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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

| | | | |
|---|---|--|--|
| B Check if applicable | C Name of organization MERCY CLINIC EAST COMMUNITIES F/K/A MERCY MEDICAL GROUP | | D Employer identification number 43-1771217 |
| <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 645 MARYVILLE CENTRE DRIVE, STE 100 | | Room/suite |
| | City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63141 | | |
| | F Name and address of principal officer: JOHN HUBERT SAME AS C ABOVE | | G Gross receipts \$ 107,344,212. |
| I | Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J | Website: ► WWW.MERCY.NET/STLOUismo | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| K | Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | H(c) Group exemption number ► |

Part I Summary

| | | |
|---|---|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: MERCY CLINIC EAST COMMUNITIES ("MCEC") COORDINATES PHYSICIAN-RELATED ASPECTS OF HEALTH CARE WITHIN | |
| | 2 Check this box ► <input type="checkbox"/> 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 18 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 0 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 889 |
| | 6 Total number of volunteers (estimate if necessary) | 6 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 40,193. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b <3,391.> |
| | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 0. Current Year 0. |
| | 9 Program service revenue (Part VIII, line 2g) | 89,616,132. 106,480,495. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 655,450. 850,274. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 7,531. 13,443. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 90,279,113. 107,344,212. | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. 0. | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 71,654,554. 99,895,963. | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. | |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 0. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 30,298,872. 36,968,240. | |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 101,953,426. 136,864,203. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | <11,674,313.> <29,519,991.> | |
| 20 Total assets (Part X, line 16) | Beginning of Current Year 21,965,124. End of Year 37,752,027. | |
| 21 Total liabilities (Part X, line 26) | 20,299,168. 32,086,197. | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,665,956. 5,665,830. | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|---------------|---|---|-------------------------------|---|--------------|
| Sign Here | ► <i>Cheryl Matejka</i> | Date 10/10/12 | | | |
| | Signature of officer | | | | |
| | ► CHERYL MATEJK, TREASURER | | | | |
| | Type or print name and title | | | | |
| Paid Preparer | Print/Type preparer's name DOUGLAS PLEUS | Preparer's signature <i>Douglas Pleus</i> | Date 10/10/12 | Check <input type="checkbox"/> if self-employed | PTIN |
| Use Only | Firm's name ► PLEUS AND COMPANY, LLC | | Firm's EIN ► | | |
| | Firm's address ► 14323 S. OUTER FORTY, STE 310N CHESTERFIELD, MO 63017 | | Phone no. 314-317-9916 | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION **72**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - b 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*
 - c 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*
 - d 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*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f 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 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 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, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*
- 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*
- 20a Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*
 - b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

| | Yes | No |
|-----|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | X | |
| 4 | X | |
| 5 | | |
| 6 | X | |
| 7 | X | |
| 8 | X | |
| 9 | X | |
| 10 | X | |
| 11a | X | |
| 11b | X | |
| 11c | X | |
| 11d | X | |
| 11e | X | |
| 11f | X | |
| 12a | X | |
| 12b | X | |
| 13 | X | |
| 14a | X | |
| 14b | X | |
| 15 | X | |
| 16 | X | |
| 17 | X | |
| 18 | X | |
| 19 | X | |
| 20a | X | |
| 20b | | |

MERCY CATHOLIC EAST COMMUNITIES
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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------------|---|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | <input checked="" type="checkbox"/> |
| 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 lines 24b through 24d and complete Schedule K. If "No", go to line 25 | 24a | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | <input checked="" type="checkbox"/> |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | <input checked="" type="checkbox"/> |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | <input checked="" type="checkbox"/> |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | <input checked="" type="checkbox"/> |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 36 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | <input checked="" type="checkbox"/> |

Note. All Form 990 filers are required to complete Schedule O

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MERCY CLINIC EAST COMMUNITIES
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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | Yes | No |
|--|-----|-------------------------------------|
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 1 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | <input checked="" type="checkbox"/> |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 889 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i> | 2b | <input checked="" type="checkbox"/> |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | <input checked="" type="checkbox"/> |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | <input checked="" type="checkbox"/> |
| b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | <input checked="" type="checkbox"/> |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <input checked="" type="checkbox"/> |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | <input checked="" type="checkbox"/> |
| b 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 | <input checked="" type="checkbox"/> |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | <input checked="" type="checkbox"/> |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | <input checked="" type="checkbox"/> |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | <input checked="" type="checkbox"/> |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | 9a | |
| a Did the organization make any taxable distributions under section 4966? | 9b | |
| 10 Section 501(c)(7) organizations. Enter | 10a | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10b | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 Section 501(c)(12) organizations. Enter | 11a | |
| a Gross income from members or shareholders | 11b | |
| b 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? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | |
| a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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MERCY CONNIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 18 | |
| 1b Enter the number of voting members included in line 1a, above, who are independent | 0 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 Does the organization have members or stockholders? | 6 | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | X |

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

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

Section C. Disclosure

| | |
|---|--|
| 17 List the states with which a copy of this Form 990 is required to be filed ► | NONE |
| 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. | |
| <input type="checkbox"/> Own website | <input type="checkbox"/> Another's website |
| <input checked="" type="checkbox"/> Upon request | |
| 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. | |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► | |
| KERRY DUNGER - (314) 364-3731 | |
| 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | |

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

Check if Schedule O contains a response to any question in this Part VII

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.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|---------------------------------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| GREGORY POTTS <u>PHYSICIAN</u> | 58.00 | X | | | | | 704,379. | 0. | 29,264. |
| DENNY (MARGARET) DENARVAEZ <u>MEMBER</u> | 60.00 | X | | | | | 0. | 823,913. | 187,978. |
| JOHN HOWARD <u>SR VP STRAT DEVEL & GC</u> | 60.00 | X | | | | | 0. | 405,222. | 94,270. |
| CHERYL MATEJKA <u>TREASURER</u> | 60.00 | X | X | | | | 0. | 395,211. | 55,468. |
| ERIC BOLOFF <u>VP-OPERATIONS</u> | 60.00 | X | | | | | 0. | 322,536. | 43,470. |
| JOHN ZALEWSKI, THRU 9/3/10 <u>PRESIDENT</u> | 64.00 | X | X | | | | 491,745. | 0. | 44,242. |
| MICHAEL MCCURRY <u>MEMBER</u> | 50.00 | X | X | | | | 0. | 964,849. | 530,776. |
| JOHN HUBERT <u>PRESIDENT</u> | 60.00 | X | X | | | | 701,110. | 0. | 24,953. |
| EDWARD KUNST <u>MEMBER</u> | 60.00 | X | | | | | 418,952. | 0. | 34,799. |
| MARC MERBAUM <u>MEMBER</u> | 60.00 | X | | | | | 319,420. | 0. | 30,738. |
| STEPHEN SANDERS <u>MEMBER</u> | 60.00 | X | | | | | 485,540. | 0. | 37,087. |
| RAYMOND WEICK <u>MEMBER</u> | 60.00 | X | | | | | 334,045. | 0. | 22,007. |
| RACHEL BORSON <u>MEMBER</u> | 60.00 | X | | | | | 0. | 688,639. | 16,886. |
| CHRISTOPHER VEREMAKIS <u>MEMBER</u> | 60.00 | X | | | | | 0. | 506,735. | 66,566. |
| GARY WASSERMAN <u>MEMBER</u> | 60.00 | X | | | | | 408,750. | 0. | 16,342. |
| STEVEN HILTON <u>MEMBER</u> | 60.00 | X | | | | | 0. | 318,269. | 32,652. |
| ALOK SENGUPTA <u>MEMBER</u> | 60.00 | X | | | | | 0. | 318,077. | 28,098. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|---------------------------------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| JOSEPH HILGEMAN <u>MEMBER</u> | 60.00 | X | | | | | 402,612. | 0. | 36,996. |
| JOHN MARBARGER <u>MEMBER</u> | 60.00 | X | | | | | 610,370. | 0. | 33,077. |
| ROBERT ATTEBERRY <u>PHYSICIAN</u> | 60.00 | X | | | | | 419,244. | 0. | 27,712. |
| MARK FARON <u>PHYSICIAN</u> | 60.00 | | | X | | | 421,267. | 0. | 36,343. |
| STEPHEN PIEPER <u>PHYSICIAN</u> | 60.00 | | | X | | | 311,538. | 0. | 21,604. |
| JENNIFER SCHEER <u>PHYSICIAN</u> | 60.00 | | | X | | | 200,987. | 0. | 23,401. |
| DONN SORENSEN <u>CHIEF OPERATING OFFICER</u> | 60.00 | | | X | | | 0. | 643,608. | 163,536. |
| PHILLIP REICHERT <u>PHYSICIAN</u> | 55.00 | | | X | | | 1,013,647. | 0. | 33,330. |
| JAY PADRATZIK <u>PHYSICIAN</u> | 85.00 | | | X | | | 879,282. | 0. | 32,657. |
| 1b Sub-total | | | | | | ► | 8,122,888. | 5,387,059. | 170,4252. |
| c Total from continuation sheets to Part VII, Section A | | | | | | ► | 2,942,786. | 2,679,216. | 793,028. |
| d Total (add lines 1b and 1c) | | | | | | ► | 11,065,674. | 8,066,275. | 249,7280. |

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 ► 219

| | 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 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| ST LOUIS CHILDRENS HOSPITAL ONE CHILRENS PLACE, ST. LOUIS, MO 63110 | ANSWERING SERVICES | 135,538. |
| MEDICAL EMPLOYMENT DIRECTORY, 11701 BORMAN DR., STE 180, ST. LOUIS, MO 63146 | TEMPORARY AGENCY | 123,819. |
| SIMPLER NORTH AMERICA PO BOX 36, BLOOMFIELD, IA 52537 | CONSULTING | 103,056. |
| | | |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

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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 | 1 a 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 | 2 a <u>NET PATIENT REVENUE</u> | Business Code 621110 | 90370799. | 90370799. | | |
| | b <u>OTHER OPERATING REVENUE</u> | 621110 | 16069503. | 16069503. | | |
| | c <u>COMMERCIAL RESEARCH</u> | 621500 | 40,193. | 40,193. | | |
| | d .. | | | | | |
| | e .. | | | | | |
| | f All other program service revenue .. | | | | | |
| | g Total. Add lines 2a-2f ► | | 106480495. | | | |
| | h .. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) .. | | 850,274. | | 850,274. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross Rents .. | (i) Real 13,443. | (ii) Personal | | | |
| | b Less: rental expenses .. | | | | | |
| | c Rental income or (loss) .. | 13,443. | | | | |
| | d Net rental income or (loss) .. | | | | | |
| | 7 a 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) .. | | | | | |
| | 8 a Gross income from fundraising events (not including \$.. of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| | b Less: direct expenses .. | a | | | | |
| | c Net income or (loss) from fundraising events | b | | | | |
| 9 a Gross income from gaming activities See Part IV, line 19 | | | | | | |
| b Less: direct expenses .. | a | | | | | |
| c Net income or (loss) from gaming activities | b | | | | | |
| 10 a Gross sales of inventory, less returns and allowances .. | | | | | | |
| b Less: cost of goods sold .. | a | | | | | |
| c Net income or (loss) from sales of inventory | b | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a .. | | | | | | |
| b .. | | | | | | |
| c .. | | | | | | |
| d All other revenue .. | | | | | | |
| e Total. Add lines 11a-11d ► | | 107344212. | 106440302. | 40,193. | 863,717. | |
| 12 Total revenue. See instructions. | | | | | | |

MERCY CLINIC EAST COMMUNITIES
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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 | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 6,969,474. | 6,969,474. | | |
| 7 Other salaries and wages | 135,559. | 135,559. | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 76,755,831. | 73,315,678. | 3,440,153. | |
| 9 Other employee benefits | 3,852,685. | 3,694,640. | 158,045. | |
| 10 Payroll taxes | 7,821,970. | 7,501,096. | 320,874. | |
| 11 Fees for services (non-employees). | 4,360,444. | 4,181,569. | 178,875. | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 6,976,246. | 3,804,605. | 3,171,641. | |
| 12 Advertising and promotion | 138,882. | 113,628. | 25,254. | |
| 13 Office expenses | 208,258. | 200,802. | 7,456. | |
| 14 Information technology | 2,483,936. | 2,483,936. | | |
| 15 Royalties | | | | |
| 16 Occupancy | 8,641,631. | 8,339,301. | 302,330. | |
| 17 Travel | 193,339. | 133,122. | 60,217. | |
| 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 | 837,189. | 816,386. | 20,803. | |
| 23 Insurance | 3,002,787. | 2,987,787. | 15,000. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a SUPPLIES | 11,017,527. | 10,954,624. | 62,903. | |
| b PROV FOR UNCOLLECT RECV | 1,830,141. | 1,830,141. | 0. | |
| c NONOPERATING EXPENSES | 538,053. | 538,053. | 0. | |
| d PROF LISTING/PROMOTIONS | 370,210. | 103,600. | 266,610. | |
| e _____ | | | | |
| f All other expenses | 730,041. | 528,297. | 201,744. | |
| 25 Total functional expenses Add lines 1 through 24f | 136,864,203. | 128,632,298. | 8,231,905. | 0. |
| 26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

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Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---|--------------------------|-----|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,816,430. | 1 | 7,102,598. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 5,288,218. | 4 | 9,406,837. |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 4,235. | 9 | 64,131. |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 16,096,292. | | |
| | b Less: accumulated depreciation | 10b 11,803,778. | 10c | 4,292,514. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 4,822,412. | 12 | 5,472,999. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 3,793,739. | 15 | 11,412,948. |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 21,965,124. | 16 | 37,752,027. |
| Liabilities | 17 Accounts payable and accrued expenses | 3,162,128. | 17 | 2,887,609. |
| | 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 | 17,137,040. | 25 | 29,198,588. |
| | 26 Total liabilities. Add lines 17 through 25 | 20,299,168. | 26 | 32,086,197. |
| 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 | 1,665,956. | 27 | 5,665,830. |
| | 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 | 1,665,956. | 33 | 5,665,830. |
| | 34 Total liabilities and net assets/fund balances | 21,965,124. | 34 | 37,752,027. |

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | |
|---|----------------|
| 1 | 107,344,212. |
| 2 | 136,864,203. |
| 3 | <29,519,991. > |
| 4 | 1,665,956. |
| 5 | 33,519,865. |
| 6 | 5,665,830. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
b Were the organization's financial statements audited by an independent accountant? _____
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
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 separate basis, consolidated basis, or both.
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
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 | | <input checked="" type="checkbox"/> |
| 2b | <input checked="" type="checkbox"/> | |
| 2c | <input checked="" type="checkbox"/> | |
| 3a | <input checked="" type="checkbox"/> | |
| 3b | <input checked="" type="checkbox"/> | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

| | | |
|--------------------------|--|--|
| Name of the organization | MERCY CLINIC EAST COMMUNITIES F/K/A 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 described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)

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

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

(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) | | |

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|-----------|----------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----------------------------|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | ► <input type="checkbox"/> | |
| b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | ► <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2010. 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 | ► <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2009. 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 | ► <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ► <input type="checkbox"/> | |

MERCY CLINIC EAST COMMUNITIES

Schedule A (Form 990 or 990-EZ) 2010 F/K/A MERCY MEDICAL GROUP

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 75471913 | 84833897 | 87688320 | 89606051 | 106440302 | 444040483 |
| 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) | | | | | | 444040483 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|-----------|----------|----------|-----------|--------------------------|
| 9 Amounts from line 6 | 75471913 | 84833897 | 87688320 | 89606051 | 106440302 | 444040483 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 854,886. | <195,856. | 502,244. | 655,450. | 850,274. | 1662510. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 854,886. | <195,856. | 502,244. | 655,450. | 850,274. | 1662510. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 35,859. | 20,888. | 109,838. | 10,081. | 40,193. | 216,859. |
| 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) | 76362658 | 84658929 | 87295914 | 90271582 | 107330769 | 445919852 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.58 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 99.58 | % |

Section D. Computation of Investment Income Percentage

| | | | |
|--|----|-----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | .37 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | .35 | % |

19a 33 1/3% support tests - 2010. 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 **X**

b 33 1/3% support tests - 2009. 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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010Open to Public
InspectionName of the organization **MERCY CLINIC EAST COMMUNITIES
F/K/A 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

Part III | **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the 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:

(i) unrelated organizations
 (ii) related organizations

| Yes | No |
|--------|----|
| 3a(i) | |
| 3a(ii) | |
| 3b | |

b 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 | **Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | 7,856,069. | 5,721,068. | 2,135,001. | |
| d Equipment | 8,078,398. | 6,082,710. | 1,995,688. | |
| e Other | 161,825. | | | 161,825. |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | ► 4,292,514. |

MERCY INIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

Schedule D (Form 990) 2010

43-1771217 Page 3

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 |
|---|-------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) MH INV FUND | 5,472,999. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► | 5,472,999. | |

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 |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► | | |

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

| (a) Description | (b) Book value |
|--|--------------------|
| (1) DEFERRED COMPENSATION | 11,412,948. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ► | 11,412,948. |

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

| (a) Description of liability | (b) Amount |
|----------------------------------|--------------------|
| (1) Federal income taxes | |
| (2) ACCRUED PAYROLL | 17,195,203. |
| (3) DEFERRED COMPENSATION | 11,412,948. |
| (4) INTERCOMPANY PAYABLE | 590,437. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► 29,198,588.

FIN 48 (ASC 740) 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

2. FIN 48 (ASC 740)

032053

12-20-10

Schedule D (Form 990) 2010

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

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

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

| | |
|---|----|
| 1 Total revenue, gains, and other support per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | |
| a Net unrealized gains on investments | 2a |
| b Donated services and use of facilities | 2b |
| c Recoveries of prior year grants | 2c |
| d Other (Describe in Part XIV.) | 2d |
| e Add lines 2a through 2d | 2e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a |
| b Other (Describe in Part XIV.) | 4b |
| c Add lines 4a and 4b | 4c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | |
|--|----|
| 1 Total expenses and losses per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. | |
| a Donated services and use of facilities | 2a |
| b Prior year adjustments | 2b |
| c Other losses | 2c |
| d Other (Describe in Part XIV.) | 2d |
| e Add lines 2a through 2d | 2e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a |
| b Other (Describe in Part XIV.) | 4b |
| c Add lines 4a and 4b | 4c |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MERCY

HEALTH 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)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUPEmployer 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.

 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)**Yes****No****1b** **2** **4a** **4b** **4c** **5a** **5b** **6a** **6b** **7** **8** **9****b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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 from the organization or a related organization?**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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**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 Regulations 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)?

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

Schedule J (Form 990) 2010

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

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 GREGORY POTTS | 678,484. | 0. | 25,895. | 12,811. | 16,453. | 733,643. | 0. |
| 2 DENARYAEZ | 337,124. | 302,934. | 183,855. | 180,793. | 7,185. | 1,011,891. | 0. |
| 3 JOHN HOWARD | 292,635. | 80,986. | 31,601. | 79,482. | 14,788. | 499,492. | 0. |
| 4 CHERYL MATEJKA | 253,223. | 104,689. | 37,299. | 40,827. | 14,641. | 450,679. | 0. |
| 5 ERIC EOLOFF | 227,036. | 83,540. | 11,960. | 30,176. | 13,294. | 366,006. | 0. |
| 6 JOHN ZALEWSKI, THRU 9/3/10 | 357,927. | 89,746. | 44,072. | 28,74. | 15,468. | 535,987. | 0. |
| 7 MICHAEL MCCURRY | 605,326. | 332,982. | 26,541. | 515,658. | 15,118. | 1,495,625. | 0. |
| 8 JOHN HUBERT | 500,174. | 151,324. | 49,612. | 11,853. | 13,100. | 726,063. | 0. |
| 9 EDWARD KUNST | 302,286. | 0. | 17,134. | 15,809. | 14,929. | 350,158. | 0. |
| 10 MARC MERBAUM | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 STEPHEN SANDERS | 461,350. | 0. | 24,190. | 21,554. | 15,533. | 522,627. | 0. |
| 12 RAYMOND WEICK | 316,922. | 0. | 17,123. | 11,975. | 10,032. | 356,052. | 0. |
| 13 RACHEL BORSON | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 CHRISTOPHER VEREMAKIS | 342,334. | 116,713. | 47,688. | 51,712. | 14,854. | 573,301. | 0. |
| 15 GARY WASSERMAN | 366,606. | 0. | 42,144. | 8,462. | 7,880. | 425,092. | 0. |
| 16 STEVEN HILTON | 236,245. | 48,325. | 33,699. | 17,914. | 14,738. | 350,921. | 0. |

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

Schedule J (Form 990) 2010

43-1771217

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 ALOK SENGUPTA | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 250,703. | 50,236. | 17,138. | 13,333. | 14,765. | 346,175. | 0. |
| | (iii) 384,848. | 0. | 17,764. | 22,039. | 14,957. | 439,608. | 0. |
| 2 JOSEPH HILGEMAN | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 503,974. | 58,793. | 47,603. | 20,897. | 12,180. | 643,447. | 0. |
| 3 JOHN MARBARGER | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 401,772. | 0. | 17,472. | 12,054. | 15,658. | 446,956. | 0. |
| 4 ROBERT ATTEBERRY | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 377,497. | 0. | 43,770. | 22,687. | 13,656. | 457,610. | 0. |
| 5 MARK FARON | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 293,916. | 0. | 17,622. | 12,250. | 9,354. | 333,142. | 0. |
| 6 STEPHEN PIEPER | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 176,541. | 7,500. | 16,946. | 14,352. | 9,049. | 224,388. | 0. |
| 7 JENNIFER SCHEER | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 431,623. | 178,771. | 33,214. | 149,692. | 13,844. | 807,144. | 0. |
| | (iii) 995,137. | 0. | 18,510. | 16,769. | 16,561. | 1,046,977. | 0. |
| 9 PHILLIP REICHERT | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 844,412. | 0. | 34,870. | 16,789. | 15,868. | 911,939. | 0. |
| 10 JAY PADRATZIK | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 671,335. | 118,994. | 35,133. | 21,203. | 6,893. | 853,558. | 0. |
| 11 ALLA DORFMAN | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 644,498. | 25,000. | 18,136. | 9,961. | 15,924. | 713,519. | 0. |
| 12 NISHAN CHOBANIAN | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 505,088. | 117,368. | 49,611. | 11,853. | 12,762. | 696,682. | 0. |
| 13 GEORGE VOURNAS | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 421,201. | 0. | 17,566. | 18,153. | 15,218. | 472,138. | 0. |
| 14 SANDEEP ROHATGI | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 301,187. | 0. | 17,669. | 17,223. | 2,974. | 339,053. | 0. |
| 15 CHRISTIE BAYER | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 479,837. | 188,615. | 51,525. | 163,413. | 11,638. | 895,028. | 0. |

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
Do not list any individuals that are not listed on Form 990, Part VII.

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 RANDALL COMBS | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 505,989. | 285,391. | 27,340. | 259,233. | 14,274. | 1,092,227. | 0. |
| 2 JOHN HERMANN | (i) 65,318. | 39,313. | 295,663. | 86,737. | 3,755. | 490,786. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 DONALD KALICAK | (i) 185,313. | 56,003. | 41,664. | 82,054. | 10,856. | 375,890. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 FRANCINE MERENGHI | (i) 0. | 0. | 167,383. | 2,941. | 0. | 170,324. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 LYN HURST | (i) 62,022. | 49,036. | 178,804. | 25,077. | 886. | 315,825. | 0. |
| 6 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part III Supplemental Information

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

PART I, LINE 1A: CHARTER TRAVEL IS PROVIDED TO ALL EMPLOYEES AS DEEMED NECESSARY FOR BUSINESS TRAVEL AND PURSUANT TO THE APPROVAL BY THE FINANCE DEPARTMENT. AFTER CHARTER TRAVEL APPROVAL HAS BEEN GRANTED, IN ACCORDANCE WITH THE FINANCIAL JUSTIFICATION PROCESS, THE APPROVED CHARTER TRAVEL FOR BUSINESS IS A REIMBURSABLE EXPENSE WHICH IS NOT TAXABLE TO THE EMPLOYEES.

TRAVEL FOR COMPANIONS IS PROVIDED UNDER LIMITED CIRCUMSTANCES IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL.

LIMITED INSTANCES OF TAX GROSS-UPS MAY HAVE OCCURRED WITH RESPECT TO EXECUTIVES.

HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY. SUCH BENEFITS ARE SUBJECT TO TAX TO THE EMPLOYEE.

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

MERCY CLINIC EAST COMMUNITIES
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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.

**AND OTHER EXPENSE POLICY AND PROCEDURES. AS A REIMBURSABLE EXPENSE, THIS
TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE.**

PART I, LINES 4A-B: JOHN HERMANN RECEIVED \$232,630 OF SEVERANCE
COMPENSATION FROM MERCY HEALTH EAST COMMUNITIES. FRANCINE MERENGHI
RECEIVED \$167,383 OF SEVERANCE COMPENSATION FROM MERCY HEALTH EAST
COMMUNITIES. LYN HURST RECEIVED \$151,571 OF SEVERANCE COMPENSATION FROM
MERCY HEALTH EAST COMMUNITIES.

PART I, LINE 4B: MERCY HEALTH, 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 6/30/2011.
SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP)
COMBS, RANDY; MCCURRY, MICHAEL

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

SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN (SMRP)

MATEJKA, CHERYL L; HALE, THOMAS; KALICAK, DONALD; EOLOFF, ERIC;
ZALEWSKI, JOHN;

THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C).

PART I, LINE 7: THE RELATED ORGANIZATION WHICH EMPLOYS THOSE INDIVIDUALS LISTED ON PART VII, AND THE FILING ORGANIZATION PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE.
FOR FISCAL YEAR 2011 (JULY 1, 2010 - JULY 30, 2011) PAYMENT OF ALL OR PART OF THE BONUS WAS 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. BONUS OPPORTUNITIES ARE TIERED PERCENTAGES AND ARE DEPENDENT UPON THE LEADERSHIP LEVEL AND ATTAINMENT PERCENTAGE. MERCY'S ATTAINMENT OF FINANCIAL GOALS ARE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF MERCY HEALTH AND ARE THEN TAKEN INTO ACCOUNT WHEN ANALYZING EXECUTIVE COMPENSATION FOR

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

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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.

REASONABILITY.

PART I, LINE 3: MERCY HEALTH (PARENT COMPANY) IS
RESPONSIBLE FOR ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S
CEO/EXECUTIVE DIRECTOR. THE FOLLOWING METHODS WERE USED BY MERCY HEALTH TO
ESTABLISH COMPENSATION:

- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

MERCY CLINIC EAST COMMUNITIES USES A WRITTEN EMPLOYMENT CONTRACT.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

2010

Open To Public Inspection

| | | |
|--------------------------|--|--|
| Name of the organization | MERCY CLINIC EAST COMMUNITIES F/K/A MERCY MEDICAL GROUP | Employer identification number 43-1771217 |
|--------------------------|--|--|

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefiting Interested Persons

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

MERCY CLINIC EAST COMMUNITIES
F/K/A MER~~Y~~ MEDICAL GROUP

43-1771217

Schedule L (Form 990 or 990-EZ) 2010

Part.IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| KATHRYN DELL | FAMILY MEMBER OF ST | 48,635. | EMPLOYMENT | | X |
| HOLLY HUTCHINGS | FAMILY MEMBER OF JO | 49,740. | EMPLOYMENT | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L. PART IV. BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KATHRYN DELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF STEPHEN PIEPER, KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 48,635.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT, MERCY CLINIC
EAST COMMUNITIES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: HOLLY HUTCHINGS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOHN ZALEWSKI. OFFICER AND BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 49,740.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT, MERCY CLINIC
EAST COMMUNITIES

(E) SHARING OF ORGANIZATION REVENUES? = NO

Supplemental Information to Form 990 or 990-EZ

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

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2010

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Inspection

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MERCY HEALTH EAST COMMUNITIES INTEGRATED HEALTH CARE DELIVERY
SYSTEM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ESSENTIALLY ALL OF THE OPERATIONS OF MERCY AFFILIATED PHYSICIANS, LLC,
INCLUDING THE RELATED DIVISIONS, WERE TRANSFERRED TO THE MERCY CLINIC
EAST COMMUNITIES LEGAL STRUCTURE AS OF JANUARY 1, 2011. PREVIOUSLY
MERCY AFFILIATED PHYSICIANS, LLC OPERATED UNDER THE "PARENT", TAX-EXEMPT
ORGANIZATION, MERCY HEALTH EAST COMMUNITIES FEIN 43-1718408.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CLINIC. THE CLINIC ALSO PROVIDES SERVICES (OVER \$9,050,000) TO A LARGE
NUMBER (OVER 81,000 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 THE CLINIC CARRY OUT SUCH
ACTIVITIES INDIVIDUALLY AND AS A CORPORATION THROUGH COMMITTEES, TASK
FORCES, AND OTHER GROUPS, TO FURTHER THE CHARITABLE PURPOSES OF THE
CLINIC.

THE COORDINATION OF SERVICES BY AND BETWEEN MERCY HEALTH EAST
COMMUNITIES AND THE CLINIC ENABLES MERCY HEALTH EAST COMMUNITIES
INTEGRATED HEALTH CARE DELIVERY SYSTEM TO PROVIDE MORE EFFECTIVE AND

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COST EFFICIENT SERVICES BY ALLOWING EACH PART OF THE SYSTEM TO FOCUS ON ITS AREA OF EXPERTISE, AVOID DUPLICATION OF SERVICES, AND PROVIDE INTEGRATED DELIVERY OF HEALTH CARE SERVICES.

THE CLINIC OPERATES EXCLUSIVELY FOR THE BENEFIT OF OR TO ESTABLISH AND MAINTAIN ONE OR MORE MEDICAL PRACTICES AS INSTITUTIONS WITH PERMANENT HEALTH SERVICE FACILITIES FOR THE DIAGNOSIS AND TREATMENT OF PATIENTS AND TO PROVIDE SUCH MEDICAL SERVICES AS MAY BE REQUIRED BY PATIENTS; TO CONDUCT EDUCATIONAL ACTIVITIES RELATED TO CARE OF THE SICK AND INJURED OR TO THE PROMOTION OF HEALTH; TO DEVELOP EFFICIENT AND PRACTICAL ARRANGEMENTS FOR PROVIDING HEALTH SERVICES; TO FOSTER THE TEACHING AND RESEARCH FUNCTIONS AT ITS FACILITIES IN COOPERATION WITH OTHER HEALTH SERVICES AND EDUCATIONAL INSTITUTIONS; AND TO PROVIDE ORIENTATION AND IN-SERVICE TRAINING PROGRAMS TO PERSONNEL EMPLOYED AT ITS FACILITIES IN ORDER TO MAINTAIN THEIR SKILLS AND TO MAKE THEM AWARE OF DEVELOPMENTS IN THE HEALTH SERVICES FIELD.

AMONG THE COMMUNITY SUPPORT ACTIVITIES OFFERED BY THE CLINIC WERE THE FOLLOWING:

HEALTH FAIRS AND SCREENINGS

- CLINIC PHYSICIANS AND CO-WORKERS STAFFED "ASK THE DOCTOR" BOOTHS AND/OR PROVIDED FREE HEALTH SCREENINGS AND HEALTH INFORMATION AT VARIOUS NONPROFIT AND COMMUNITY EVENTS, INCLUDING THE MERCY HEART-TO-HEART FAIR, SUNSET HILLS AND KIRKWOOD-DES PERES HEALTH AND WELLNESS FAIRS, AND KIRKWOOD YMCA HEALTH FAIR.

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- IN ADDITION, CLINIC PHYSICIANS STAFFED BOOTHS OR PROVIDED SCREENINGS AT EMPLOYEE HEALTH FAIRS FOR AREA CORPORATIONS.

SUPPORT GROUP MEETINGS

- CLINIC PEDIATRICIANS AND FAMILY MEDICINE PHYSICIANS MET WITH SUPPORT GROUPS FOR EXPECTANT PARENTS AND NEW PARENTS AND GAVE TALKS ON EARLY CHILDHOOD EDUCATION AND INFANT CARE.

PROVISION OF FREE HEALTH INFORMATION

- CLINIC PHYSICIANS SHARED THEIR KNOWLEDGE WITH THE ST. LOUIS COMMUNITY THROUGH VARIOUS MEDIA INTERVIEWS ON SPECIFIC HEALTH TOPICS.

- CLINIC PHYSICIANS PROVIDED TALKS TO THE COMMUNITY ON VARIOUS HEALTH RELATED TOPICS:

- SUMMER SAFETY
- EATING DISORDERS
- GENERAL HEALTH AND WELLNESS

- SEVERAL CLINIC PHYSICIANS SERVE AS CONSULTING PHYSICIANS FOR ST. LOUIS AREA SCHOOL DISTRICTS, BOY SCOUTS, AND ATHLETIC TEAMS.

CHARITABLE OUTREACH

- CO-WORKERS OF CLINIC PRACTICES COLLECTED CANNED GOODS AND PANTRY ITEMS TO DONATE TO LOCAL FOOD PANTRIES, AND BOXED UP DONATIONS OF FOOD FOR FAMILIES SERVED BY AREA CATHOLIC CHURCHES.

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- DURING THE HOLIDAYS, CLINIC CO-WORKERS SPONSORED RAFFLES AND DRESS-DOWN DAYS TO RAISE FUNDS TO SUPPORT FAMILIES IN NEED. CO-WORKERS DONATED CASH, WRAPPING PAPER, AND SUPPLIES; SHOPPED FOR AND WRAPPED GIFTS; AND DELIVERED THE ITEMS TO FAMILY MEMBERS, WHO WERE REFERRED BY 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

- CLINIC PHYSICIANS AND CO-WORKERS MENTORED INTERNS AND NEW ENTRANTS TO THE HEALTH CARE FIELD, AND SERVED AS PRECEPTORS FOR MEDICAL, PHARMACY, AND NURSE PRACTITIONER STUDENTS.

- SEVERAL CLINIC PHYSICIANS TAUGHT RESIDENTS AND STAFF THROUGH WEEKLY GRAND ROUNDS AND LECTURES FOR MEDICAL DEPARTMENTS AT MERCY HOSPITAL ST. LOUIS, FORMERLY ST. JOHN'S MERCY MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 4: THE GOVERNING DOCUMENTS WERE REVISED SO THAT DIRECTORS AND TRUSTEES HAVE BEEN GRANTED VOTING PRIVILEGES.

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FORM 990, PART VI, SECTION A, LINE 6: THE MEMBER OF MERCY CLINIC EAST COMMUNITIES IS MERCY HEALTH EAST COMMUNITIES, A SUPPORTING ORGANIZATION UNDER SECTION 509(A)(3). THE MEMBER OF MERCY HEALTH EAST COMMUNITIES IS MERCY HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A: MERCY HEALTH EAST COMMUNITIES HAS RESERVE POWERS TO:

-APPOINT DIRECTORS PURSUANT TO THE PROCESS SET FORTH IN THE BYLAWS;
-REMOVE UP TO TWO DIRECTORS DURING ANY FISCAL YEAR WITHOUT CAUSE AND OTHERWISE REMOVE DIRECTORS FOR CAUSE; AND
-REMOVE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B: MERCY HEALTH EAST COMMUNITIES HAS RESERVE POWERS TO:

-ADOPT OR AMEND THE CORPORATION'S MISSION AND PHILOSOPHY;
-ADOPT OR AMEND THE CORPORATION'S STRATEGIC PLANS, GOALS, AND OBJECTIVES;
-ADOPT OR AMEND THE CORPORATION'S BUDGETS;
-AUTHORIZE OR APPROVE THE ASSIGNMENT, TRANSFER, SALE OR LEASE OF ANY OF THE CORPORATION'S ASSETS OR INTEREST THEREIN IN EXCESS OF \$1,000,000;
-AUTHORIZE OR APPROVE THE GRANT OF ANY PLEDGE, LIEN, ENCUMBRANCE, MORTGAGE, DEED OF TRUST OR OTHER SECURITY INTEREST IN ANY OR ALL OF THE CORPORATION'S ASSETS;
-AUTHORIZE OR APPROVE THE INCURRENCE OF DEBT (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF

| | | |
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BUSINESS) BY THE CORPORATION AND GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT;

MERGE, DISSOLVE OR ABANDON THE CORPORATION;

AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION, SUBJECT TO THE APPROVAL OF THE MERCY HEALTH EAST COMMUNITIES BOARD;

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

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 MERCY HEALTH 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.

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

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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 MERCY HEALTH EAST COMMUNITIES (PARENT COMPANY). ALL MATERIAL CONFLICTS REQUIRING CONFLICT RESOLUTION ARE REPORTED AT LEAST ANNUALLY TO THE FINANCE, AUDIT, AND COMPLIANCE COMMITTEE OF THE MERCY HEALTH EAST COMMUNITIES BOARD.

FORM 990, PART VI, SECTION B, LINE 15A: FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), MERCY HEALTH (ULTIMATE PARENT COMPANY) USES THE FOLLOWING TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE MERCY HEALTH BOARD. FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE FOLLOWING ARE USED TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT OF MERCY HEALTH EAST COMMUNITIES. COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR.

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.

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FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

| | |
|--|--------------------|
| <u>CAPITAL FUNDING FROM MERCY HEALTH EAST COMMUNITIES</u> | <u>32,334,000.</u> |
| <u>TRNSFR MERCY AFFILIATED PHYSICIANS, LLC FROM MERCY HEALTH</u> | |
| <u>EAST COMMUNITIES</u> | <u>1,185,870.</u> |
| <u>OTHER ADJUSTMENTS</u> | <u>-5.</u> |
| <u>TOTAL TO FORM 990, PART XI, LINE 5</u> | <u>33,519,865.</u> |

PART XI, LINE 2AUDITED FINANCIAL STATEMENTS

THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT. MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2011 (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 MERCY HEALTH SYSTEM BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE.

PART XI, LINE 3SINGLE AUDIT ACT AND OMB CIRCULAR A-133

THE CONSOLIDATED GROUP OF MERCY HEALTH 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.

| | |
|--------------------------|--|
| Name of the organization | MERCY CLINIC EAST COMMUNITIES F/K/A MERCY MEDICAL GROUP |
|--------------------------|--|

| | |
|--------------------------------|------------|
| Employer identification number | 43-1771217 |
|--------------------------------|------------|

DURING THE TAX YEAR ENDED JUNE 30, 2011, SISTERS OF MERCY HEALTH SYSTEM ("MERCY HEALTH") BEGAN A SYSTEM-WIDE REBRANDING INITIATIVE TO HELP PATIENTS, PHYSICIANS, CO-WORKERS, AND THE PUBLIC BETTER UNDERSTAND THE FULL SCOPE AND LOCATIONS OF MERCY HEALTH'S SERVICES. SEVERAL OF THE MERCY HEALTH AFFILIATES HAVE CHANGED OR ARE IN THE PROCESS OF CHANGING LEGAL NAMES. PRIOR TO FILING THE 2010 FORMS 990 (DUE MAY 15, 2012), MERCY HEALTH NOTIFIED THE IRS OF THESE NAME CHANGES, THEREFORE BOX B "NAME CHANGE" HAS NOT BEEN CHECKED ON THIS FORM 990. REFER TO SCHEDULE R, PART VII FOR A LIST OF THE NAME CHANGES.

FORM 990, SCHEDULE R, PART V

SYSTEM LIMITATIONS

LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH 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.

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 MERCY HEALTH EAST COMMUNITIES SYSTEM. THE AVERAGE HOURS PER WEEK REPORTED INCLUDES HOURS WORKED FOR ALL OF THESE ORGANIZATIONS.

Name of the organization MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUPEmployer identification number
43-1771217FORM 990, PART V, QUESTION 1AINDEPENDENT CONTRACTORS

INDEPENDENT CONTRACTORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY
HEALTH (EIN 43-1423050). AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1096
REPORTING IS MADE FOR THE ENTIRE HEALTH SYSTEM (WITH LIMITED
EXCEPTIONS) UNDER THE MERCY HEALTH EIN.

AMENDED FORM 990 DISCLOSUREPARTS AND SCHEDULES AMENDED AND DESCRIPTIONS

MERCY CLINIC EAST COMMUNITIES AMENDED PARTS AND SCHEDULES INCLUDE:

PART I: PRINCIPAL OFFICER

PART IV: QUESTION 28B

PART VII: OFFICER AND BOARD MEMBER, KEY EMPLOYEE, AND HIGHEST
COMPENSATED EMPLOYEE REVISIONS

PART IX: LINES 5, 6, AND 7 RELATED ADJUSTMENTS

SCHEDULE J: SEE PART VII CHANGES

SCHEDULE L: PART IV AND V REVISIONS

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

OMB No. 1345-0047
2010
Open to Public
Inspection

Name of the organization **MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP**

Employer identification number
43-1771217

Related Organizations and Unrelated Partnerships

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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 AFFILIATED PHYSICIANS, LLC - 81-0559009 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS MO 63141 | SOLE MEMBER - INACTIVE 1/1/12 | MISSOURI | 0 | 0 | MERCY CLINIC EAST COMMUNITIES |
| MERCY CARDIOLOGY, LLC - 26-1135019 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS MO 63141 | INACTIVE | MISSOURI | 0 | 0 | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC BURN AND PLASTIC SURGERY, LLC - 20-1626706 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 598,436 | 221,698 | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CARDIOVASCULAR & THOR SURG, LLC - 56-2595510 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 913,780 | 108,136 | MERCY CLINIC EAST COMMUNITIES |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 | (g) Section 512(b)(13), controlled entity? | Yes | No |
|--|--------------------------------------|---|-------------------------------|---|-------------------------------------|---|-----|----|
| ADVANCE CARE HOSPITAL - 71-0816634 300 WERNER ST, 3RD FLOOR HOT SPRINGS, AR 71913 | LONG TERM ACUTE CARE HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HEALTH OF LAREDO | X | | |
| CASA DE MISERICORDIA - 74-2912461 1602 MCCLELLAND STREET LAREDO, TX 78044 | WOMEN'S DOMESTIC VIOLENCE SHELTER | TEXAS | 501C3 | 9 | MERCY MINISTRIES OF LAREDO | X | | |
| 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | INACTIVE | TEXAS | 501C3 | 9 | MERCY HEALTH SYSTEM TX | X | | |
| MCAULEY PORTFOLIO MGMT CO - 26-1708048 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | PORTFOLIO MANAGEMENT | MISSOURI | 501C3 | 11-II | MERCY HEALTH | X | | |

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

Part I Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| MERCY CLINIC CHILD AND ADOLESCENT PSYCHIATRY, LLC - 43-1893326, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 449,548. | 122,770. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CHILD NEUROLOGY, LLC - 27-4187705, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 216,666. | 69,648. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CHILDREN'S CANCER & HEMATOLOGY, LLC - 43-1905879, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 986,022. | 193,042. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CHILDREN'S HEART CENTER, LLC - 20-1626888, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 281,094. | 52,621. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CHILDREN'S INFECTIOUS DISEASES, LLC - 27-2252716, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 62,765. | 25,425. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CHILDREN'S RESPIRATORY & SLEEP MEDICINE, LLC - 20-1626863, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 450,187. | 46,002. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CHILDREN'S SURGERY, LLC - 20-1626627, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 377,024. | 65,596. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC CHILDREN'S UROLOGY, L.L.C. - 45-1581113, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 78,288. | 231,951. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC ENDOCRINOLOGY, LLC - 27-2127648, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 459,489. | 83,016. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC GASTROENTEROLOGY, LLC - 26-4777940, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 833,591. | 191,392. | MERCY CLINIC EAST COMMUNITIES |

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

43-1771217

Schedule F (Form 990)

Part I Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| MERCY CLINIC GERIATRICS, LLC - 20-1626475 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 152,137. | 40,448. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC GYN ONCOLOGY, LLC - 30-0413949, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 222,064. | 97,411. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC HEART AND VASCULAR, LLC - 41-2175615, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 4,183,472. | 2,104,828. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC KIDS GI, LLC - 26-4186905 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 474,462. | 75,262. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC KIDS PLASTIC SURGERY, LLC - 33-1123018, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 243,475. | 73,513. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC NEUROLOGY, LLC - 86-1176023 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 298,283. | 62,330. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC ONCOLOGY, LLC - 27-2127523 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 48,704. | 32,173. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC PALLIATIVE CARE, LLC - 26-2572054, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 502,480. | 87,745. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC PULMONOLOGY-ST. LOUIS, LLC - 26-4186970, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 398,196. | 70,038. | MERCY CLINIC EAST COMMUNITIES |
| MERCY CLINIC PULMONOLOGY-WASHINGTON, LLC - 27-2882104, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 | PHYSICIAN PRACTICE | MISSOURI | 99,799. | 38,562. | MERCY CLINIC EAST COMMUNITIES |

Part I Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|---|---------------------|-------------------------------|-------------------------------------|
| MERCY CLINIC ST. LOUIS CANCER & BREAST INSTITUTE, LLC - 26-3290360, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 PHYSICIAN PRACTICE | MISSOURI | 1,629,909. | 594,532. | MERCY CLINIC EAST COMMUNITIES | |
| MERCY CLINIC SURGICAL SPECIALISTS, LLC - 27-2481555, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 PHYSICIAN PRACTICE | MISSOURI | 366,104. | 86,317. | MERCY CLINIC EAST COMMUNITIES | |
| MERCY CLINIC TRAUMA & GENERAL SURGERY, LLC - 20-1626820, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 PHYSICIAN PRACTICE | MISSOURI | 558,507. | 167,548. | MERCY CLINIC EAST COMMUNITIES | |
| MERCY CLINIC UROLOGY, LLC - 33-1123019 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 INACTIVE | MISSOURI | 0. | 0. | MERCY CLINIC EAST COMMUNITIES | |
| MERCY PODIATRY, LLC - 51-0546434 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 INACTIVE | MISSOURI | 0. | 0. | MERCY CLINIC EAST COMMUNITIES | |
| MIDWEST HEART GROUP OF ROLLA, LLC - 68-0659908, 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 INACTIVE | MISSOURI | 0. | 0. | MERCY CLINIC EAST COMMUNITIES | |
| MISSOURI INTERNISTS, LLC - 20-1627002 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 INACTIVE | MISSOURI | 0. | 0. | MERCY CLINIC EAST COMMUNITIES | |
| ST. JOHN'S CARDIOLOGY, LLC - 73-1735426 645 MARYVILLE CENTRE DRIVE, STE 100 ST. LOUIS, MO 63141 INACTIVE | MISSOURI | 0. | 0. | MERCY CLINIC EAST COMMUNITIES | |
| ST. LOUIS PLASTIC AND HAND SURGERY, LLC - 33-1123017, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141 INACTIVE | MISSOURI | 0. | 0. | MERCY CLINIC EAST COMMUNITIES | |

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

Schedule R (Form 990) 43-1771217

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|--|-------------------------------------|---|-------------------------------|---|-------------------------------------|--|
| Yes | No | | | | | |
| MERCY CLINIC FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR 72917 | PARTNERSHIP | ARKANSAS | 501C3 | 3 | MERCY HEALTH FORT SMITH COMM | X |
| MERCY CLINIC HOT SPRINGS COMM 1 MERCY LANE HOT SPRINGS, AR 71913 | PARTNERSHIP | ARKANSAS | 501C3 | 9 | MERCY HEALTH HOT SPRINGS COMM | X |
| MERCY CLINIC OKLAHOMA COMM - 27-0473057, 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | PARTNERSHIP | OKLAHOMA | 501C3 | 9 | MERCY HEALTH OK COMMUNITIES | X |
| MERCY CLINIC SPRINGFIELD COMM 43-1560263, 1965 FREMONT STREET, SUITE 2950, SPRINGFIELD, MO 65804 | PARTNERSHIP | MISSOURI | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X |
| MERCY EMERGENCY MED SRVS - 81-0627035 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | PARTNERSHIP | OKLAHOMA | 501C3 | 9 | MERCY HOSPITAL OKLAHOMA CITY | X |
| MERCY FDTN HEALTH INNOV - 20-0901499 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | FOUNDATION | MISSOURI | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HEALTH - 43-1423050 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | HEALTH SYSTEM - CORPORATE OFFICE | MISSOURI | 501C3 | 11-II | N/A | X |
| MERCY HEALTH EAST COMMUNITIES - 43-1718408 645 MARYVILLE CTR DR STE 100 ST. LOUIS, MO 63141 | HEALTH SYSTEM | MISSOURI | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HEALTH FORT SMITH COMM 26-1318515, 7301 ROGERS AVENUE, FORT SMITH AR 72917 | HOLDING COMPANY | ARKANSAS | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HEALTH FOUNDATION ARDMORE - 71-09625, 1011 14TH AVENUE NW, ARDMORE, OK 73401 | FOUNDATION | OKLAHOMA | 501C3 | 11-I | ARDMORE | X |
| MERCY HEALTH FOUNDATION BERRYVILLE - 71-0759301, 214 CARTER STREET, BERRYVILLE, AR 72616 | FOUNDATION | ARKANSAS | 501C3 | 11-I | MERCY HOSPITAL BERRYVILLE | X |
| MERCY HEALTH FOUNDATION FT SCOTT - 48-1077073, 401 WOODLAND HILLS BLVD, FORT SCOTT, KS 66701 | FOUNDATION | KANSAS | 501C3 | 11-III | MERCY KANSAS COMMUNITIES, INC. | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|
| Yes | No | | | | | |
| MERCY HEALTH FOUNDATION HOT SPRINGS - 71-0804718, 300 WERNER STREET, HOT SPRINGS, AR 71913 | FOUNDATION | ARKANSAS | 501C3 | 11-II | MERCY HOSPITAL HOT SPRINGS | X |
| MERCY HEALTH FOUNDATION INDEPENDENCE - 48-1079981, 800 W. MYRTLE, INDEPENDENCE, KS 67301 | FOUNDATION | KANSAS | 501C3 | 11-I | MERCY KANSAS COMMUNITIES, INC. | X |
| MERCY HEALTH FOUNDATION JOPLIN - 27-0906136 2727 MCCLELLAND BLVD., JOPLIN, MO 64804 | FOUNDATION | MISSOURI | 501C3 | 11-I | MERCY HEALTH SW MO/KS COMM | X |
| MERCY HEALTH FOUNDATION NW ARK - 71-0601687 2710 RIFE MEDICAL LN ROGERS, AR 72858 | FOUNDATION | ARKANSAS | 501C3 | 11-III | MERCY HOSPITAL ROGERS | X |
| MERCY HEALTH FOUNDATION OK CITY - 73-1593024 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | FOUNDATION | OKLAHOMA | 501C3 | 11-I | MERCY HOSPITAL OKLAHOMA CITY | X |
| MERCY HEALTH FOUNDATION SRGFLD - 32-0195818 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 | FOUNDATION | MISSOURI | 501C3 | 11-II | MERCY HEALTH SPRINGFIELD COMM | X |
| MERCY HEALTH FOUNDATION STL - 56-2410020 615 SOUTH NEW BALLAS ROAD ST. LOUIS, MO 63141 | FOUNDATION | MISSOURI | 501C3 | 11-II | MERCY HEALTH EAST COMMUNITIES | X |
| MERCY HEALTH FOUNDATION WASHINGTON 901 E. FIFTH STREET WASHINGTON, MO 63090 | FOUNDATION | MISSOURI | 501C3 | 11-II | MERCY HEALTH EAST COMMUNITIES | X |
| MERCY HEALTH HOT SPRINGS COMM - 26-1125064 300 WERNER STREET HOT SPRINGS, AR 71913 | HOLDING COMPANY | ARKANSAS | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HEALTH NW ARK COMMUNITIES - 62-1684203 2710 RIFE MEDICAL LN ROGERS, AR 72758 | PHYSICIAN GROUP | ARKANSAS | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HEALTH OK COMMUNITIES - 73-1453048 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | HOLDING COMPANY | OKLAHOMA | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HEALTH SW MO/KS COMM - 30-0584463 2727 MCCLELLAND BLVD., JOPLIN, MO 64804 | HEALTH SYSTEM | MISSOURI | 501C3 | 11-II | MERCY HEALTH | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling entity | Sect 512(b)(13) controlled organization? |
|--|-------------------------------------|---|---------------------|--|-------------------------------|--|
| Yes | No | | | | | |
| MERCY HEALTH SPRINGFIELD COMM - 43-1856028, 1235 E. CHEROKEE STREET, SPRINGFIELD, MO 65804 | HOLDING COMPANY | MISSOURI | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HEALTH SYSTEM TX - 74-2764727 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | INACTIVE | TEXAS | 501C3 | 11-II | MERCY HEALTH | X |
| MERCY HOME HEALTH BERRYVILLE 214 CARTER STREET BERRYVILLE, AR 72616 | HOME HEALTH AND HOSPICE OPERATIONS. | ARKANSAS | 501C3 | 11-III | MERCY HOSPITAL SPRINGFIELD | X |
| MERCY HOSPITAL ARDMORE - 73-1500629 1011 14TH AVENUE NW ARDMORE, OK 73401 | HOSPITAL | OKLAHOMA | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | X |
| MERCY HOSPITAL AURORA - 43-1936696 500 PORTER AVENUE AURORA, MO 65605 | OPERATING CO FOR LEASED HOSP | MISSOURI | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X |
| MERCY HOSPITAL BERRYVILLE - 71-0759299, 214 CARTER STREET, BERRYVILLE, AR 72616 | HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X |
| MERCY HOSPITAL CASSVILLE - 43-1936699 94 MAIN STREET CASSVILLE, MO 65625 | OPERATING CO FOR LEASED HOSP | MISSOURI | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X |
| MERCY HOSPITAL COLUMBUS - 27-0842031 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 | CRITICAL ACCESS HOSPITAL | MISSOURI | 501C3 | 9 | MERCY HEALTH SW MO/KS COMM | X |
| MERCY HOSPITAL EL RENO - 73-6617948 2115 PARKVIEW DRIVE EL RENO, OK 73036 | OPERATING CO FOR LEASED HOSP | OKLAHOMA | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | X |
| MERCY HOSPITAL FORT SMITH 71-0240352, 7301 ROGERS AVENUE, FORT SMITH, AR 72917 | HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HEALTH FORT SMITH COMM | X |
| MERCY HOSPITAL HEALDTON - 26-3173902 918 SOUTH STREET HEALDTON, OK 73438 | HOSPITAL | OKLAHOMA | 501C3 | 3 | MERCY HOSPITAL ARDMORE | X |
| MERCY HOSPITAL HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR 71913 | HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HEALTH HOT SPRINGS COMM | X |

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

Schedule R (Form 990)

43-1771217

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|
| Yes | No | | | | | |
| MERCY HOSPITAL JOPLIN - 27-0814858 2727 MCCLELLAND BLVD. JOPLIN, MO 64804 | HOSPITAL | MISSOURI | 501C3 | 9 | MERCY HEALTH SW MO/KS COMM | X |
| MERCY HOSPITAL LEBANON - 43-1767432 100 HOSPITAL DRIVE LEBANON, MO 65536 | HOSPITAL | MISSOURI | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X |
| MERCY HOSPITAL OF LAREDO - 74-1189682 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | INACTIVE | TEXAS | 501C3 | 3 | MERCY HEALTH SYSTEM TX | X |
| MERCY HOSPITAL OKLAHOMA CITY - 73-0579285 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | HOSPITAL | OKLAHOMA | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | X |
| MERCY HOSPITAL OZARK - 71-0689680 801 W. RIVER STREET OZARK, AR 72949 | HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | X |
| MERCY HOSPITAL PARIS 500 E. ACADEMY PARIS, AR 72855 | HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | X |
| MERCY HOSPITAL ROGERS - 71-0294390 2710 RIFE MEDICAL LN ROGERS, AR 72758 | HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HEALTH NW ARK COMMUNITIES | X |
| MERCY HOSPITAL SPRINGFIELD - 44-0552485 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 | HOSPITAL | MISSOURI | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X |
| MERCY HOSPITAL TISHOMINGO - 27-4433830 1000 SOUTH BYRD TISHOMINGO, OK 73460 | HOSPITAL | OKLAHOMA | 501C3 | 3 | MERCY HOSPITAL ARDMORE | X |
| MERCY HOSPITAL WALDRON - 71-0557895 1341 W. 6TH STREET WALDRON, AR 72958 | HOSPITAL | ARKANSAS | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | X |
| MERCY HOSPITALS EAST COMM - 43-0653493 645 MARYVILLE CTR DR STE 100 ST. LOUIS, MO 63141 | HOSPITAL | MISSOURI | 501C3 | 3 | MERCY HEALTH EAST COMMUNITIES | X |
| MERCY KANSAS COMMUNITIES, INC. - 48-0956045 401 WOODLAND HILLS BLVD FT. SCOTT, KS 66701 | CLINICS | KANSAS | 501C3 | 3 | MERCY HEALTH SW MO/KS COMM | X |

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

Schedule R (Form 990) 43-1771217

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|--|---|---|-------------------------------|---|-------------------------------------|--|
| Yes | No | | | | | |
| MERCY MEDICAL RESEARCH INST - 87-0796305 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 | RESEARCH - CLINICAL TRIALS | MISSOURI 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X | |
| MERCY MINISTRIES OF LAREDO - 20-0198462 2500 ZACATECAS LAREDO, TX 78043 | HEALTHCARE, OUTREACH, FOOD PANTRY. | TEXAS 501C3 | 3 | MERCY HEALTH | X | |
| MERCY ST. FRANCIS HOSPITAL - 44-0607149 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548 | HOSPITAL | MISSOURI 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X | |
| MERCY SUPPORT SERVICES - 43-1677952 615 S. NEW BALLAS ROAD ST. LOUIS, MO 63141 | INACTIVE | MISSOURI 501C3 | 11-111 | EAST COMM | X | |
| MM SUPPORT SERVICES - 20-2553101 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | CENTRALIZED HEALTH SYSTEM FUNCTIONS | MISSOURI 501C3 | 11-11 | MERCY HEALTH | X | |
| MISSION CLINICAL SERVICES - 13-4239691 300 WERNER STREET HOT SPRINGS, AR 71913 | PHYSICIAN CLINICS | ARKANSAS 501C3 | 11-11 | MERCY HEALTH HOT SPRINGS COMM | X | |
| SISTERS OF MERCY MINISTRIES - 72-1069468 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | FAMILY COUNSELING, SOCIAL JUSTICE ADVOCACY | MISSOURI 501C3 | 9 | MERCY HEALTH | X | |
| ST. EDWARD MERCY FOUNDATION - 23-7330425 PO BOX 17000 FORT SMITH, AR 72917 | FOUNDATION | ARKANSAS 501C3 | 3 | MERCY HOSPITAL FORT SMITH | X | |
| ST. JOHNS CHILDRENS HOSP 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 | INACTIVE | MISSOURI OKLAHOMA 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | X | |
| ST. MARYS HOSP ENID OK - 73-0614655 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 | INACTIVE | OKLAHOMA 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | X | |
| THE SR. M. CORNELIA BLASKO FN - 43-1873914 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548 | FOUNDATION | MISSOURI 501C3 | 11-1 | MERCY ST. FRANCIS HOSPITAL | X | |
| UNITY AMBULATORY CARE - 43-1861745 645 MARYVILLE CTR DR STE 100 ST. LOUIS, MO 63141 | INACTIVE | MISSOURI 501C3 | 11-111 | MERCY HEALTH EAST COMMUNITIES | X | |

MERCY CLINIC EAST COMMUNITIES
F/K/A MERCY MEDICAL GROUP

Schedule R (Form 990) 2010 **F/K/A MERCY MEDICAL GROUP**
Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) General or Percentage ownership Yes/No |
|--|--|--|-------------------------------------|---|---------------------------------|--|---|---|---|--|
| SOUTHERN OKLAHOMA DIAG CTR. LLC - 43-1971232. 1011 FOURTEENTH AVENUE NW ARDMORE, OK 73401 | MRI SERVICES | OK | N/A | N/A | | | | | | |
| RESOURCE OPTIMIZ. & INNOV. LLC - 46-0468368. 645 MARYVILLE CTR DR. STE 200. ST. LOUIS, MO 63141 | | | | | | | | | | |
| MERCY AMBULATORY SURGERY CENTER, LLC - 71-0827721. 7301 ROGERS AVENUE, FORT SMITH, AR 72917 | AMBULATORY SURGERY CENTER | AR | N/A | N/A | | | | | | |
| FORT SMITH EMERGENCY MEDICAL SERVICES - 71-0416615. 1701 SOUTH GREENWOOD, FORT SMITH, AR 72901 | EMERGENCY MEDICAL SERVICES | AR | N/A | N/A | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 | | | |
| MERCY COMM SERVICES, INC. - 48-1078101 401 WOODLAND HILLS BLVD. FORT SCOTT, KS 66701 | CATERING OPERATIONS | KS | N/A | C CORP | | | | | | |
| FRONTENAC PROPERTIES, INC. - 52-1914421 14528 S. OUTER FORTY, SUITE 100 CHESTERFIELD, MO 63017 | HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT | DE | N/A | C CORP | | | | | | |
| MHP, INC. - 43-1697084 14528 S. OUTER FORTY, SUITE 300 CHESTERFIELD, MO 63017 | HOLDING COMPANY SOLD 10/1/10 | DE | N/A | C CORP | | | | | | |
| INVENIO HEALTH, INC. - 26-4509571 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 | TECHNOLOGY TRANSFER COMPANY | MO | N/A | C CORP | | | | | | |
| UNITY SUPPORT SERVICES, INC. - 43-1797042 645 MARYVILLE CENTRE DRIVE, SUITE 100 ST. LOUIS, MO 63141 | INACTIVE | MO | N/A | C CORP | | | | | | |

Part III Continuation of 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) Disproportion- ate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or Percentage of ownership by managing partner? | (k) Yes No |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|---|---|------------------|
| ST EDWARD MERCY MED CTR M-P OFFICE BLDG - 71-0554050. | | | | | | | | | | |
| 7301 ROGERS AVENUE, FORT SMITH, AR 72903 | OFFICE BUILDING | AR | N/A | | | | X | N/A | X | |
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|---------------------------------------|---|---|--|---------------------------------|--|--------------------------------|
| UH L CORP., INC. - 74-2499535 | 645 MARYVILLE CENTRE DRIVE, SUITE 100 | ST. LOUIS, MO 63141 | HOLDING COMPANY | MO | N/A | C CORP | |
| MMHN OF THE SOUTHERN REGION, INC. - 73-1580607 | 1011 14TH AVENUE NW | ARDMORE, OK 73401 | EMPLOYED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE | OK | N/A | C CORP | |
| MERCY HEALTH CENTER CONDOMINIUM, INC. - 68-0640970 | 4300 W. MEMORIAL RD. | OKLAHOMA CITY, OK 73120 | ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS | OK | N/A | C CORP | |
| MERCY MANAGED CARE CORPORATION - 73-1441665 | 4300 W. MEMORIAL ROAD | OKLAHOMA CITY, OK 73120 | HOLDING COMPANY | OK | N/A | C CORP | |
| MERCY HEALTH NETWORK, INC. - 73-1381689 | 4300 W. MEMORIAL ROAD | OKLAHOMA CITY, OK 73120 | EMPLOYED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE | OK | N/A | C CORP | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 36a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

| | Yes | No |
|--|------|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a X | |
| b Gift, grant, or capital contribution to other organization(s) | 1b X | |
| c Gift, grant, or capital contribution from other organization(s) | 1c X | |
| d Loans or loan guarantees to or for other organization(s) | 1d X | |
| e Loans or loan guarantees by other organization(s) | 1e X | |
| f Sale of assets to other organization(s) | 1f X | |
| g Purchase of assets from other organization(s) | 1g X | |
| h Exchange of assets | 1h X | |
| i Lease of facilities, equipment, or other assets to other organization(s) | 1i X | |
| j Lease of facilities, equipment, or other assets from other organization(s) | 1j X | |
| k Performance of services or membership or fundraising solicitations for other organization(s) | 1k X | |
| l Performance of services or membership or fundraising solicitations by other organization(s) | 1l X | |
| m Sharing of facilities, equipment, mailing lists, or other assets | 1m X | |
| n Sharing of paid employees | 1n X | |
| o Reimbursement paid to other organization for expenses | 1o X | |
| p Reimbursement paid by other organization for expenses | 1p X | |
| q Other transfer of cash or property to other organization(s) | 1q X | |
| r Other transfer of cash or property from other organization(s) | 1r X | |

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

| | (a) Name of other organization | (b) Transaction type (a-i) | (c) Amount involved | (d) Method of determining amount involved |
|---|-----------------------------------|----------------------------------|------------------------|---|
| (1) MHM SUPPORT SERVICES | | 0 | 11,826,698. | CASH TRANSFER |
| (2) MERCY HEALTH | | 0 | 117,781. | CASH TRANSFER |
| (3) MERCY HEALTH EAST COMMUNITIES | | P | 7,694,014. | CASH TRANSFER |
| (4) RESOURCE OPTIMIZATION & INNOVATION, LLC | | 0 | 221,680. | CASH TRANSFER |
| (5) MERCY CLINIC SPRINGFIELD COMMUNITIES | | 0 | 101,761. | CASH TRANSFER |
| (6) MERCY HOSPITALS EAST COMMUNITIES | | 0 | 21,730,594. | CASH TRANSFER |

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

| (a) Name of other organization | (b) Transaction type (a-f) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (7)MERCY HOSPITALS EAST COMMUNITIES | N | 711,707. CASH TRANSFER | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
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| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 excision for certain investment partnerships.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART VII DISCLOSURE NAME CHANGES DUE TO MERCY HEALTH REBRANDING**PART I:**

ST. JOHN'S MERCY AND AFFILIATES, LLC IS NOW MERCY AND AFFILIATES, LLC

MERCY BURN & PLASTIC SURGERY, LLC IS NOW MERCY CLINIC BURN AND PLASTIC SURGERY, LLC

ST. JOHN'S MERCY CARDIOVASCULAR AND THORACIC SURGERY ASSOCIATES, LLC IS NOW MERCY CLINIC CARDIOVASCULAR AND THORACIC SURGERY ASSOCIATES, LLC

MERCY CHILDREN'S HEART CENTER, LLC IS NOW MERCY CLINIC CHILDREN'S HEART CENTER, LLC

MERCY PEDIATRIC ID SPECIALISTS, LLC IS NOW MERCY CLINIC CHILDREN'S INFECTIOUS DISEASES, LLC

MERCY PEDIATRIC PULMONOLOGY & SLEEP MEDICINE, LLC IS NOW MERCY CLINIC CHILDREN'S RESPIRATORY AND SLEEP MEDICINE, LLC

MERCY CHILDREN'S SURGERY, LLC IS NOW MERCY CLINIC CHILDREN'S SURGERY, LLC

MERCY ENDOCRINOLOGY AND DIABETES MANAGEMENT, LLC IS NOW MERCY CLINIC ENDOCRINOLOGY, LLC

ST. JOHN'S MERCY GASTROENTEROLOGY SPECIALISTS, LLC IS NOW MERCY CLINIC GASTROENTEROLOGY, LLC

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

MERCY GERIATRICS, LLC IS NOW MERCY CLINIC GERIATRICS, LLC

MERCY GYN ONCOLOGY, LLC IS NOW MERCY CLINIC GYN ONCOLOGY, LLC

ST. JOHN'S MERCY HEART AND VASCULAR, LLC IS NOW MERCY CLINIC HEART AND
VASCULAR, LLC

ST. JOHN'S MERCY KIDS GI, LLC IS NOW MERCY CLINIC KIDS GI, LLC

KIDS PLASTIC SURGERY, LLC IS NOW MERCY CLINIC KIDS PLASTIC SURGERY, LLC

MERCY NEUROLOGY, LLC IS NOW MERCY CLINIC NEUROLOGY, LLC

ST. JOHN'S MERCY ONCOLOGY, LLC IS NOW MERCY CLINIC ONCOLOGY, LLC

MERCY CENTER FOR PALLIATIVE CARE, LLC IS NOW MERCY CLINIC PALLIATIVE
CARE, LLC

ST. JOHN'S MERCY PULMONARY SPECIALISTS, LLC IS NOW MERCY CLINIC
PULMONOLOGY, LLC

ST. JOHN'S MERCY PULMONOLOGY, LLC IS NOW MERCY CLINIC
PULMONOLOGY-WASHINGTON, LLC

ST. LOUIS CANCER & BREAST INSTITUTE, LLC IS NOW MERCY CLINIC ST. LOUIS
CANCER AND BREAST INSTITUTE, LLC

MERCY SURGICAL SPECIALISTS, LLC IS NOW MERCY CLINIC SURGICAL

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SPECIALISTS, LLC

MERCY TRAUMA & SURGERY GROUP, LLC IS NOW MERCY CLINIC TRAUMA AND
GENERAL SURGERY, LLC

SCHEDULE R, PART VII DISCLOSURE NAME CHANGES DUE TO MERCY HEALTH REBRANDING

PART II:

MERCY MEDICAL GROUP IS NOW MERCY CLINIC EAST COMMUNITIES

ST. EDWARD MERCY CLINIC, INC. IS NOW MERCY CLINIC FORT SMITH
COMMUNITIES

ST. JOSEPH'S MERCY CLINIC, INC. IS NOW MERCY CLINIC HOT SPRINGS
COMMUNITIES

MERCY PHYSICIANS OF OKLAHOMA, INC. IS NOW MERCY CLINIC OKLAHOMA
COMMUNITIES

ST. JOHN'S CLINIC, INC. IS NOW MERCY CLINIC SPRINGFIELD COMMUNITIES

SISTERS OF MERCY HEALTH SYSTEM IS NOW MERCY HEALTH

ST. JOHN'S MERCY HEALTH CARE IS NOW MERCY HEALTH EAST COMMUNITIES

ST. EDWARD MERCY HEALTH SYSTEM, INC. IS NOW MERCY HEALTH FORT SMITH
COMMUNITIES

MERCY MEMORIAL HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

ARDMORE

CARROLL HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION BERRYVILLE

MERCY HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION FORT

SCOTT

ST. JOSEPH'S MERCY HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION HOT
SPRINGS

MERCY HOSPITAL FOUNDATION OF INDEPENDENCE, INC. IS NOW MERCY HEALTH
FOUNDATION INDEPENDENCE

MERCY HEALTH OF JOPLIN FOUNDATION IS NOW MERCY HEALTH FOUNDATION JOPLIN

ST. MARY'S HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION NORTHWEST
ARKANSAS

MERCY HEALTH CENTER FOUNDATION, INC. IS NOW MERCY HEALTH FOUNDATION
OKLAHOMA CITY

ST. JOHN'S FOUNDATION FOR COMMUNITY HEALTH INC. IS NOW MERCY HEALTH
FOUNDATION SPRINGFIELD

ST. JOHN'S MERCY FOUNDATION IS NOW MERCY HEALTH FOUNDATION ST. LOUIS

ST. JOHN'S MERCY HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION

WASHINGTON

032185
12-21-10

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

ST. JOSEPH'S MERCY HEALTH SYSTEM, INC. IS NOW MERCY HEALTH HOT SPRINGS COMMUNITIES

MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS, INC. IS NOW MERCY HEALTH NORTHWEST ARKANSAS COMMUNITIES

MERCY HEALTH SYSTEM, INC. IS NOW MERCY HEALTH OKLAHOMA COMMUNITIES

MERCY HEALTH SYSTEM-JOPLIN, INC. IS NOW MERCY HEALTH SOUTHWEST MISSOURI/KANSAS COMMUNITIES

ST. JOHN'S HEALTH SYSTEM, INC. IS NOW MERCY HEALTH SPRINGFIELD COMMUNITIES

ST. JOHN'S HOME CARE OF BERRYVILLE, INC. IS NOW MERCY HOME HEALTH BERRYVILLE

MERCY MEMORIAL HEALTH CENTER, INC. IS NOW MERCY HOSPITAL ARDMORE

ST. JOHN'S AURORA, INC. IS NOW MERCY HOSPITAL AURORA

OZARKS REGIONS HEALTH SYSTEM, INC. IS NOW MERCY HOSPITAL BERRYVILLE

ST. JOHN'S CASSVILLE, INC. IS NOW MERCY HOSPITAL CASSVILLE

MERCY HEALTH MHMCH, INC. IS NOW MERCY HOSPITAL COLUMBUS

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

MERCY EL RENO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL EL RENO

ST. EDWARD MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL FORT SMITH

HEALDTON MERCY HOSPITAL CORPORATION IS NOW MERCY HOSPITAL HEALDTON

ST. JOSEPH'S MERCY HEALTH CENTER IS NOW MERCY HOSPITAL HOT SPRINGS

MERCY HEALTH OF JOPLIN, INC. IS NOW MERCY HOSPITAL JOPLIN

BREECH REGIONAL MEDICAL CENTER IS NOW MERCY HOSPITAL LEBANON

MERCY HEALTH CENTER, INC. IS NOW MERCY HOSPITAL OKLAHOMA CITY

ST. EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY IS NOW MERCY HOSPITAL
OZARK

ST. EDWARD HEALTH FACILITIES OF LOGAN COUNTY IS NOW MERCY HOSPITAL
PARIS

ST. EDWARD HEALTH FACILITIES OF SCOTT COUNTY IS NOW MERCY HOSPITAL
WALDRON

ST. MARY-ROGERS MEMORIAL HOSPITAL, INC. IS NOW MERCY HOSPITAL ROGERS

ST. JOHN'S REGIONAL HEALTH CENTER IS NOW MERCY HOSPITAL SPRINGFIELD

MERCY TISHOMINGO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL TISHOMINGO

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

ST. JOHN'S MERCY HEALTH SYSTEM IS NOW MERCY HOSPITALS EAST COMMUNITIES

ST. JOHN'S MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL ST LOUIS

ST. JOHN'S MERCY HOSPITAL IS NOW MERCY HOSPITAL SPRINGFIELD

MERCY HEALTH SYSTEM OF KANSAS, INC. IS NOW MERCY KANSAS COMMUNITIES

MERCY HEALTH CENTER, INC. IS NOW MERCY HOSPITAL FORT SCOTT

MERCY HOSPITAL IS NOW MERCY HOSPITAL INDEPENDENCE

ST. JOHN'S MEDICAL RESEARCH INSTITUTE, INC. IS NOW MERCY MEDICAL
RESEARCH INSTITUTE

ST. FRANCIS HOSPITAL, MOUNTAIN VIEW, MISSOURI IS NOW MERCY ST. FRANCIS
HOSPITAL

ST. JOHN'S MERCY SUPPORT SERVICES IS NOW MERCY SUPPORT SERVICES