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Form 990

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Mercy Medical Group		D Employer identification number 43-1771217		
		Doing Business As		E Telephone number (314) 364-3731		
		Number and street (or P O box if mail is not delivered to street address) 645 Maryville Centre Drive Ste 100		Room/suite	G Gross receipts \$ 90,279,113	
		City or town, state or country, and ZIP + 4 St Louis, MO 63141				
		F Name and address of principal officer John Zalewski 645 Maryville Centre Drive Ste 100 St Louis, MO 63141		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)				
J Website: ► www.stjohnsmercy.org/mmg		H(c) Group exemption number ►				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1994		M State of legal domicile MO		

Part I Summary

1	Briefly describe the organization's mission or most significant activities Mercy Medical Group ("MMG") coordinates physician-related aspects of health care within the St. John's Mercy Health Care integrated health care delivery system		
2	Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	880
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	10,081
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

Part II Signature Block

Sign Here

Paid Preparer's Use Only

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

***** Signature of officer	2011-05-11 Date
CHERYL MATEJKA Treasurer Type or print name and title	

Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Pleus and Company LLC 14323 S Outer Forty Ste 310N Chesterfield, MO 63017		EIN ► Phone no ► (314) 317-9916	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

As the Sisters of Mercy before us, we bring to Life the healing ministry of Jesus through our compassionate care and exceptional service.

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

If "Yes," describe these new services on Schedule C.

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

Yes N

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 \$ 95,999,796 including grants of \$) (Revenue \$ 89,606,051

The primary purpose of Mercy Medical Group ("MMG") is to coordinate physician-related aspects of health care within the St. John's Mercy Health Care integrated health care delivery system. These physician-related activities include 1. Delivery of health care services to the public, including, but not limited to physician services, contracting for physician services with local networks, health maintenance organizations, other provider groups, and hospitals and other health care facilities, and employing the necessary staff of physicians and other personnel necessary to deliver such health care services and carry out other purposes of MMG. MMG also provides services (over \$5,360,000) to a large number (over 60,000 encounters) of Medicaid and charity care patients in its service to the community. 2. Furthering scientific research to benefit the public through participation in clinical drug studies. The physician directors and employees of MMG carry out such activities individually and as a corporation through committees, task forces, and other groups, to further the charitable purposes of MMG. The coordination of services by St. John's Mercy Health Care and MMG enables the St. John's Mercy Health Care integrated health care delivery system to provide more effective and cost efficient services by allowing each part of the system to focus on its area of expertise, avoid duplication of services, and provide integrated delivery of health care services. MMG operates exclusively for the benefit of or to establish and maintain one or more medical practices as institutions with permanent health service facilities for the diagnosis and treatment of patients and to provide such medical services as may be required by patients, to conduct educational activities related to care of the sick and injured or to the promotion of health, to develop efficient and practical arrangements for providing health services, to foster the teaching and research functions at its facilities in cooperation with other health services and educational institutions, and to provide orientation and in-service training programs to personnel employed at its facilities in order to maintain their skills and to make them aware of developments in the health services field. Among the community support activities offered by MMG were the following: Health Fairs and Screenings-MMG physicians and co-workers staffed "Ask the Doctor" booths and/or provided free health screenings and health information at various nonprofit and community events, including the Meacham Park Community health fair, Career Fair at Lindbergh High School, Mother & Baby fair in St. Clair. In addition, MMG physicians staffed booths or provided screenings at employee health fairs for area corporations, including Sunnen Products, and Rabo Agrifinance Support Group Meetings-MMG pediatricians and family practice physicians met with support groups for expectant parents and new parents and gave talks on early childhood education and infant care, as well as classes on how to raise a "green" baby. Provision of Free Health Information-MMG physicians shared their knowledge with the St. Louis community through various media interviews on specific health topics. -MMG physicians provided talks to the community on various health related topics. -Summer safety-Eating Disorders-General health and wellness-Several MMG physicians serve as consulting physicians for St. Louis area school districts, boy scouts, and athletic teams. Charitable Outreach-Co-workers of MMG practices collected canned goods and pantry items to donate to local food pantries, and boxed up donations of food for families served by area Catholic churches. -During the holidays, MMG co-workers sponsored raffles and dress-down days to raise funds to support families in need. Co-workers donated cash, wrapping paper, and supplies, shopped for and wrapped gifts, and delivered the items to family members, who were referred by St. John's Mercy Neighborhood Ministry and Mission Services. Support of Community Programs-In addition to organization-wide support for the American Heart Association, the Susan G. Komen Foundation Race for the Cure, the St. Louis Zoo's "Boo at the Zoo," and the United Way of Greater St. Louis, individual physicians and co-workers volunteered their time as workers and/or health care providers, and/or participated in fundraising activities. Medical Education Programs-MMG physicians and co-workers mentored interns and new entrants to the health care field, and served as preceptors for medical, pharmacy, and nurse practitioner students. -Several MMG physicians taught residents and staff through weekly grand rounds and lectures for medical departments at St. John's Mercy Medical Center.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O)

(Expenses \$ **including grants of \$**) (Revenue \$)

4e Total program service expenses  \$ 95,999,796

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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.

- 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

12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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 U.S.? If "Yes," complete Schedule F, Part II

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 U.S.? If "Yes," complete Schedule F, Part III

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2		No
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20		No

Part IV Checklist of Required Schedules (continued)

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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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 owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
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	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 880	
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
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)?		
4b	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	No	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No	
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	No	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No	
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body . . .	1a	5	
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		No
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		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6 Does the organization have members or stockholders?	6	Yes	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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		No
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		No
11A Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13 Does the organization have a written whistleblower policy?	13	Yes	
14 Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b Other officers or key employees of the organization	15b		No
If "Yes" to line a or b, 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		No
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 ►

18 Section 6104 requires an organization to make its Form 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. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 Kerry Dunger
 645 Maryville Centre Drive Ste 100
 St Louis, MO 63141
 (314) 364-3731

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee.

1b Total	5,507,438	5,237,225	1,861,130
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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 **►154**

		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	3	Yes
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	4	Yes
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	5	No

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
SIMPLER CONSULTING NORTH AMERICA 401 LIBERTY AVE 22ND FLOOR PITTSBURGH, PA 15222	CONSULTING	167,195
ST LOUIS CHILDRENS HOSPITAL ONE CHILRENS PLACE ST LOUIS, MO 63110	MEDICAL SERVICES	146,182
BKD LLP 211 N BROADWAY STE 600 ST LOUIS, MO 63102	CONSULTING	121,372
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 ►3		

Part VIII Statement of Revenue

		(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 ►				
Program Service Revenue	2a NET PATIENT REVENUE	Business Code 621,110	72,873,185	72,873,185	
	b OTHER OPERATING REVENUE	621,110	16,732,866	16,732,866	
	c COMMERCIAL RESEARCH	621,500	10,081		10,081
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ►		89,616,132		
	3 Investment income (including dividends, interest and other similar amounts) ►		655,450		655,450
4 Income from investment of tax-exempt bond proceeds . . . ►					
5 Royalties ►					
6a Gross Rents	(i) Real 7,531				
b Less rental expenses					
c Rental income or (loss)	7,531				
d Net rental income or (loss) ►		7,531		7,531	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ►					
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 . . . ►					
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 . . . ►					
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 . . . ►					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ►					
12 Total revenue. See Instructions ►		90,279,113	89,606,051	10,081	662,981

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,112	414,112		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	59,552,128	56,644,987	2,907,141	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,333,362	2,220,241	113,121	
9 Other employee benefits	6,280,384	5,975,913	304,471	
10 Payroll taxes	3,074,568	2,925,514	149,054	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	6,684,844	4,982,077	1,702,767	
12 Advertising and promotion	115,687	108,060	7,627	
13 Office expenses	180,869	178,574	2,295	
14 Information technology	2,097,158	2,097,158		
15 Royalties				
16 Occupancy	6,010,083	5,505,023	505,060	
17 Travel	77,681	47,660	30,021	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	614,373	585,282	29,091	
23 Insurance	2,208,245	2,193,245	15,000	
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 Supplies	9,855,058	9,812,137	42,921	
b PROV FOR UNCOLLECT RECV	1,502,398	1,502,398	0	
c NONOPERATING EXPENSES	412,505	412,505	0	
d PROF LISTING/PROMOTIONS	56,392	5,000	51,392	
e				
f All other expenses	483,579	389,910	93,669	
25 Total functional expenses. Add lines 1 through 24f	101,953,426	95,999,796	5,953,630	0
26 Joint costs. Check here <input checked="" type="checkbox"/> 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	6,508,792	1 5,816,430
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	5,873,854	4 5,288,218
	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	80,619	9 4,235
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,413,434
	b Less accumulated depreciation	10b	9,173,344
		1,995,971	10c 2,240,090
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	4,164,954	12 4,822,412
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	4,872,413	15 3,793,739
	16 Total assets. Add lines 1 through 15 (must equal line 34)	23,496,603	16 21,965,124
Liabilities	17 Accounts payable and accrued expenses	3,080,223	17 3,162,128
	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	19,668,111	25 17,137,040
	26 Total liabilities. Add lines 17 through 25	22,748,334	26 20,299,168
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	748,269	27 1,665,956
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	748,269	33 1,665,956
	34 Total liabilities and net assets/fund balances	23,496,603	34 21,965,124

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 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

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 separated 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Mercy Medical Group

Employer identification number

43-1771217

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **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

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?

(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?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 IRC 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 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 for 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 the 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 IRC 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	70,110,785	75,471,913	84,833,897	87,688,320	89,606,051	407,710,966
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	70,110,785	75,471,913	84,833,897	87,688,320	89,606,051	407,710,966
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						407,710,966

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	70,110,785	75,471,913	84,833,897	87,688,320	89,606,051	407,710,966
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	618,773	854,886	-195,856	-502,244	655,450	1,431,009
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	618,773	854,886	-195,856	-502,244	655,450	1,431,009
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	97,725	35,859	20,888	109,838	10,081	274,391
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)	70,827,283	76,362,658	84,658,929	87,295,914	90,271,582	409,416,366

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	99 580 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99 590 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 350 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 340 %
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.** 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 C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public
Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
Mercy Medical Group

Employer identification number

43-177121

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3)

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	B Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	
	Amount		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		717
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			717
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	The filing organization is a member of and pays dues to the Catholic Health Association. For the year ended June 30, 2010, dues were \$13,134. Approximately 5.46% of Catholic Hospital Association dues were attributable to lobbying activities performed by the association.

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
Mercy Medical Group**Employer identification number**

43-1771217

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 may 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) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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 solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
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 XIV

Part V Endowment Funds. Complete if the 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					
1b Contributions					
1c Investment earnings or losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►
 b Permanent endowment ►
 c Term endowment ►

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

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

4 Describe in Part XIV the intended uses of the 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					
1b Buildings					
1c Leasehold improvements		5,732,196	4,264,153	1,468,043	
1d Equipment		5,681,238	4,909,191	772,047	
1e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,240,090	

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		
SMHS INV FUND	4,671,596	F
INVESTMENTS - MELLON	150,816	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4,822,412	

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) should 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
DEFERRED COMPENSATION	3,793,739
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	3,793,739

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PAYROLL	11,573,686
DEFERRED COMP	3,793,739
Intercompany Payable	1,769,615
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	17,137,040

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 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 - 8	9
10 Excess or (deficit) for the year per 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 should 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 should 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, 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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	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

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization
Mercy Medical Group**Employer identification number**
43-1771217**Part I Questions Regarding Compensation**

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

<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only 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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Charter travel is provided to certain employees as necessary for business travel pursuant to approval by the Chief Administrative Officer of Sisters of Mercy after approval for charter travel has been granted in accordance with the financial justification process. Approved charter travel for business is a reimbursable expense which is not taxable to the employees. Housing benefits are provided through a relocation program in accordance with company policy. The program has tiered benefits depending upon leadership level. Such benefits are subject to tax to the board member and employee of a related organization, Michael McCurry, for purposes of this Form 990. Payment by the company of costs for temporary housing by employees for the convenience of the company is made in accordance with the co-worker travel and other expense policy and procedures. As a reimbursable expense, this type of lodging is not taxable to the employee.
	Part I, Line 4a	Robert Ruello received \$207,866 of severance compensation from St. Johns Mercy Health Care. Francine Merenghi received \$62,410 of severance compensation from St. Johns Mercy Health Care. Part I, Line 4B - Sisters of Mercy Health System, the ultimate parent company, 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 following individuals participated in the following plans. There were no payments for the fiscal year ended 6/30/2010. Supplemental Executive Retirement Plan (SERP) Combs, Randy, DeNarvaez, Denny, McCurry, Michael Supplemental Management Retirement Plan (SMRP) Hermann, John, Howard, John S, Matejka, Cheryl L, Hale, Thomas, Ruello, Robert, Kalicak, Donald, Eoloff, Eric, Hurst, Lyn. The amount of all accrued benefits is included in compensation amounts provided in Schedule J, Part II, Column (C).
	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.
Supplemental Information	Part III	Part I, Line 3 - Sisters of Mercy Health System (parent company) is responsible for establishing the compensation of the organization's CEO/Executive Director. The following methods were used by Sisters of Mercy to establish compensation - Independent compensation consultant - compensation survey or study - approval by the board or compensation committee. Mercy Medical Group uses a written employment contract, as indicated on Schedule J, Part I, Line 3.

Software ID:
Software Version:
EIN: 43-1771217
Name: Mercy Medical Group

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DENNY (MARGARET) DENARVAEZ	(i) 0 (ii) 592,860	0 211,861	0 28,838	0 178,850	0 10,011	0 1,022,420	0 0
CHERYL MATEJKA	(i) 0 (ii) 236,680	0 50,836	0 39,001	0 37,635	0 13,336	0 377,488	0 0
Eric Eoloff	(i) 0 (ii) 221,895	0 42,856	0 7,167	0 29,768	0 12,504	0 314,190	0 0
John Zalewski	(i) 334,745 (ii) 0	17,150 0	42,351 0	17,169 0	13,956 0	425,371 0	0 0
Michael McCurry	(i) 0 (ii) 542,473	0 256,532	0 203,382	0 514,367	0 13,821	0 1,530,575	0 0
JOHN HERMANN	(i) 0 (ii) 281,983	0 61,164	0 26,175	0 97,400	0 13,227	0 479,949	0 0
JOHN HOWARD	(i) 0 (ii) 263,958	0 55,769	0 20,057	0 75,174	0 13,026	0 427,984	0 0
FRANCINE MERENGHI	(i) 0 (ii) 128,714	0 46,814	0 123,618	0 3,331	0 9,146	0 311,623	0 0
Lyn Hurst	(i) 0 (ii) 210,088	0 25,569	0 20,856	0 5,555	0 760	0 262,828	0 0
GREGORY POTTS MD	(i) 659,443 (ii) 0	0 0	34,718 0	12,137 0	15,203 0	721,501 0	0 0
Phillip Reichert MD	(i) 835,674 (ii) 0	0 0	18,170 0	15,898 0	14,934 0	884,676 0	0 0
ROBERT Haskins MD	(i) 615,688 (ii) 0	0 0	35,712 0	17,908 0	14,978 0	684,286 0	0 0
JAY PADRATZIK MD	(i) 781,238 (ii) 0	0 0	34,611 0	15,917 0	14,057 0	845,823 0	0 0
DAVID BROWN MD	(i) 686,482 (ii) 0	286,370 0	28,439 0	21,467 0	19,245 0	1,042,003 0	0 0
SANDEEP ROHATGI MD	(i) 440,299 (ii) 0	1,640 0	11,051 0	17,070 0	13,648 0	483,708 0	0 0
CHRISTIE BAYER MD	(i) 327,837 (ii) 0	0 0	17,499 0	15,308 0	2,771 0	363,415 0	0 0
THOMAS HALE MD PHD	(i) 281,623 (ii) 190,994	0 99,874	16,698 15,073	158,023 9,627	8,505 5,682	464,849 321,250	0 0
RANDALL COMBS	(i) 0 (ii) 503,185	0 204,501	0 48,999	0 257,594	0 11,978	0 1,026,257	0 0
DONALD KALICAK	(i) 0 (ii) 190,629	0 41,268	0 32,904	0 80,721	0 12,724	0 358,246	0 0
ROBERT RUELLO	(i) 0 (ii) 0	0 0	0 210,652	0 46,699	0 0	0 257,351	0 0

Additional Data

Software ID:
Software Version:
EIN: 43-1771217
Name: Mercy Medical Group

efile GRAPHIC print - DO NOT PROCESS **As Filed Data -** **DLN: 93493133036051**

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
Attach to Form 990.

Name of the organization
Mercy Medical Group

Employer identification number

43-1771217

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The member of Mercy Medical Group is St. Johns Mercy Health Care, a supporting organization under Section 509(a)(3). The member of St. Johns Mercy Health Care is Sisters of Mercy Health System

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St. Johns Mercy Health Care has reserve powers to -Appoint Directors pursuant to the process set forth in the bylaws, -Remove up to two Directors during any fiscal year without Cause and otherwise remove Directors for Cause, and -Remove the President and Chief Executive Officer of the Corporation with or without cause, after consultation with the Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		St. Johns Mercy Health Care has reserve powers to -Adopt or amend the Corporation's mission and philosophy, -Adopt or amend the Corporation's strategic plans, goals, and objectives, -Adopt or amend the Corporation's budgets, -Authorize or approve the assignment, transfer, sale or lease of any of the Corporation's assets or interest therein in excess of \$1,000,000, -Authorize or approve the grant of any pledge, lien, encumbrance, mortgage, deed of trust or other security interest in any or all of the Corporation's assets, -Authorize or approve the incurrence of debt (other than debt incurred for the acquisition of goods that are acquired in the ordinary course of business) by the Corporation and grant any security interests, place any encumbrances, enter into any covenants, and execute any documents and take any actions necessary or appropriate in connection with the incurrence of such debt, -Merge, dissolve or abandon the Corporation, -Amend the Articles of Incorporation and Bylaws of the Corporation, subject to the approval of the SJMHC Board, -Establish compensation and benefit terms for physicians and other medical professionals employed or otherwise retained by the Corporation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is prepared by an independent accounting firm, using information provided by the filing organization. A draft Form 990 is reviewed by the filing organization's finance leadership. The draft Form 990 is also reviewed by the Sisters of Mercy Health System's Tax department, to ensure accuracy and consistency with other related organizations' Form 990s. After questions arising from the various reviews are addressed and incorporated into the Form 990, a revised draft is provided to the filing organization's leadership team for review. Once reviewed and approved by the filing organization's leadership team, it is then signed and filed with the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annually, the business risk assessment and compliance team distributes a link to a conflict of interest survey, which must be completed by all covered individuals, including members of the Board of Directors, senior and executive leaders and persons with substantial influence by title (supervisors and above) or function. All disclosures of potential conflicts of interest reported by co-workers are reviewed by Business Risk and the Director of Corporate Compliance. If necessary, the Chief Financial Officer, General Counsel, and/or Chief Executive Officer may be involved in the review. Corporate Compliance coordinates the review and conflict resolution with the appropriate administrative vice president and with the advice of the General Counsel. All reported disclosures of potential conflicts by the Board of Directors are screened by the General Counsel and reviewed by the Board Chairperson and the CEO of St. Johns Mercy Health Care (Parent Company). All material conflicts requiring conflict resolution are reported at least annually to the Finance, Audit, and Compliance Committee of the St. Johns Mercy Health Care Board.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		For those classified as officers (and thus Disqualified Persons), Sisters of Mercy Health System (ultimate parent company) uses the following to establish the compensation external market salary surveys, external market salary studies, engagement of an independent compensation consultant, and review/approval of compensation by the Executive Compensation Committee of the Sisters of Mercy Board. For those classified as key employees, the following are used to establish the compensation external market salary surveys, external market salary studies, and review/approval of executive management of St. Johns Mercy Health Care. Compensation reviews are completed on an annual basis, and a review was completed during the reporting year.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents and financial statements have been made available from time to time but are not published publicly, we are not required to make these documents available to the public. Financial results are available via request of copy of Form 990.

Identifier	Return Reference	Explanation
Part XI, Line 2	Audited Financial Statements	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 separate audit opinion is issued on the financial statements of the filing organization. The ultimate responsibility for oversight of the financial statement audit and selection of the external auditor lies with the Finance, Audit, and Compliance Committee of the Sisters of Mercy Health System Board of Directors. Audit results are communicated to this committee.

Identifier	Return Reference	Explanation
Part XI, Line 3	Single Audit Act and OMB Circular A-133	The Consolidated Group of Sisters of Mercy Health System is required to undergo an audit as set forth in the single audit act and OMB Circular A-133. The single audit was conducted on a consolidated basis.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	SYSTEM LIMITATIONS	LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY 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, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P.

Identifier	Return Reference	Explanation
Part VII, Section A, Column B	Hours Per Week	Several individuals are disclosed as officers, directors, trustees, and key employees on multiple Form 990s that are filed by organizations included in the St. Johns Mercy Health Care system. The average hours per week reported includes hours worked for all of these organizations.

Identifier	Return Reference	Explanation
FORM 990, PART V, Question 1a	Independent contractors	Independent contractors 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.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

2009

► 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.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
Mercy Medical GroupEmployer identification number
43-1771217**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
Mercy Endocrinology and Diabetes Management LLC 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 27-2127648	Physician practice	MO	0	0	Mercy Medical Group
Mercy Pediatric ID Specialists LLC 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 27-2252716	Physician practice	MO	0	0	Mercy Medical Group
Mercy Surgical Specialists LLC 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 27-2481555	Physician practice	MO	0	0	Mercy Medical Group
St. Johns Mercy Oncology LLC 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 27-2127523	Physician practice	MO	0	0	Mercy Medical Group
St. Johns Mercy Pulmonology LLC 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 27-2882104	Physician practice	MO	0	0	Mercy Medical Group

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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
See Additional Data Table										

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
See Additional Data Table							

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**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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

Software ID:
Software Version:
EIN: 43-1771217
Name: Mercy Medical Group

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	Long term acute-care hospital	AR	501c3	3	SMHS
Breech Regional Med Ctr 100 Hospital Drive Lebanon, MO 65536 43-1767432	Hospital	MO	501c3	3	ST JOHN's Health System Inc
Carroll Health Foundation 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501c3	11-I	Ozark Regions Health Systems
Casa de Misericordia 1602 McClelland Street Laredo, TX78044 74-2912461	Women's domestic violence shelter	TX	501c3	9	Mercy Ministries of Laredo
Healdton Mercy Hosp Corp 918 South Street Healdton, OK73438 26-3173902	hospital	OK	501c3	3	Mercy Memorial Health Ctr Inc
Laredo Medical Group 14528 S Outer Forty St 100 Chesterfield, MO 63017 74-2764726	Inactive	TX	501c3	9	MHS System of Texas Inc
McAuley Portfolio Mgmt Co 14528 S Outer Forty St 100 Chesterfield, MO 63017 26-1708048	Portfolio management	MO	501c3	11-II	SMHS
Mercy El Reno Hosp Corporation 2115 Parkview Drive El Reno, OK73036 73-6617948	Operating co for leased hosp	OK	501c3	3	SMHS
Mercy Emergency Med Svrs 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive	OK	501c3	9	Mercy Health Center Inc
Mercy Fdtn Health Innov 14528 S Outer Forty St 100 Chesterfield, MO 63017 20-0901499	Foundation	MO	501c3	11-II	SMHS
Mercy Health Ctr Fdtn 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501c3	11-III	MHS of Kansas Inc
Mercy Health Ctr Fdtn Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501c3	11-I	Mercy Health Center Inc
Mercy Health Center Inc 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501c3	3	Mercy Health System Inc
Mercy Health MNMCH Inc 220 Pennsylvania Avenue Columbus, KS66725 27-0842031	Critical Access Hospital	MO	501c3	9	Mercy Health System-Joplin Inc
Mercy Health of Joplin Found 2727 McClelland Blvd Joplin, MO64804 27-0906136	Foundation	MO	501c3	11-I	Mercy Health System-Joplin Inc
Mercy Health of Joplin Inc 2727 McClelland Blvd Joplin, MO64804 27-0814858	Hospital	MO	501c3	9	Mercy Health System-Joplin Inc
Mercy Health Services 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	dissolved 6/30/10	OK	501c3	3	Mercy Health Center Inc
Mercy Health System Joplin Inc 2727 McClelland Blvd Joplin, MO64804 30-0584463	Health System	MO	501c3	11-II	SMHS
Mercy Health System KS 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	Hospital,rural health clinics	KS	501c3	3	SMHS
Mercy Health System NW Ark Inc 2710 Rife Medical Ln Rogers, AR72758 62-1684203	Physician Group	AR	501c3	11-II	SMHS
Mercy Health System TX 14528 S Outer Forty St 100 Chesterfield, MO 63017 74-2764727	Inactive	TX	501c3	11-II	SMHS
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding company	OK	501c3	11-II	SMHS
Mercy Hospital Fdtn Indep 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501c3	11-I	MHS of Kansas Inc
Mercy Hospital of Laredo 14528 S Outer Forty St 100 Chesterfield, MO 63017 74-1189682	Inactive	TX	501c3	3	MHS System of Texas Inc
Mercy Memorial Health Ctr Fdtn 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501c3	11-I	Mercy Memorial Health Ctr Inc
Mercy Memorial Health Ctr Inc 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501c3	3	Mercy Health System Inc
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX78043 20-0198462	healthcare, outreach,food pantry	TX	501c3	3	SMHS
Mercy Physicians Ok 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Physician Group/Clinic	OK	501c3	9	Mercy Health System Inc
MHM Support Services 14528 S Outer Forty St 100 Chesterfield, MO 63017 20-2553101	Centralized Health System Functions	MO	501c3	11-II	SMHS
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	Physician Clinics	AR	501c3	11-II	St Joseph's MHS Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Ozarks Regions HS 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501c3	3	St John's Health System Inc
Sisters of Mercy Hlth Sys 14528 S Outer Forty St 100 Chesterfield, MO 63017 43-1423050	Health System - Corporate Office	MO	501c3	11-II	N/A
Sisters of Mercy Ministries 14528 S Outer Forty St 100 Chesterfield, MO 63017 72-1069468	Family counseling, social justice advocacy	MO	501c3	9	SMHS
St Edward Health Frank Cty 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Health Log Cty 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Health Scott Cty 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Mercy Clin 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Physician Clinic	AR	501c3	3	St Edward MHS Inc
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR72917 23-7330425	Foundation	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Mercy HS Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Company	AR	501c3	11-II	SMHS
St Edward Mercy Med Ctr 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501c3	3	St Edward MHS Inc
St Francis Hosp MtView MO 100 W Highway 60 Mountain View, MO 65548 44-0607149	Hospital	MO	501c3	3	St John's Health System Inc
St Johns Aurora Inc 500 Porter Avenue Aurora, MO 65605 43-1936696	Operating co for leased hosp	MO	501c3	3	St John's Health System Inc
St Johns Cassville Inc 94 Main Street Cassville, MO 65625 43-1936699	Operating co for leased hosp	MO	501c3	3	St John's Health System Inc
St Johns Childrens Hosp 1235 E Cherokee Street Springfield, MO 65804	Inactive	MO	501c3	3	St John's Health System Inc
St Johns Clinic Inc 1965 Fremont Street Suite 2950 Springfield, MO 65804 43-1560263	Physician Group	MO	501c3	3	St John's Health System Inc
St Johns Fdtn Comm Hlth 1235 E Cherokee Street Springfield, MO 65804 32-0195818	Foundation	MO	501c3	11-II	St John's Health System Inc
St Johns Health System In 1235 E Cherokee Street Springfield, MO 65804 43-1856028	Holding Company	MO	501c3	11-II	SMHS
St Johns Home Care Berryville 214 Carter Street Berryville, AR72616 87-0781247	Home Health and Hospice operations	AR	501c3	11-III	St John's Regional Health Ctr
St Johns Medical Rsch Inst 1235 E Cherokee Street Springfield, MO 65804 87-0796305	Research - Clinical Trials	MO	501c3	3	St John's Health System Inc
St Johns Mercy Fdtn 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 56-2410020	Foundation	MO	501c3	11-II	St John's Mercy Health Care
St Johns Mercy Health Care 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1718408	Health System	MO	501c3	11-II	SMHS
St Johns Mercy Health System 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-0653493	Hospital	MO	501c3	3	St John's Mercy Health Care
St Johns Mercy Hospital Fdtn 901 E Fifth Street Washington, MO 63090 56-2410022	Foundation	MO	501c3	11-II	St John's Mercy Health Care
St Johns Mercy Supp Srv 615 S New Ballas Road St Louis, MO 63141 43-1677952	Inactive	MO	501c3	11-III	St John's Mercy Health System
St Johns Reg Hlth Ctr 1235 E Cherokee Street Springfield, MO 65804 44-0552485	Hospital	MO	501c3	3	St John's Health System Inc
St Josephs Mercy Clin 1 Mercy Lane Hot Springs, AR71913 26-1125131	Physician Clinic	AR	501c3	9	St Joseph's MHS Inc
St Josephs Mercy Health Center 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501c3	3	St Joseph's MHS Inc
St Josephs Mercy Health Fdtn 300 Werner Street Hot Springs, AR71913 71-0804718	Foundation	AR	501c3	11-II	St Joseph's Mercy Health Ctr
St Josephs Mercy Health Sys 300 Werner Street Hot Springs, AR71913 26-1125064	Holding Company	AR	501c3	11-II	SMHS
St Mary-Rogers Mem Hos 2710 Rife Medical Ln Rogers, AR72758 71-0294390	Hospital	AR	501c3	3	MH S NW Arkansas Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St Marys Hospital Foundation 2710 Rife Medical Ln Rogers, AR72858 71-0601687	Foundation	AR	501c3	11-III	St Mary-Rogers Mem Hosp Inc
St Marys Hosp Enid Ok 14528 S Outer Forty St 100 Chesterfield, MO 63017 73-0614655	Inactive	OK	501c3	3	Mercy Health System Inc
The Sr M Cornelia Blasko Fn 100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	MO	501c3	11-I	St Francis Hosp Mount View MO
Unity Ambulatory Care 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1861745	Inactive	MO	501c3	11-III	St John's Mercy Health Care

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?
							Yes	No		
Southern Oklahoma Diag Ctr LLC 1011 Fourteenth Avenue NW ARDMORE, OK73401 43-1971232	MRI Services	OK	N/A	N/A				No		No
Resource Optimiz & Innov LLC 645 Maryville Ctr DrSte 200 ST LOUIS, MO63141 46-0468368	Central Distribution Center	MO	N/A	N/A				No		No
Mercy Ambulatory Surgery Center LLC 7301 Rogers Avenue FORT SMITH, AR72917 71-0827721	Ambulatory Surgery Center	AR	N/A	N/A				No		No
Hot Springs Equip Leasing LLC 300 Werner Street HOT SPRINGS, AR71913 20-4340915	Inactive,dissolved 9/30/09	AR	N/A	N/A				No		No
Hot Springs MRI Partnership 100 Ridgeway Place HOT SPRINGS, AR72901 71-0675196	Inactive,dissolved 8/5/09	AR	N/A	N/A				No		No
FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR72901 71-0416615	Emergency Medical Services	AR	N/A	N/A				No		No
SOUThern Oklahoma PHO LLC 1011 Fourteenth Avenue NW ARDMORE, OK73401 73-1462104	Inactive,dissolved 12/31/09	OK	N/A	N/A				No		No
St Edward Mercy Med Ctr M-P Office Bldg 7301 Rogers Avenue FORT SMITH, AR72903 71-0554050	Office Building	AR	N/A	N/A				No		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
St Edward Medical Services Inc 7301 Rogers Avenue Fort Smith, AR72903 20-2965518	Inactive dissolved 5/5/10	AR	N/A	C			
Consolidated Logistics Inc 2710 Rife Medical Lane Rogers, AR72758 71-0474406	Inactive dissolved 8/4/09	AR	N/A	C			
Mercy Comm Services Inc 401 Woodland Hills Blvd Fort Scott, KS66701 48-1078101	Catering operations	KS	N/A	C			
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 52-1914421	Holds ancillary assets & owns aircraft	DE	N/A	C			
MHP Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 43-1697084	Holding company sold 10/1/10	DE	N/A	C			
Mercy Medical Services Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 71-0641246	Inactive dissolved 7/1/09	MO	N/A	C			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO65804 26-4509571	Technology transfer company	MO	N/A	C			
Unity Support Services Inc 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-1797042	Inactive	MO	N/A	C			
UH L Corp Inc 645 Maryville Centre Drive Suite 10 St Louis, MO63141 74-2499535	Holding company	MO	N/A	C			
MHN of the Southern Region Inc 1011 14th Avenue NW Ardmore, OK73401 73-1580607	Employed physicians, physician assistants, and nurse practitioners	OK	N/A	C			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	Administrator of certain real property and improvements	OK	N/A	C			
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK73120 73-1441665	Holding company	OK	N/A	C			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	Employed physicians, physician assistants, and nurse practitioners	OK	N/A	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) MHM Support Services	O	4,949,713
(2) Mercy Health Plans	P	2,551,105
(3) Mercy Health Plans	O	1,846,353
(4) Resource Optimization & Innovation LLC	O	142,796
(5) St John's Mercy Health Care	O	6,702,861
(6) St John's Mercy Health Care	P	37,530,517
(7) St John's Mercy Health System - St John's Mercy Medical Center	O	27,975,454
(8) St John's Mercy Health System - St John's Mercy Medical Center	P	633,865

Additional Data

Software ID:
Software Version:
EIN: 43-1771217
Name: Mercy Medical Group

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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
		Or individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
DENNY MARGARET DENARVAEZ MEMBER	60 00	X			X		0	833,559	188,861
CHERYL MATEJKA TREASURER	60 00	X		X			0	326,517	50,971
Eric Eoloff VP-Operations	60 00	X			X		0	271,918	42,272
John Zalewski President	47 00	X		X			394,246	0	31,125
Michael McCurry Member	50 00	X					0	1,002,387	528,188
JOHN HERMANN SENIOR VICE-PRESIDENT	54 00				X		0	369,322	110,627
JOHN HOWARD SR VP,STRAT DEVEL & GC	60 00				X		0	339,784	88,200
FRANCINE MERENGHI VP-SJMMG MAP	58 00				X		0	299,146	12,477
Lyn Hurst VP Human Resources	50 00				X		0	256,513	6,315
GREGORY POTTS MD PHYSICIAN	82 00					X	694,161	0	27,340
Phillip Reichert MD PHYSICIAN	55 00					X	853,844	0	30,832
ROBERT Haskins MD PHYSICIAN	80 00					X	651,400	0	32,886
JAY PADRATZIKMD PHYSICIAN	85 00					X	815,849	0	29,974
DAVID BROWNMD PHYSICIAN	70 00					X	1,001,291	0	40,712
SANDEEP ROHATGI MD PHYSICIAN-FORMER OFFICER	65 00					X	452,990	0	30,718
CHRISTIE BAYER MD PHYSICIAN-FORMER OFFICER	50 00					X	345,336	0	18,079
THOMAS HALE MD PHD Former Officer						X	298,321	305,941	181,837
RANDALL COMBS Former Officer						X	0	756,685	269,572
DONALD KALICAK Former Key Employee						X	0	264,801	93,445
ROBERT RUELLO Former Key Employee						X	0	210,652	46,699