




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 <div> <div>2010</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | | | |
|---|--|--|--|--|--|
| A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 | | C Name of organization MERCY HEALTH FOUNDATION ST LOUIS F/K/A ST JOHN'S MERCY FOUNDATION | | D Employer identification number 56-2410020 | |
| <input type="checkbox"/> Address change | | Doing Business As | | E Telephone number (314) 364-3444 | |
| <input type="checkbox"/> Name change | | Number and street (or P O box if mail is not delivered to street address) 615 SOUTH NEW BALLAS ROAD | | Room/suite | |
| <input type="checkbox"/> Initial return | | City or town, state or country, and ZIP + 4 ST LOUIS, MO 63141 | | G Gross receipts \$ 7,649,148 | |
| <input type="checkbox"/> Terminated | | F Name and address of principal officer PATRICIA ARNOLD 615 SOUTH NEW BALLAS ROAD ST LOUIS, MO 63141 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Amended return | | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| <input type="checkbox"/> Application pending | | I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number <input type="checkbox"/> | |
| J Website: WWW.MERCY.NET/STLOUISMO/GIVING | | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> | | L Year of formation 2003 | | M State of legal domicile MO | |

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

| | | | |
|--|---|--|---------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities MERCY HEALTH FOUNDATION ST LOUIS'S (THE "FOUNDATION") PRIMARY ACTIVITY IS TO ENGAGE IN FUNDRAISING ACTIVITIES TO SUPPORT CHARITY CARE PROVIDED TO THE PATIENTS OF MERCY HOSPITALS EAST COMMUNITIES ST LOUIS (THE "MEDICAL CENTER"), THE ORGANIZATION BEING SUPPORTED BY THE FOUNDATION, AND TO PROVIDE FUNDING FOR CAPITAL EXPENSES INCURRED AND PROGRAMS CARRIED ON BY THE MEDICAL CENTER ON BEHALF OF PATIENTS THE FOUNDATION SPENDS APPROXIMATELY 95% OF ITS TIME AND RESOURCES DIRECTED AT THESE ACTIVITIES IN ADDITION, THE FOUNDATION SPENDS APPROXIMATELY 5% OF ITS TIME AND RESOURCES PERFORMING COMMUNITY RELATIONS ON BEHALF OF THE FOUNDATION AND THE MEDICAL CENTER | | |
| | 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 | 29 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 23 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 23 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 5,464,145 | Current Year 4,889,547 |
| | 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,392,165 | 1,800,854 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 576,027 | 542,901 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,432,337 | 7,233,302 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 5,940,882 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 907,422 | 820,498 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| 16b Total fundraising expenses (Part IX, column (D), line 25) <u>692,522</u> | | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | | 412,728 | 433,285 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 7,261,032 | 4,688,347 |
| 19 Revenue less expenses Subtract line 18 from line 12 | | 171,305 | 2,544,955 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 13,925,471 | 16,471,615 |
| | 21 Total liabilities (Part X, line 26) | 201,698 | 192,000 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 13,723,773 | 16,279,615 |

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 | | | 2012-05-11 Date | |
| | CHERYL MATEJKA TREASURER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | | Preparer's signature | | Date |
| | Firm's name ▶ PLEUS AND COMPANY LLC | | Check if self-employed <input type="checkbox"/> | | PTIN |
| | Firm's address ▶ 14323 S OUTER FORTY STE 310N CHESTERFIELD, MO 63017 | | | | Firm's EIN ▶ Phone no ▶ (314) 317-9916 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

THE COMMITMENT TO PROVIDE CARE TO ALL WHO NEED IT, REGARDLESS OF THEIR ABILITY TO PAY, MEANS THAT MERCY HEALTH FOUNDATION ST LOUIS MUST BE THE CONSISTENT GENERATOR OF COMMUNITY SUPPORT UPON WHICH MERCY HOSPITALS EAST COMMUNITIES ST LOUIS RELIES

2

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

Yes

No

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

3

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

Yes

No

If "Yes," describe these changes on Schedule O

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 \$ 3,434,564 including grants of \$ 3,434,564) (Revenue \$ 0)

DONATIONS TO MERCY HOSPITALS EAST COMMUNITIES ST LOUIS TO SUPPORT THE PROVISION OF CHARITY CARE TO PATIENTS OF THE MERCY HOSPITALS EAST COMMUNITIES ST LOUIS, CAPITAL NEEDS AND PROGRAMS IDENTIFIED TO BENEFIT PATIENTS CARED FOR AT THE MERCY HOSPITALS EAST COMMUNITIES ST LOUIS

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 \$ 3,434,564

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)? If "Yes," complete Schedule A. | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II. | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | No |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV. | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV. | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H. | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions). | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . | 21 | Yes | |
| 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 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . | 28a | | No |
| 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 | | No |
| 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 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 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 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . | 31 | | No |
| 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 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . | 33 | | No |
| 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 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . | 35 | Yes | |
| 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 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . . | 38 | Yes | |

| | | | |
|---|--|------------|-----------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> | | | |
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 0 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. | 2a | 0 |
| 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 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| 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 | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| 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 | No |
| 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 | Yes |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| 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 | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| 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 | No |
| 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 lines 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 | 1a29 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b23 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | Yes | No |
| | | | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | 15b | | No |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Section C. Disclosure | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DENISE SCOFFIC 645 MARYVILLE CENTRE DRIVE STE 100 ST LOUIS, MO 63141 (314) 364-2959 | | | |

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

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

Form **990** (2010)

Part VII

| | | |
|---|---|---|
| 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 | 0 |
|---|---|---|

Section B. Independent Contractors

Section B. Independent Contractors

Form **990** (2010)

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|--|----------------------|--|---|--|-----------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | 75,000 | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,814,547 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | | | | | 4,889,547 |
| Program Service Revenue | 2a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,800,854 | | | 1,800,854 |
| 4 | | Income from investment of tax-exempt bond proceeds . . . | | | | | | |
| 5 | | Royalties | | | | | | |
| 6a | | (i) Real | | (ii) Personal | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | | Less rental expenses | | | | | | |
| c | | Rental income or (loss) | | | | | | |
| d | | Net rental income or (loss) | | | | | | |
| 7a | | (i) Securities | | (ii) Other | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | | Less cost or other basis and sales expenses | | | | | | |
| c | | Gain or (loss) | | | | | | |
| d | | Net gain or (loss) | | | | | | |
| 8a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | 542,901 | | | 542,901 |
| | | a | 958,747 | | | | | |
| | | b | 415,846 | | | | | |
| c | Net income or (loss) from fundraising events . . . | | | | | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 . . . | | | | | | | |
| | b | | | | | | | |
| | c | Net income or (loss) from gaming activities . . . | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances . . . | | | | | | | |
| | a | | | | | | | |
| | b | Less cost of goods sold . . . | | | | | | |
| c | Net income or (loss) from sales of inventory . . . | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | | |
| 12 | Total revenue. See Instructions | | | 7,233,302 | 0 | 0 | 2,343,755 | |

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 | 3,434,564 | 3,434,564 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 665,291 | | 199,587 | 465,704 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 155,207 | | 46,562 | 108,645 |
| 10 | Payroll taxes | | | | |
| a | Fees for services (non-employees) | | | | |
| | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 13,900 | | 13,900 | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 88,664 | | 88,664 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 7,697 | | 7,697 | |
| 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 | | | | |
| 23 | Insurance | | | | |
| 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 | ADMINISTRATIVE EXPENSE | 191,507 | | 191,507 | 0 |
| b | OTHER FUNDRAISING | 118,173 | | | 118,173 |
| c | MISCELLANEOUS EXPENSE | 13,344 | | 13,344 | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 4,688,347 | 3,434,564 | 561,261 | 692,522 |
| 26 | Joint costs. Check here <input checked="" 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) | | (B) |
|-----------------------------|---|---|------------|--|-------------------|------------|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 1,816,162 | 1 | 1,257,908 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 1,602,222 | 3 | 2,970,991 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 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) Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 18,764 | 9 | -44,856 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | | | |
| | b | Less: accumulated depreciation | 10b | | | 10c | |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 10,488,323 | 12 | 12,287,572 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 13,925,471 | 16 | 16,471,615 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 848 | 17 | |
| | 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 | | | 200,850 | 25 | 192,000 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 201,698 | 26 | 192,000 |
| 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 | | | 12,909 | 27 | 12,909 |
| | 28 | Temporarily restricted net assets | | | 8,312,545 | 28 | 10,841,983 |
| | 29 | Permanently restricted net assets | | | 5,398,319 | 29 | 5,424,723 |
| | 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 | | | 13,723,773 | 33 | 16,279,615 |
| | 34 | Total liabilities and net assets/fund balances | | | 13,925,471 | 34 | 16,471,615 |

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 | 7,233,302 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,688,347 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 2,544,955 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 13,723,773 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 10,887 |
| 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 | 16,279,615 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| 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 | |

SCHEDULE A

(Form 990 or 990EZ)

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 HEALTH FOUNDATION ST LOUIS F/K/A ST JOHN'S MERCY FOUNDATION | Employer identification number 56-2410020 |
|--|--|

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 | <input type="checkbox"/> | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |
| 2 | <input type="checkbox"/> | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) |
| 3 | <input type="checkbox"/> | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |
| 4 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) |
| 9 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | An organization organized and operated exclusively to test for public safety See section 509(a)(4). |
| 11 | <input checked="" type="checkbox"/> | 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 <input type="checkbox"/> Type I b <input checked="" type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other |
| e | <input checked="" type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? |
| h | <input type="checkbox"/> | Provide the following information about the supported organization(s) |

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

| (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 | |
| (A) MERCY HOSPITALS EAST COMMUNITIES ST LOUIS | 430653493 | 3 | Yes | | Yes | | Yes | | 3,236,119 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 3,236,119 |

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 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 for 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 ▶ | | | | | | |
| b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | | | | | |
| 17a 10%-facts-and-circumstances test—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 ▶ | | | | | | |
| 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 ▶ | | | | | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶ | | | | | | |

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | |
| 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  | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 56-2410020

Name: MERCY HEALTH FOUNDATION ST LOUIS
F/K/A ST JOHN'S MERCY FOUNDATION

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| PATRICIA ARNOLD PRESIDENT | 55 00 | X | | X | | | | 0 | 241,688 | 18,194 |
| JOHN HOWARD ASSISTANT SECRETARY | 60 00 | X | | | | | | 0 | 405,222 | 94,270 |
| DENNY MARGARET DENARVAEZ SECRETARY | 60 00 | X | | X | | | | 0 | 823,913 | 187,978 |
| ALLEN ALLRED DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT BERGAMINI DIRECTOR | 60 00 | X | | | | | | 0 | 301,096 | 37,886 |
| DAVID MEINERS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PEGGY RITTER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARSHA RUSNACK DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEVE THARPE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BERT CONDIE DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| JIM FINGER DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| GEORGE ROMAN DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| DARRYL JONES DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| JOE GAREA DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| WENDY STEINBECKER DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| TESSA ROLUFS TRELZ DIRECTOR | 80 | X | | | | | | 0 | 0 | 0 |
| MIMI VON GONTARD DIRECTOR | 50 00 | X | | | | | | 0 | 56,912 | 8,951 |
| BARBARA WILSON DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| JOHN HERBER DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| ROB VITALE DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| WILLIAM BOLSTER DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| RODNEY BOYD DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| PETER COHEN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL LOWENBAUM DIRECTOR | 20 | X | | | | | | 0 | 0 | 0 |
| DON MUSICK DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| GREG TWARDOWSKI DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| CHERYL MATEJKA TREASURER | 60 00 | X | | X | | | | 0 | 395,211 | 55,468 |
| STEVEN BUSCH DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| RON GORGEN DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| MICHAEL MCCURRY DIRECTOR | 50 | X | | X | | | | 0 | 964,849 | 530,776 |
| RANDALL COMBS FORMER TREASURER | | | | | | | X | 0 | 818,720 | 273,507 |

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 HEALTH FOUNDATION ST LOUIS
F/K/A ST JOHN'S MERCY FOUNDATION

Employer identification number

56-2410020

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | 5,398,319 | 5,383,506 | 5,401,959 | |
| b | Contributions | 850 | 401 | 750 | |
| c | Investment earnings or losses | 25,554 | 14,412 | -19,203 | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | 5,424,723 | 5,398,319 | 5,383,506 | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

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

| | | | | |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 0 |

Schedule D (Form 990) 2010

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|------------------|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | TO PROVIDE FINANCIAL SUPPORT OF THE SPECIFIC PROGRAM SERVICE DESIGNATED BY THE DONOR |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | 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 |

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|----|--|---|------------------|----------------------------------|
| | | BENEFIT 4 KIDS- GOLF EVENT (event type) | MARDI GRAS- DINNER/AUCTION (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 533,497 | 425,250 | 958,747 |
| | 2 | Less Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 533,497 | 425,250 | 958,747 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes . . . | | | |
| | 6 | Rent/facility costs . . | | | |
| | 7 | Food and beverages . . | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses . | 164,201 | 251,645 | 415,846 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ▶ | | | |
| | | | | | 542,901 |

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|---|---|--|--|----------------------------------|
| Revenue | | | | | (Add col (a) through col (c)) |
| | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs . . . | | | |
| | 5 | Other direct expenses . . | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

| | | |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility | 13b |

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

DENISE SCOFFIC

Address

645 MARYVILLE CENTRE DR SUITE 100
ST LOUIS, MO 63141

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
MERCY HEALTH FOUNDATION ST LOUIS
F/K/A ST JOHN'S MERCY FOUNDATION

Employer identification number
56-2410020

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| (1) MERCY HOSPITALS EAST COMMUNITIES ST LOUIS615 S NEW BALLAS ROAD ST LOUIS,MO 63141 | 43-0653493 | 501(C)(3) | 3,236,119 | | CASH | | SUPPORT CHARITY CARE, PROGRAMS, & CAPITAL NEEDS TO BENEFIT PATIENTS OF THE HOSPITAL |
| (2) MERCY HEALTH EAST COMMUNITIES645 MARYVILLE CTR STE 100 ST LOUIS,MO 63141 | 43-1718408 | 501(C)(3) | 198,445 | | CASH | | SUPPORT LIFE WINGS PROGRAM |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2

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

2

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 GRANTS WERE MADE TO RELATED ENTITIES WHICH REPORT ON THE USE OF THE FUNDS |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
MERCY HEALTH FOUNDATION ST LOUIS
F/K/A ST JOHN'S MERCY FOUNDATION

Employer identification number

56-2410020

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div> | | |
| <div><div>2</div><div>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?</div></div> | | |
| <div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div> | | |
| <div><div>4</div><div>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</div></div> | | |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment from the organization or a related organization?</div></div> | | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | Yes | |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | | No |
| <div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div> | | |
| <div><div>5</div><div>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</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | | No |
| <div><div>6</div><div>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</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | | No |
| <div><div>7</div><div>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</div></div> | | No |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | | |

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) PATRICIA ARNOLD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 165,606 | 50,635 | 25,447 | 9,172 | 9,022 | 259,882 | 0 |
| (2) JOHN HOWARD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 292,635 | 80,986 | 31,601 | 79,482 | 14,788 | 499,492 | 0 |
| (3) DENNY MARGARET DENARVAEZ | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 337,124 | 302,934 | 183,855 | 180,793 | 7,185 | 1,011,891 | 0 |
| (4) ROBERT BERGAMINI | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 276,510 | 0 | 24,586 | 22,963 | 14,923 | 338,982 | 0 |
| (5) CHERYL MATEJKA | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 253,223 | 104,689 | 37,299 | 40,827 | 14,641 | 450,679 | 0 |
| (6) MICHAEL MCCURRY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 605,326 | 332,982 | 26,541 | 515,658 | 15,118 | 1,495,625 | 0 |
| (7) RANDALL COMBS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 505,989 | 285,391 | 27,340 | 259,233 | 14,274 | 1,092,227 | 0 |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Part III **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|--------------------------|------------------|---|
| | PART I, LINE 1A | CHARTER TRAVEL IS PROVIDED TO 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 AND OTHER EXPENSE POLICY AND PROCEDURES. AS A REIMBURSABLE EXPENSE, THIS TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE. |
| | PART I, LINE 4B | 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. SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN (SMRP) MATEJKA, CHERYL L, ARNOLD, PATRICIA. 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 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 REASONABLENESS. |
| SUPPLEMENTAL INFORMATION | PART III | 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 HEALTH EAST COMMUNITIES USES A WRITTEN EMPLOYMENT CONTRACT AND EMPLOYS THE ORGANIZATION'S PRESIDENT. |

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

| | |
|---|---|
| Name of the organization MERCY HEALTH FOUNDATION ST LOUIS F/K/A ST JOHN'S MERCY FOUNDATION | Employer identification number 56-2410020 |
|---|---|

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| FORM 990, PART VI, SECTION A, LINE 6 | | THE MEMBER OF MERCY HEALTH FOUNDATION ST LOUIS IS MERCY HEALTH EAST COMMUNITIES, A SUPPORTING ORGANIZATION UNDER SECTION 509(A)(3) THE MEMBER OF MERCY HEALTH EAST COMMUNITIES IS MERCY HEALTH |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7A | | MERCY HEALTH EAST COMMUNITIES HAS RESERVE POWERS TO APPOINT AND REMOVE ALL DIRECTORS AND OFFICERS FOR MERCY HEALTH FOUNDATION ST LOUIS |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7B | | <p>MERCY HEALTH EAST COMMUNITIES RESERVES THE FOLLOWING POWERS AND RESPONSIBILITIES -TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION SHALL OPERATE, -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND THESE BYLAWS IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BYLAWS AND TO AMEND THE ORGANIZATIONAL DOCUMENTS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE EXECUTIVE DIRECTOR OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, BUSINESS PLANS, GOALS AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER, -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER, -TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS IN THE ORDINARY COURSE OF BUSINESS) AND TO 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, -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO THE MISSOURI NONPROFIT CORPORATION ACT, -TO MANAGE AND DIRECT THE INVESTMENT OF GIFTS AND GRANTS THAT ARE MADE TO THE CORPORATION, -TO RESOLVE ANY IMPASSE OR DEADLOCK THAT OCCURS WITH ANY ACTION TAKEN OR PROPOSED TO BE TAKEN OR CONSIDERED BY THE BOARD OR THE EXECUTIVE COMMITTEE, -TO DETERMINE HOW TO EXPEND THE UNRESTRICTED FUNDS IN THE EVENT THAT THE CORPORATE MEMBER MAKES A RECOMMENDATION FOR THE EXPENDITURE OF UNRESTRICTED FUNDS AND SUCH RECOMMENDATION IS NOT APPROVED BY THE BOARD, AND, -TO APPROVE OF THE CORPORATION'S RECEIPT AND ACCEPTANCE OF GIFTS AND GRANTS OF RESTRICTED FUNDS</p> |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION. A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S LEADERSHIP. THE DRAFT FORM 990 IS ALSO REVIEWED BY THE MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990S. AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM FOR REVIEW. ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, IT IS THEN SIGNED AND FILED WITH THE IRS. |

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION B, LINE 12C | ANNUALLY, THE BUSINESS RISK ASSESSMENT AND COMPLIANCE TEAM DISTRIBUTES A LINK TO A CONFLICT OF INTEREST SURVEY, WHICH MUST BE COMPLETED BY ALL COVERED INDIVIDUALS, INCLUDING MEMBERS OF THE BOARD OF DIRECTORS, SENIOR AND EXECUTIVE LEADERS AND PERSONS WITH SUBSTANTIAL INFLUENCE BY TITLE (SUPERVISORS AND ABOVE) OR FUNCTION. ALL DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST REPORTED BY CO-WORKERS ARE REVIEWED BY BUSINESS RISK AND THE DIRECTOR OF CORPORATE COMPLIANCE. IF NECESSARY, THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND/OR CHIEF EXECUTIVE OFFICER MAY BE INVOLVED IN THE REVIEW. CORPORATE COMPLIANCE COORDINATES THE REVIEW AND CONFLICT RESOLUTION WITH THE APPROPRIATE ADMINISTRATIVE VICE PRESIDENT AND WITH THE ADVICE OF THE GENERAL COUNSEL. ALL REPORTED DISCLOSURES OF POTENTIAL CONFLICTS BY THE BOARD OF DIRECTORS ARE SCREENED BY THE GENERAL COUNSEL AND REVIEWED BY THE BOARD CHAIRPERSON AND THE CEO OF 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. |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | 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 ANNUAL 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 COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|---|
| | FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY, WE ARE NOT REQUIRED TO MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC FINANCIAL RESULTS ARE AVAILABLE VIA REQUEST OF COPY OF FORM 990 |

| Identifier | Return Reference | Explanation |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET ASSETS TRANSFERRED FROM MERCY HOSPITALS EAST COMMUNITIES ST LOUIS 15,000 TRANSFER TO MERCY HOSPITALS EAST COMMUNITIES WASHINGTON -4,113 TOTAL TO FORM 990, PART XI, LINE 5 10,887 |

| Identifier | Return Reference | Explanation |
|------------------------------|------------------|--|
| AUDITED FINANCIAL STATEMENTS | PART XI, LINE 2 | THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT. THE 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 BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE. |

| Identifier | Return Reference | Explanation |
|---|------------------|---|
| SINGLE AUDIT ACT AND OMB CIRCULAR A-133 | PART XI, LINE 3 | 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 |

| Identifier | Return Reference | Explanation |
|--------------------|------------------------------|--|
| SYSTEM LIMITATIONS | FORM 990, SCHEDULE R, PART V | 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 & P. |

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | SCHEDULE O DISCLOSURE FORM 990, HEADING, BOX B | DURING THE TAX YEAR ENDED JUNE 30, 2012, 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. |

| Identifier | Return Reference | Explanation |
|----------------|-------------------------------|---|
| HOURS PER WEEK | PART VII, SECTION A, COLUMN B | 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 |

| Identifier | Return Reference | Explanation |
|-------------------------|-------------------------------|---|
| INDEPENDENT CONTRACTORS | FORM 990, PART V, QUESTION 1A | 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 MERCY HEALTH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN |

| Identifier | Return Reference | Explanation |
|--------------------|-------------------------------|---|
| SALARIES AND WAGES | FORM 990, PART V, QUESTION 2A | THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX, LINE 7 REPRESENT AN ALLOCATION OF SALARIES AND WAGES FROM A RELATED ORGANIZATION. EMPLOYEES ARE PAID BY A RELATED ORGANIZATION. AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDING W-2 AND W-3'S) WAS REPORTED UNDER THE RELATED ORGANIZATION'S EIN. |

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 HEALTH FOUNDATION ST LOUIS
F/K/A ST JOHN'S MERCY FOUNDATION

Employer identification number

56-2410020

Part I

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part II

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-----------------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) SOUTHERN OKLAHOMA DIAG CTR LLC 1011 FOURTEENTH AVENUE NW ARDMORE, OK73401 43-1971232 | MRI SERVICES | OK | N/A | N/A | | | | No | | | No | |
| (2) RESOURCE OPTIMIZ & INNOVLLC 645 MARYVILLE CTR DRSTE 200 ST LOUIS, MO63141 46-0468368 | CENTRAL DISTRIBUTION CENTER | MO | N/A | N/A | | | | No | | | No | |
| (3) MERCY AMBULATORY SURGERY CENTER LLC 7301 ROGERS AVENUE FORT SMITH, AR72917 71-0827721 | AMBULATORY SURGERY CENTER | AR | N/A | N/A | | | | No | | | No | |
| (4) FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR72901 71-0416615 | EMERGENCY MEDICAL SERVICES | AR | N/A | N/A | | | | No | | | No | |
| (5) ST EDWARD MERCY MC M-P OFFICE BLDG 7301 ROGERS AVENUE FORT SMITH, AR72903 71-0554050 | OFFICE BUILDING | AR | N/A | N/A | | | | No | | | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part IV

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

No

No

2

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

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

Schedule R (Form 990) 2010

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)

| Identifier | Return Reference | Explanation |
|------------|--|--|
| PART II | SCHEDULE R, PART VII DISCLOSURE NAME CHANGES DUE TO MERCY HEALTH REBRANDING | MERCY MEDICAL GROUP IS NOW MERCY CLINIC EAST COMMUNITIES ST EDWARD MERCY CLINIC, INC IS NOW MERCY CLINIC FORT SMITH COMMUNITIES ST JOSEPH'S MERCY CLINIC, INC IS NOW MERCY CLINIC HOT SPRINGS COMMUNITIES MERCY PHYSICIANS OF OKLAHOMA, INC IS NOW MERCY CLINIC OKLAHOMA COMMUNITIES ST JOHN'S CLINIC, INC IS NOW MERCY CLINIC SPRINGFIELD COMMUNITIES SISTERS OF MERCY HEALTH SYSTEM IS NOW MERCY HEALTH ST JOHN'S MERCY HEALTH CARE IS NOW MERCY HEALTH EAST COMMUNITIES ST EDWARD MERCY HEALTH SYSTEM, INC IS NOW MERCY HEALTH FORT SMITH COMMUNITIES MERCY MEMORIAL HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION ARDMORE CARROLL HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION BERRYVILLE MERCY HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION FORT SCOTT ST JOSEPH'S MERCY HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION HOT SPRINGS MERCY HOSPITAL FOUNDATION OF INDEPENDENCE, INC IS NOW MERCY HEALTH FOUNDATION INDEPENDENCE MERCY HEALTH OF JOPLIN FOUNDATION IS NOW MERCY HEALTH FOUNDATION JOPLIN ST MARY'S HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION NORTHWEST ARKANSAS MERCY HEALTH CENTER FOUNDATION, INC IS NOW MERCY HEALTH FOUNDATION OKLAHOMA CITY ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH INC IS NOW MERCY HEALTH FOUNDATION SPRINGFIELD ST JOHN'S MERCY FOUNDATION IS NOW MERCY HEALTH FOUNDATION ST LOUIS ST JOHN'S MERCY HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION WASHINGTON 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 MERCY EL RENO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL EL RENO ST EDWARD MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL FORT SMITH HEALDTON MERCY HOSPITAL CORPORATION IS NOW MERCY HOSPITAL HEALDTON ST JOSEPH'S MERCY HEALTH CENTER IS NOW MERCY HOSPITAL HOT SPRINGS MERCY HEALTH OF JOPLIN, INC IS NOW MERCY HOSPITAL JOPLIN BREECH REGIONAL MEDICAL CENTER IS NOW MERCY HOSPITAL LEBANON MERCY HEALTH CENTER, INC IS NOW MERCY HOSPITAL OKLAHOMA CITY ST EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY IS NOW MERCY HOSPITAL OZARK ST EDWARD HEALTH FACILITIES OF LOGAN COUNTY IS NOW MERCY HOSPITAL PARIS ST EDWARD HEALTH FACILITIES OF SCOTT COUNTY IS NOW MERCY HOSPITAL WALDRON ST MARY-ROGERS MEMORIAL HOSPITAL, INC IS NOW MERCY HOSPITAL ROGERS ST JOHN'S REGIONAL HEALTH CENTER IS NOW MERCY HOSPITAL SPRINGFIELD MERCY TISHOMINGO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL TISHOMINGO 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 |

Software ID:

Software Version:

EIN: 56-2410020

Name: MERCY HEALTH FOUNDATION ST LOUIS
F/K/A ST JOHN'S MERCY FOUNDATION

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|---|-----------------------------------|--|----------------------------|--|----------------------------------|--|----|
| | | | | | | Yes | No |
| ADVANCE CARE HOSPITAL 300 WERNER ST 3RD FLOOR HOT SPRINGS, AR71913 71-0816634 | LONG TERM ACUTE-CARE HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH | | No |
| CASA DE MISERICORDIA 1602 MCCLELLAND STREET LAREDO, TX78044 74-2912461 | WOMEN'S DOMESTIC VIOLENCE SHELTER | TX | 501C3 | 9 | MERCY MINISTRIES OF LAREDO | | No |
| LAREDO MEDICAL GROUP 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 74-2764726 | INACTIVE | TX | 501C3 | 9 | MERCY HEALTH SYSTEM TX | | No |
| MCAULEY PORTFOLIO MGMT CO 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 26-1708048 | PORTFOLIO MANAGEMENT | MO | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY CLINIC EAST COMMUNITIES 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO63141 43-1771217 | PHYSICIAN GROUP | MO | 501C3 | 9 | MERCY HEALTH EAST COMMUNITIES | | No |
| MERCY CLINIC FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR72917 26-1318597 | PHYSICIAN CLINIC | AR | 501C3 | 3 | MERCY HEALTH FORT SMITH COMM | | No |
| MERCY CLINIC HOT SPRINGS COMM 1 MERCY LANE HOT SPRINGS, AR71913 26-1125131 | PHYSICIAN CLINIC | AR | 501C3 | 9 | MERCY HEALTH HOT SPRINGS COMM | | No |
| MERCY CLINIC OKLAHOMA COMM 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 27-0473057 | PHYSICIAN GROUP/CLINIC | OK | 501C3 | 9 | MERCY HEALTH OK COMMUNITIES | | No |
| MERCY CLINIC SPRINGFIELD COMM 1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO65804 43-1560263 | PHYSICIAN GROUP | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY EMERGENCY MED SRVS 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 81-0627035 | INACTIVE | OK | 501C3 | 9 | MERCY HOSPITAL OKLAHOMA CITY | | No |
| MERCY FDTN HEALTH INNOV 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 20-0901499 | FOUNDATION | MO | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 43-1423050 | HEALTH SYSTEM - CORPORATE OFFICE | MO | 501C3 | 11-II | N/A | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|---|-------------------------|---|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| MERCY HEALTH EAST COMMUNITIES 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO63141 43-1718408 | HEALTH SYSTEM | MO | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR72917 26-1318515 | HOLDING COMPANY | AR | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH FOUNDATION ARDMORE 1011 14TH AVENUE NW ARDMORE, OK73401 71-0962525 | FOUNDATION | OK | 501C3 | 11-I | MERCY HOSPITAL ARDMORE | | No |
| MERCY HEALTH FOUNDATION BERRYVILLE 214 CARTER STREET BERRYVILLE, AR72616 71-0759301 | FOUNDATION | AR | 501C3 | 11-I | MERCY HOSPITAL BERRYVILLE | | No |
| MERCY HEALTH FOUNDATION FT SCOTT 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-1077073 | FOUNDATION | KS | 501C3 | 11-III | MERCY KANSAS COMMUNITIES INC | | No |
| MERCY HEALTH FOUNDATION HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR71913 71-0804718 | FOUNDATION | AR | 501C3 | 11-II | MERCY HOSPITAL HOT SPRINGS | | No |
| MERCY HEALTH FOUNDATION INDEPENDENCE 800 W MYRTLE INDEPENDENCE, KS67301 48-1079981 | FOUNDATION | KS | 501C3 | 11-I | MERCY KANSAS COMMUNITIES INC | | No |
| MERCY HEALTH FOUNDATION JOPLIN 2727 MCCLELLAND BLVD JOPLIN, MO64804 27-0906136 | FOUNDATION | MO | 501C3 | 11-I | MERCY HEALTH SW MOKS COMM | | No |
| MERCY HEALTH FOUNDATION NW ARK 2710 RIFE MEDICAL LN ROGERS, AR72858 71-0601687 | FOUNDATION | AR | 501C3 | 11-III | MERCY HOSPITAL ROGERS | | No |
| MERCY HEALTH FOUNDATION OK CITY 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1593024 | FOUNDATION | OK | 501C3 | 11-I | MERCY HOSPITAL OKLAHOMA CITY | | No |
| MERCY HEALTH FOUNDATION SPRINGFIELD 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 32-0195818 | FOUNDATION | MO | 501C3 | 11-II | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY HEALTH FOUNDATION WASHINGTON 901 E FIFTH STREET WASHINGTON, MO63090 56-2410022 | FOUNDATION | MO | 501C3 | 11-II | MERCY HEALTH EAST COMMUNITIES | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|---|--|---|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| MERCY HEALTH HOT SPRINGS COMM 300 WERNER STREET HOT SPRINGS, AR71913 26-1125064 | HOLDING COMPANY | AR | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH NWAR K COMMUNITIES 2710 RIFE MEDICAL LN ROGERS, AR72758 62-1684203 | PHYSICIAN GROUP | AR | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH OK COMMUNITIES 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1453048 | HOLDING COMPANY | OK | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH SW MOKS COMM 2727 MCCLELLAND BLVD JOPLIN, MO64804 30-0584463 | HEALTH SYSTEM | MO | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH SPRINGFIELD COMM 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 43-1856028 | HOLDING COMPANY | MO | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HEALTH SYSTEM TX 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 74-2764727 | INACTIVE | TX | 501C3 | 11-II | MERCY HEALTH | | No |
| MERCY HOME HEALTH BERRYVILLE 214 CARTER STREET BERRYVILLE, AR72616 87-0781247 | HOME HEALTH AND HOSPICE OPERATIONS | AR | 501C3 | 11-III | MERCY HOSPITAL SPRINGFIELD | | No |
| MERCY HOSPITAL ARDMORE 1011 14TH AVENUE NW ARDMORE, OK73401 73-1500629 | HOSPITAL | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | | No |
| MERCY HOSPITAL AURORA 500 PORTER AVENUE AURORA, MO65605 43-1936696 | OPERATING CO FOR LEASED HOSP | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY HOSPITAL BERRYVILLE 214 CARTER STREET BERRYVILLE, AR72616 71-0759299 | HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY HOSPITAL CASSVILLE 94 MAIN STREET CASSVILLE, MO65625 43-1936699 | OPERATING CO FOR LEASED HOSP | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY HOSPITAL COLUMBUS 220 PENNSYLVANIA AVENUE COLUMBUS, KS66725 27-0842031 | CRITICAL ACCESS HOSPITAL | MO | 501C3 | 9 | MERCY HEALTH SW MOKS COMM | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|---|---------------------------------|---|----------------------------|---|------------------------------------|--|----|
| | | | | | | Yes | No |
| MERCY HOSPITAL EL RENO 2115 PARKVIEW DRIVE EL RENO , OK73036 73-6617948 | OPERATING CO FOR LEASED HOSP | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | | No |
| MERCY HOSPITAL FORT SMITH 7301 ROGERS AVENUE FORT SMITH, AR72917 71-0240352 | HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH FORT SMITH COMM | | No |
| MERCY HOSPITAL HEALDTON 918 SOUTH STREET HEALDTON, OK73438 26-3173902 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL ARDMORE | | No |
| MERCY HOSPITAL HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR71913 71-0236913 | HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH HOT SPRINGS COMM | | No |
| MERCY HOSPITAL JOPLIN 2727 MCCLELLAND BLVD JOPLIN, MO64804 27-0814858 | HOSPITAL | MO | 501C3 | 9 | MERCY HEALTH SW MOKS COMM | | No |
| MERCY HOSPITAL LEBANON 100 HOSPITAL DRIVE LEBANON, MO65536 43-1767432 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY HOSPITAL OF LAREDO 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 74-1189682 | INACTIVE | TX | 501C3 | 3 | MERCY HEALTH SYSTEM TX | | No |
| MERCY HOSPITAL OKLAHOMA CITY 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-0579285 | HOSPITAL | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | | No |
| MERCY HOSPITAL OZARK 801 W RIVER STREET OZARK, AR72949 71-0689680 | HOSPITAL | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | | No |
| MERCY HOSPITAL PARIS 500 E ACADEMY PARIS, AR72855 71-0655753 | HOSPITAL | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | | No |
| MERCY HOSPITAL ROGERS 2710 RIFE MEDICAL LN ROGERS, AR72758 71-0294390 | HOSPITAL | AR | 501C3 | 3 | MERCY HEALTH NW ARK COMMUNITIES | | No |
| MERCY HOSPITAL SPRINGFIELD 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 44-0552485 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|--|---|---|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| MERCY HOSPITAL TISHOMINGO 1000 SOUTH BYRD TISHOMINGO, OK73460 27-4433830 | HOSPITAL | OK | 501C3 | 3 | MERCY HOSPITAL ARDMORE | | No |
| MERCY HOSPITAL WALDRON 1341 W 6TH STREET WALDRON, AR72958 71-0557895 | HOSPITAL | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | | No |
| MERCY HOSPITALS EAST COMM 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO63141 43-0653493 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH EAST COMMUNITIES | | No |
| MERCY KANSAS COMMUNITIES INC 401 WOODLAND HILLS BLVD FT SCOTT, KS66701 48-0956045 | HOSPITAL,RURAL HEALTH CLINICS | KS | 501C3 | 3 | MERCY HEALTH SW MOKS COMM | | No |
| MERCY MEDICAL RESEARCH INST 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 87-0796305 | RESEARCH - CLINICAL TRIALS | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX78043 20-0198462 | HEALTHCARE, OUTREACH,FOOD PANTRY | TX | 501C3 | 3 | MERCY HEALTH | | No |
| MERCY ST FRANCIS HOSPITAL 100 W HIGHWAY 60 MOUNTAIN VIEW, MO65548 44-0607149 | HOSPITAL | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| MERCY SUPPORT SERVICES 615 S NEW BALLAS ROAD ST LOUIS, MO63141 43-1677952 | INACTIVE | MO | 501C3 | 11-III | MERCY HOSPITALS EAST COMM | | No |
| MHM SUPPORT SERVICES 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 20-2553101 | CENTRALIZED HEALTH SYSTEM FUNCTIONS | MO | 501C3 | 11-II | MERCY HEALTH | | No |
| MISSION CLINICAL SERVICES 300 WERNER STREET HOT SPRINGS, AR71913 13-4239691 | PHYSICIAN CLINICS | AR | 501C3 | 11-II | MERCY HEALTH HOT SPRINGS COMM | | No |
| SISTERS OF MERCY MINISTRIES 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 72-1069468 | FAMILY COUNSELING,SOCIAL JUSTICE ADVOCACY | MO | 501C3 | 9 | MERCY HEALTH | | No |
| ST EDWARD MERCY FOUNDATION PO BOX 17000 FORT SMITH, AR72917 23-7330425 | FOUNDATION | AR | 501C3 | 3 | MERCY HOSPITAL FORT SMITH | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501 (c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|--|-------------------------|---|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| ST JOHNS CHILDRENS HOSP 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 | INACTIVE | MO | 501C3 | 3 | MERCY HEALTH SPRINGFIELD COMM | | No |
| ST MARYS HOSP ENID OK 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO63017 73-0614655 | INACTIVE | OK | 501C3 | 3 | MERCY HEALTH OK COMMUNITIES | | No |
| THE SR M CORNELIA BLASKO FN 100 W HIGHWAY 60 MOUNTAIN VIEW, MO65548 43-1873914 | FOUNDATION | MO | 501C3 | 11-I | MERCY ST FRANCIS HOSPITAL | | No |
| UNITY AMBULATORY CARE 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO63141 43-1861745 | INACTIVE | MO | 501C3 | 11-III | MERCY HEALTH EAST COMMUNITIES | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income (\$) | (g) Share of end-of-year assets (\$) | (h) Percentage ownership |
|--|--|--|----------------------------------|--|-----------------------------------|---|-----------------------------|
| MERCY COMM SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-1078101 | CATERING OPERATIONS | KS | N/A | C | | | |
| FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 52-1914421 | HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT | DE | N/A | C | | | |
| MHP INC 14528 S OUTER FORTY SUITE 300 CHESTERFIELD, MO63017 43-1697084 | HOLDING COMPANY SOLD 10/1/10 | DE | N/A | C | | | |
| INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 26-4509571 | TECHNOLOGY TRANSFER COMPANY | MO | N/A | C | | | |
| UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 43-1797042 | INACTIVE | MO | N/A | C | | | |
| UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 74-2499535 | HOLDING COMPANY | MO | N/A | C | | | |
| MHN OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK73401 73-1580607 | EMPLOYED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS | OK | N/A | C | | | |
| MERCY HEALTH CENTER CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK73120 68-0640970 | ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS | OK | N/A | C | | | |
| MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1441665 | HOLDING COMPANY | OK | N/A | C | | | |
| MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1381689 | EMPLOYED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS | OK | N/A | C | | | |

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

| (a) Name of other organization | | (b) Transaction type(a-r) | (c) Amount Involved (\$) | (d) Method of determining amount involved |
|-----------------------------------|---|---------------------------------|--------------------------------|---|
| (1) | MERCY HOSPITALS EAST COMMUNITIES ST LOUIS | P | 74,056 | CASH TRANSFER |
| (2) | MERCY HOSPITALS EAST COMMUNITIES ST LOUIS | C | 30,000 | CASH TRANSFER |
| (3) | MERCY HOSPITALS EAST COMMUNITIES ST LOUIS | B | 3,236,119 | CASH TRANSFER |
| (4) | MERCY HEALTH EAST COMMUNITIES | P | 239,430 | CASH TRANSFER |
| (5) | MERCY HEALTH EAST COMMUNITIES | B | 198,445 | CASH TRANSFER |
| (6) | MHM SUPPORT SERVICES | C | 40,000 | CASH TRANSFER |
| (7) | MERCY HEALTH EAST COMMUNITIES | C | 5,000 | CASH TRANSFER |