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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: <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	C Name of organization MERCY CLINIC EAST COMMUNITIES F/K/A MERCY MEDICAL GROUP Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 645 MARYVILLE CENTRE DRIVE, STE 100 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	D Employer identification number 43-1771217 E Telephone number (314) 364-3731 G Gross receipts \$ 107,344,212. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.MERCY.NET/STLOUISMO		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1994 M State of legal domicile: MO		

Part I Summary

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 7 a 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.>	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 0. 9 Program service revenue (Part VIII, line 2g) 9 89,616,132. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 655,450. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,531. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 90,279,113.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 71,654,554. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 30,298,872. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 18 101,953,426. 19 Revenue less expenses. Subtract line 18 from line 12 19 <11,674,313.>	Beginning of Current Year End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 21,965,124. 21 Total liabilities (Part X, line 26) 21 20,299,168. 22 Net assets or fund balances. Subtract line 21 from line 20 22 1,665,956.	21,965,124. 37,752,027. 20,299,168. 32,086,197. 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	Signature of officer <i>Cheryl Matejka</i> CHERYL MATEJKA, TREASURER Type or print name and title	Date 10/10/12
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS PLEUS Preparer's signature <i>Douglas Pleus</i> Date 10/10/12 Firm's name ▶ PLEUS AND COMPANY, LLC Firm's address ▶ 14323 S. OUTER FORTY, STE 310N CHESTERFIELD, MO 63017	Check if self-employed <input type="checkbox"/> PTIN Firm's EIN ▶ Phone no. 314-317-9916

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

☒ Yes ☐ No

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

Form 990 (2010)

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Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING
MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL
SERVICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ X Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ X No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 128632298. including grants of \$ 0.) (Revenue \$ 106440302.)

THE PRIMARY PURPOSE OF MERCY CLINIC EAST COMMUNITIES ("CLINIC"),
FORMERLY MERCY MEDICAL GROUP, IS TO COORDINATE PHYSICIAN-RELATED
ASPECTS OF HEALTH CARE WITHIN MERCY HEALTH EAST COMMUNITIES, FORMERLY
ST. JOHN'S MERCY HEALTH CARE, INTEGRATED HEALTH CARE DELIVERY SYSTEM.
THESE PHYSICIAN-RELATED ACTIVITIES INCLUDE:

1. DELIVERY OF HEALTH CARE SERVICES TO THE PUBLIC; INCLUDING, BUT NOT
LIMITED TO PHYSICIAN SERVICES, CONTRACTING FOR PHYSICIAN SERVICES WITH
LOCAL NETWORKS, HEALTH MAINTENANCE ORGANIZATIONS, OTHER PROVIDER
GROUPS, AND HOSPITALS AND OTHER HEALTH CARE FACILITIES, AND EMPLOYING
THE NECESSARY STAFF OF PHYSICIANS AND OTHER PERSONNEL NECESSARY TO
DELIVER SUCH HEALTH CARE SERVICES AND CARRY OUT OTHER PURPOSES OF THE

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

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses **128,632,298.**

Form 990 (2010)

Part IV Checklist of Required Schedules

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

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

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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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35 X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Form **990** (2010)

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 X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 889	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See 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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to 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	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g 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.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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		
1b Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
13 Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b 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.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KERRY DUNGER - (314) 364-3731**
645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141

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	Former			
GREGORY POTTS PHYSICIAN	58.00	X						704,379.	0.	29,264.
DENNY (MARGARET) DENARVAEZ MEMBER	60.00	X						0.	823,913.	187,978.
JOHN HOWARD SR VP, STRAT DEVEL & GC	60.00	X						0.	405,222.	94,270.
CHERYL MATEJKA TREASURER	60.00	X		X				0.	395,211.	55,468.
ERIC EOLOFF VP-OPERATIONS	60.00	X						0.	322,536.	43,470.
JOHN ZALEWSKI, THRU 9/3/10 PRESIDENT	64.00	X		X				491,745.	0.	44,242.
MICHAEL MCCURRY MEMBER	50.00	X		X				0.	964,849.	530,776.
JOHN HUBERT PRESIDENT	60.00	X		X				701,110.	0.	24,953.
EDWARD KUNST MEMBER	60.00	X						418,952.	0.	34,799.
MARC MERBAUM MEMBER	60.00	X						319,420.	0.	30,738.
STEPHEN SANDERS MEMBER	60.00	X						485,540.	0.	37,087.
RAYMOND WEICK MEMBER	60.00	X						334,045.	0.	22,007.
RACHEL BORSON MEMBER	60.00	X						0.	688,639.	16,886.
CHRISTOPHER VEREMAKIS MEMBER	60.00	X						0.	506,735.	66,566.
GARY WASSERMAN MEMBER	60.00	X						408,750.	0.	16,342.
STEVEN HILTON MEMBER	60.00	X						0.	318,269.	32,652.
ALOK SENGUPTA MEMBER	60.00	X						0.	318,077.	28,098.

MERCY CLINIC EAST COMMUNITIES
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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	Former			
JOSEPH HILGEMAN MEMBER	60.00	X						402,612.	0.	36,996.
JOHN MARBARGER MEMBER	60.00	X						610,370.	0.	33,077.
ROBERT ATTEBERRY PHYSICIAN	60.00	X						419,244.	0.	27,712.
MARK FARON PHYSICIAN	60.00				X			421,267.	0.	36,343.
STEPHEN PIEPER PHYSICIAN	60.00				X			311,538.	0.	21,604.
JENNIFER SCHEER PHYSICIAN	60.00				X			200,987.	0.	23,401.
DONN SORESENSEN CHIEF OPERATING OFFICER	60.00				X			0.	643,608.	163,536.
PHILLIP REICHERT PHYSICIAN	55.00					X		1,013,647.	0.	33,330.
JAY PADRATZIK PHYSICIAN	85.00					X		879,282.	0.	32,657.
1b Sub-total								8,122,888.	5,387,059.	1704252.
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.	2497280.

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

Form **990** (2010)

**MERCY CLINIC EAST COMMUNITIES
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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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALLA DORFMAN PHYSICIAN	60.00					X		825,462.	0.	28,096.
NISHAN CHOBANIAN PHYSICIAN	60.00					X		687,634.	0.	25,885.
GEORGE VOURNAS PHYSICIAN	60.00					X		672,067.	0.	24,615.
SANDEEP ROHATGI PHYSICIAN-FORMER OFFICER	65.00						X	438,767.	0.	33,371.
CHRISTIE BAYER PHYSICIAN-FORMER OFFICER	50.00						X	318,856.	0.	20,197.
THOMAS HALE FORMER OFFICER							X	0.	719,977.	175,051.
RANDALL COMBS FORMER OFFICER							X	0.	818,720.	273,507.
JOHN HERMANN FORMER KEY EMPLOYEE							X	0.	400,294.	90,492.
DONALD KALICAK FORMER KEY EMPLOYEE							X	0.	282,980.	92,910.
FRANCINE MERENGHI FORMER KEY EMPLOYEE							X	0.	167,383.	2,941.
LYN HURST FORMER KEY EMPLOYEE							X	0.	289,862.	25,963.
Total to Part VII, Section A, line 1c								2,942,786.	2,679,216.	793,028.

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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	NET PATIENT REVENUE	Business Code 621110	90370799.	90370799.		
	b	OTHER OPERATING REVENUE	621110	16069503.	16069503.		
	c	COMMERCIAL RESEARCH	621500	40,193.		40,193.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		106480495.			
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.				
	b	Less: rental expenses					
	c	Rental income or (loss)	13,443.				
	d	Net rental income or (loss)		13,443.		13,443.	
	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	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		107344212.	106440302.	40,193.	863,717.	

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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	6,969,474.	6,969,474.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	135,559.	135,559.		
7 Other salaries and wages	76,755,831.	73,315,678.	3,440,153.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,852,685.	3,694,640.	158,045.	
9 Other employee benefits	7,821,970.	7,501,096.	320,874.	
10 Payroll taxes	4,360,444.	4,181,569.	178,875.	
11 Fees for services (non-employees).				
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 REC	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				

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	10a 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.	

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,344,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,864,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	<29,519,991.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,665,956.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	33,519,865.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,665,830.

Part XII Financial Statements and Reporting

Check 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		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

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 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?

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

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

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

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** ☐

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"/>		

Schedule A (Form 990 or 990-EZ) 2010

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	75471913.	84833897.	87688320.	89606051.	106440302.	444040483
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 ☒
- 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

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 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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.

Schedule D (Form 990) 2010

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

1. (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.

2. 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 FIN 48 (ASC 740).

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

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 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes 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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment 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)?

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

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

Schedule J (Form 990) 2010

MERCY CLINIC EAST COMMUNITIES

F/K/A MERCY MEDICAL GROUP

43-1771217

Page 2

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 GREGORY POTTS	(i) 678,484.	0.	25,895.	12,811.	16,453.	733,643.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
2 DENNY (MARGARET)	(i) 337,124.	302,934.	183,855.	180,793.	7,185.	1,011,891.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
3 JOHN HOWARD	(i) 292,635.	80,986.	31,601.	79,482.	14,788.	499,492.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
4 CHERYL MATEJKA	(i) 253,223.	104,689.	37,299.	40,827.	14,641.	450,679.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
5 ERIC EOLOFF	(i) 227,036.	83,540.	11,960.	30,176.	13,294.	366,006.	0.
JOHN ZALEWSKI, THRU	(i) 357,927.	89,746.	44,072.	28,774.	15,468.	535,987.	0.
6 9/3/10	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
7 MICHAEL MCCURRY	(i) 605,326.	332,982.	26,541.	515,658.	15,118.	1,495,625.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
8 JOHN HUBERT	(i) 500,174.	151,324.	49,612.	11,853.	13,100.	726,063.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
9 EDWARD KUNST	(i) 377,212.	0.	41,740.	22,856.	11,943.	453,751.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
10 MARC MERBAUM	(i) 302,286.	0.	17,134.	15,809.	14,929.	350,158.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
11 STEPHEN SANDERS	(i) 461,350.	0.	24,190.	21,554.	15,533.	522,627.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
12 RAYMOND WEICK	(i) 316,922.	0.	17,123.	11,975.	10,032.	356,052.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
13 RACHEL BORSON	(i) 646,670.	0.	41,969.	8,305.	8,581.	705,525.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
14 CHRISTOPHER VEREMAKIS	(i) 342,334.	116,713.	47,688.	51,712.	14,854.	573,301.	0.
(ii) 366,606.	0.	0.	42,144.	8,462.	7,880.	425,092.	0.
15 GARY WASSERMAN	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
16 STEVEN HILTON	(i) 236,245.	48,325.	33,699.	17,914.	14,738.	350,921.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

MERCY CLINIC EAST COMMUNITIES

F/K/A MERCY MEDICAL GROUP

43-1771217

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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 ALOK SENGUPTA	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 250,703.	50,236.	17,138.	13,333.	14,765.	346,175.	0.
2 JOSEPH HILGEMAN	(i) 384,848.	0.	17,764.	22,039.	14,957.	439,608.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 JOHN MARBARGER	(i) 503,974.	58,793.	47,603.	20,897.	12,180.	643,447.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 ROBERT ATTEBERRY	(i) 401,772.	0.	17,472.	12,054.	15,658.	446,956.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 MARK FARON	(i) 377,497.	0.	43,770.	22,687.	13,656.	457,610.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 STEPHEN PIEPER	(i) 293,916.	0.	17,622.	12,250.	9,354.	333,142.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 JENNIFER SCHEER	(i) 176,541.	7,500.	16,946.	14,352.	9,049.	224,388.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 DONN SORENSEN	(i) 431,623.	178,771.	33,214.	149,692.	13,844.	807,144.	0.
	(ii) 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) 644,498.	25,000.	18,136.	9,961.	15,924.	713,519.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 NISHAN CHOBANIAN	(i) 505,088.	117,368.	49,611.	11,853.	12,762.	696,682.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 GEORGE VOURNAS	(i) 421,201.	0.	17,566.	18,153.	15,218.	472,138.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 SANDEEP ROHATGI	(i) 301,187.	0.	17,669.	17,223.	2,974.	339,053.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 CHRISTIE BAYER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16 THOMAS HALE	(i) 479,837.	188,615.	51,525.	163,413.	11,638.	895,028.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

MERCY CLINIC EAST COMMUNITIES

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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.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 505,989.	(ii) 285,391.	(iii) 27,340.	259,233.	14,274.	1,092,227.	0.
2 JOHN HERMANN	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 65,318.	(ii) 39,313.	(iii) 295,663.	86,737.	3,755.	490,786.	0.
3 DONALD KALICAK	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 185,313.	(ii) 56,003.	(iii) 41,664.	82,054.	10,856.	375,890.	0.
4 FRANCINE MERENGHI	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 0.	(ii) 0.	(iii) 167,383.	2,941.	0.	170,324.	0.
5 LYN HURST	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 62,022.	(ii) 49,036.	(iii) 178,804.	25,077.	886.	315,825.	0.
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

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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.

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

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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

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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.

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

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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.

REASONABLENESS.

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.

Department of the Treasury
Internal Revenue Service

► **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

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

[illegible]

► \$

▶ \$

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

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

[illegible]

MERCY CLINIC EAST COMMUNITIES
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Schedule L (Form 990 or 990-EZ) 2010

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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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
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:

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

PART XI, LINE 2

AUDITED 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 3

SINGLE 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.

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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 GROUP

Employer identification number
43-1771217

FORM 990, PART V, QUESTION 1A

INDEPENDENT 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 DISCLOSURE

PARTS 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

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

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 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		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
LAREDO MEDICAL GROUP - 74-2764726 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.

Schedule R (Form 990) 2010

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

Schedule R (Form 990)

43-1771217

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 CHILDRENS 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 CHILDRENS INFECTIOUS DISEASES, LLC - 27-2252716, 645 MARYVILLE CENTRE DRIVE, STE 100, ST. LOUIS, MO 63141	PHYSICIAN PRACTICE	MISSOURI	62,765.	25,426.	MERCY CLINIC EAST COMMUNITIES
MERCY CLINIC CHILDRENS 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 R (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

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

Schedule R (Form 990)

43-1771217

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 - 27-2491555, 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	PHYSICIAN CLINIC	ARKANSAS	501C3	3	MERCY HEALTH FORT SMITH COMM		X
MERCY CLINIC HOT SPRINGS COMM 1 MERCY LANE HOT SPRINGS, AR 71913	PHYSICIAN CLINIC	ARKANSAS	501C3	9	MERCY HEALTH HOT SPRINGS COMM		X
MERCY CLINIC OKLAHOMA COMM - 27-0473057, 4300 W. MEMORIAL ROAD, OKLAHOMA CITY, OK 73120	PHYSICIAN GROUP/CLINIC	OKLAHOMA	501C3	9	MERCY HEALTH OK COMMUNITIES		X
MERCY CLINIC SPRINGFIELD COMM 43-1560263, 1965 FREMONT STREET, SUITE 2950, SPRINGFIELD, MO 65804	PHYSICIAN GROUP	MISSOURI	501C3	3	MERCY HEALTH SPRINGFIELD COMM		X
MERCY EMERGENCY MED SRVS - 81-0627035 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	INACTIVE	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	MERCY HOSPITAL 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

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 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 SPRGFLD - 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

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

43-1771217

Schedule R (Form 990)

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 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

43-1771217

Schedule R (Form 990)

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 MARVILLE 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	HOSPITAL, RURAL HEALTH CLINICS	KANSAS	501C3	3	MERCY HEALTH SW MO/KS COMM		X

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

43-1771217

Schedule R (Form 990)

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(c)(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-III	MERCY HOSPITALS EAST COMM		X
MM SUPPORT SERVICES - 20-2553101 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MISSOURI	501C3	11-II	MERCY HEALTH		X
MISSION CLINICAL SERVICES - 13-4239691 300 WERNER STREET HOT SPRINGS, AR 71913	PHYSICIAN CLINICS	ARKANSAS	501C3	11-II	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	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-I	MERCY ST. FRANCIS HOSPITAL		X
UNITY AMBULATORY CARE - 43-1861745 645 MARYVILLE CTR DR STE 100 ST. LOUIS, MO 63141	INACTIVE	MISSOURI	501C3	11-III	MERCY HEALTH EAST COMMUNITIES		X

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

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Schedule R (Form 990) 2010 **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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		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	CENTRAL DISTRIBUTION CENTER	MO	N/A	N/A					N/A			
MERCY AMBULATORY SURGERY CENTER, LLC - 71-0827721, 7301 ROGERS AVENUE, FORT SMITH, AR 72917	AMBULATORY SURGERY CENTER	AR	N/A	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					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 HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT	KS	N/A	C CORP			
FRONTENAC PROPERTIES, INC. - 52-1914421 14528 S. OUTER FORTY, SUITE 100 CHESTERFIELD, MO 63017		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			
INVENO 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			

Schedule R (Form 990) 2010

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35a, 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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to other organization(s)
c Gift, grant, or capital contribution from other organization(s)
d Loans or loan guarantees to or for other organization(s)
e Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
g Purchase of assets from other organization(s)
h Exchange of assets

- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
k Performance of services or membership or fundraising solicitations for other organization(s)
l Performance of services or membership or fundraising solicitations by other organization(s)
m Sharing of facilities, equipment, mailing lists, or other assets
n Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
p Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
r Other transfer of cash or property from other organization(s)

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

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

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

Schedule R (Form 990)

43-1771217

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MERCY HOSPITALS EAST COMMUNITIES	N	711,707.	CASH TRANSFER
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(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 exclusion for certain investment partnerships.

[illegible]

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 REBRANDINGPART I:ST. JOHN'S MERCY AND AFFILIATES, LLC IS NOW MERCY AND AFFILIATES, LLCMERCY BURN & PLASTIC SURGERY, LLC IS NOW MERCY CLINIC BURN AND PLASTIC
SURGERY, LLCST. JOHN'S MERCY CARDIOVASCULAR AND THORACIC SURGERY ASSOCIATES, LLC IS
NOW MERCY CLINIC CARDIOVASCULAR AND THORACIC SURGERY ASSOCIATES, LLCMERCY CHILDREN'S HEART CENTER, LLC IS NOW MERCY CLINIC CHILDREN'S HEART
CENTER, LLCMERCY PEDIATRIC ID SPECIALISTS, LLC IS NOW MERCY CLINIC CHILDREN'S
INFECTIOUS DISEASES, LLCMERCY PEDIATRIC PULMONOLOGY & SLEEP MEDICINE, LLC IS NOW MERCY CLINIC
CHILDREN'S RESPIRATORY AND SLEEP MEDICINE, LLCMERCY CHILDREN'S SURGERY, LLC IS NOW MERCY CLINIC CHILDREN'S SURGERY,
LLCMERCY ENDOCRINOLOGY AND DIABETES MANAGEMENT, LLC IS NOW MERCY CLINIC
ENDOCRINOLOGY, LLCST. 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, LLCMERCY TRAUMA & SURGERY GROUP, LLC IS NOW MERCY CLINIC TRAUMA AND
GENERAL SURGERY, LLCSCHEDULE R, PART VII DISCLOSURE NAME CHANGES DUE TO MERCY HEALTH REBRANDINGPART II:MERCY MEDICAL GROUP IS NOW MERCY CLINIC EAST COMMUNITIESST. EDWARD MERCY CLINIC, INC. IS NOW MERCY CLINIC FORT SMITH
COMMUNITIESST. JOSEPH'S MERCY CLINIC, INC. IS NOW MERCY CLINIC HOT SPRINGS
COMMUNITIESMERCY PHYSICIANS OF OKLAHOMA, INC. IS NOW MERCY CLINIC OKLAHOMA
COMMUNITIESST. JOHN'S CLINIC, INC. IS NOW MERCY CLINIC SPRINGFIELD COMMUNITIESSISTERS OF MERCY HEALTH SYSTEM IS NOW MERCY HEALTHST. JOHN'S MERCY HEALTH CARE IS NOW MERCY HEALTH EAST COMMUNITIESST. EDWARD MERCY HEALTH SYSTEM, INC. IS NOW MERCY HEALTH FORT SMITH
COMMUNITIESMERCY 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)

ARDMORECARROLL HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION BERRYVILLEMERCY HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION FORT
SCOTTST. JOSEPH'S MERCY HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION HOT
SPRINGSMERCY HOSPITAL FOUNDATION OF INDEPENDENCE, INC. IS NOW MERCY HEALTH
FOUNDATION INDEPENDENCEMERCY HEALTH OF JOPLIN FOUNDATION IS NOW MERCY HEALTH FOUNDATION JOPLINST. MARY'S HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION NORTHWEST
ARKANSASMERCY HEALTH CENTER FOUNDATION, INC. IS NOW MERCY HEALTH FOUNDATION
OKLAHOMA CITYST. JOHN'S FOUNDATION FOR COMMUNITY HEALTH INC. IS NOW MERCY HEALTH
FOUNDATION SPRINGFIELDST. JOHN'S MERCY FOUNDATION IS NOW MERCY HEALTH FOUNDATION ST. LOUISST. JOHN'S MERCY HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATIONWASHINGTON

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 RENOST. EDWARD MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL FORT SMITHHEALDTON MERCY HOSPITAL CORPORATION IS NOW MERCY HOSPITAL HEALDTONST. JOSEPH'S MERCY HEALTH CENTER IS NOW MERCY HOSPITAL HOT SPRINGSMERCY HEALTH OF JOPLIN, INC. IS NOW MERCY HOSPITAL JOPLINBREECH REGIONAL MEDICAL CENTER IS NOW MERCY HOSPITAL LEBANONMERCY HEALTH CENTER, INC. IS NOW MERCY HOSPITAL OKLAHOMA CITYST. EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY IS NOW MERCY HOSPITAL
OZARKST. EDWARD HEALTH FACILITIES OF LOGAN COUNTY IS NOW MERCY HOSPITAL
PARISST. EDWARD HEALTH FACILITIES OF SCOTT COUNTY IS NOW MERCY HOSPITAL
WALDRONST. MARY-ROGERS MEMORIAL HOSPITAL, INC. IS NOW MERCY HOSPITAL ROGERSST. JOHN'S REGIONAL HEALTH CENTER IS NOW MERCY HOSPITAL SPRINGFIELDMERCY 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