN MHC

Part II **Continuation of 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
MERCY MEMORIAL HEALTH CENTER FOUNDATION 71-0962525 1011 14TH AVENUE NW ARDMORE, OK 73401	FOUNDATION	OK	501(C)(3)	11A	MMHC
MERCY MEMORIAL HEALTH CENTER, INC. 73-1500629 1011 14TH AVENUE NW ARDMORE, OK 73401	HOSPITAL	OK	501(C)(3)	3	MHS
MERCY MINISTRIES OF LAREDO 20-0198462 2500 ZACATECAS LAREDO, TX 78043	OUTREACH	TX	501(C)(3)	7	SMHS
MERCY PHYSICIANS OF OKLAHOMA, INC. 27-0473057 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	PHYS GROUP	OK	501(C)(3)	9	MHS
MHM SUPPORT SERVICES 20-2553101 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	SUP HLTH SYS	MO	501(C)(3)	11B	SMHS
MISSION CLINICAL SERVICES 13-4239691 300 WERNER STREET HOT SPRINGS, AR 71913	PHYS GROUP	AR	501(C)(3)	9	ST JOS MHS
OZARKS REGIONS HEALTH SYSTEMS, INC. 71-0759299 214 CARTER STREET BERRYVILLE, AR 72616	HOSPITAL	AR	501(C)(3)	3	ST JOHNS HS
SISTERS OF MERCY HEALTH SYSTEM 43-1423050 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	SUP HLTH SYS	MO	501(C)(3)	1	N/A
SISTERS OF MERCY MINISTRIES 72-1069468 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	OUTREACH	MO	501(C)(3)	7	SMHS
ST EDWARD HLTH FAC-FRANKLIN CO 71-0689680 801 W. RIVER STREET OZARK, AR 72949	HOSPITAL	AR	501(C)(3)	3	SEMMC
ST EDWARD HLTH FAC-LOGAN CO 71-0655753 500 E. ACADEMY PARIS, AR 72855	HOSPITAL	AR	501(C)(3)	3	SEMMC
ST EDWARD HLTH FAC-SCOTT CO 71-0557895 1341 W. 6TH STREET WALDRON, AR 72958	HOSPITAL	AR	501(C)(3)	3	SEMMC
ST. EDWARD MERCY FOUNDATION 23-7330425 PO BOX 17000 FORT SMITH, AR 72917	FOUNDATION	AR	501(C)(3)	7	SEMMC
ST. EDWARD MERCY HEALTH SYSTEM, INC. 26-1318515 7301 ROGERS AVENUE FORT SMITH, AR 72917	HOLDING CO.	AR	501(C)(3)	11B	SMHS
ST. EDWARD MERCY MEDICAL CENTER 71-0240352 7301 ROGERS AVENUE FORT SMITH, AR 72917	HOSPITAL	AR	501(C)(3)	3	SEMHS
ST. FRANCIS HOSPITAL 44-0607149 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548	HOSPITAL	MO	501(C)(3)	3	ST JOHNS HS
ST. JOHN'S AURORA, INC. 43-1936696 500 PORTER AVENUE AURORA, MO 65605	LEASE HOSP	MO	501(C)(3)	3	ST JOHNS HS
ST. JOHN'S CASSVILLE, INC. 43-1936699 94 MAIN STREET CASSVILLE, MO 65625	LEASE HOSP	MO	501(C)(3)	3	ST JOHNS HS

Part II **Continuation of 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
ST. JOHN'S CHILDREN'S HOSPITAL, INC. 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	INACTIVE	MO	501(C)(3)	3	ST JOHNS HS
ST. JOHN'S CLINIC, INC. 43-1560263 1965 FREMONT STREET, STE 2950 SPRINGFIELD, MO 65804	PHYS GROUP	MO	501(C)(3)	9	ST JOHNS HS
ST. JOHN'S FOUNDATION FOR COMMUNITY HLTH 32-0195818 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	FOUNDATION	MO	501(C)(3)	11B	ST JOHNS HS
ST. JOHN'S HEALTH SYSTEM, INC. 43-1856028 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	HOLDING CO	MO	501(C)(3)	11B	SMHS
ST. JOHN'S HOME CARE OF BERRYVILLE, INC. 87-0781247 214 CARTER STREET BERRYVILLE, AR 72616	HOME HEALTH	AR	501(C)(3)	11C	ST JOHN RHC
ST. JOHN'S MEDICAL RESEARCH INSTITUTE 87-0796305 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	RESEARCH	MO	501(C)(3)	4	ST JOHNS HS
ST. JOHN'S MERCY FOUNDATION 56-2410020 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	FOUNDATION	MO	501(C)(3)	11B	ST JOHN MHC
ST. JOHN'S MERCY HEALTH CARE 43-1718408 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	HLTH SYSTEM	MO	501(C)(3)	11B	SMHS
ST. JOHN'S MERCY HEALTH SYSTEM 43-0653493 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	HOSPITAL	MO	501(C)(3)	3	ST JOHN MHC
ST. JOHN'S MERCY HOSPITAL FOUNDATION 56-2410022 901 E. FIFTH STREET WASHINGTON, MO 63090	FOUNDATION	MO	501(C)(3)	11B	ST JOHN MHC
ST. JOHN'S MERCY SUPPORT SERVICES 43-1677952 615 S. NEW BALLAS ROAD ST. LOUIS, MO 63141	INACTIVE	MO	501(C)(3)	11C	ST JOHN MHS
ST. JOHN'S REGIONAL HEALTH CENTER 44-0552485 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	HOSPITAL	MO	501(C)(3)	3	ST JOHNS HS
ST. JOSEPH'S MERCY CLINIC, INC. 26-1125131 1 MERCY LANE HOT SPRINGS, AR 71913	PHYS CLINIC	AR	501(C)(3)	9	ST JOS MHS
ST. JOSEPH'S MERCY HEALTH CENTER 71-0236913 300 WERNER STREET HOT SPRINGS, AR 71913	HOSPITAL	AR	501(C)(3)	3	ST JOS MHS
ST. JOSEPH'S MERCY HEALTH FOUNDATION 71-0804718 300 WERNER STREET HOT SPRINGS, AR 71913	FOUNDATION	AR	501(C)(3)	11B	ST JOS MHC
ST. JOSEPH'S MERCY HEALTH SYSTEM, INC. 26-1125064 300 WERNER STREET HOT SPRINGS, AR 71913	HOLDING CO	AR	501(C)(3)	11B	SMHS
ST. MARY-ROGERS MEMORIAL HOSPITAL, INC. 71-0294390 2710 RIFE MEDICAL LANE ROGERS, AR 72758	HOSPITAL	AR	501(C)(3)	3	MHS-NWA
ST. MARY'S HOSPITAL FOUNDATION 71-0601687 2710 RIFE MEDICAL LANE ROGERS, AR 72858	FOUNDATION	AR	501(C)(3)	11C	ST MARY RMC

Part II **Continuation of 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
ST. MARY'S HOSPITAL OF ENID, OKLAHOMA, I 73-0614655 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	INACTIVE	OK	501(C)(3)	3	MHS
THE SISTER M. CORNELIA BLASKO FOUNDATION 43-1873914 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548	FOUNDATION	MO	501(C)(3)	11A	ST FRAN HOS
UNITY AMBULATORY CARE 43-1861745 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	INACTIVE	MO	501(C)(3)	11C	ST JOHN MHC

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership** 26-1318597

(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? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
HORIZONTAL PROPERTY 71-0554050 7301 ROGERS FT SMITH AR 72903	OFFICE BUILDING	AR	N/A								

Part IV Continuation of 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
MERCY MANAGED CARE CORPORATI 73-1441665 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HOLDING COMP	OK	N/A	C-CORP			
MERCY MEDICAL SERVICES, INC. 71-0641246 14528 S OUTER FORTY, SUITE 300 CHESTERFIELD, MO 63017	DISSOLVED 7/1/09	MO	N/A	C-CORP			
MHP, INC 43-1697084 14528 S OUTER FORTY, SUITE 300 CHESTERFIELD, MO 63017	HOLDING COMP	DE	N/A	C-CORP			
ST EDWARD MEDICAL SERVICES, 20-2965518 7301 ROGERS AVENUE FORT SMITH, AR 72903	DISSOLVED 5/5/10	AR	N/A	C-CORP			
UH L CORP , INC. 74-2499535 645 MARYVILLE CENTRE DRIVE, SUITE 100 ST. LOUIS, MO 63141	HOLDING COMP	MO	N/A	C-CORP			
UNITY SUPPORT SERVICES, INC. 43-1797042 645 MARYVILLE CENTRE DRIVE, SUITE 100 ST LOUIS, MO 63141	MANAGEMENT	MO	N/A	C-CORP			

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	ST. EDWARD MERCY MEDICAL CENTER	P	3,621,774.
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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