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# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Inspection

| A Fo                           | r the :      | 2008 ca  | alendar yea                      | r, or tax year begin                       |                       | and ending 06-30-200            | 9                 |               |                              |                            |
|--------------------------------|--------------|--|----------------------------------|--|-----------------------|---------------------------------|-------------------|---------------|------------------------------|----------------------------|
| <b>B</b> Ch                    | eck ıf a     | pplicable  | Please                           | C Name of organizatio<br>MERCY MINISTRIES  |                       |                                 |                   |               | D Employer id                | entification number        |
| ☐ Ad                           | dress ch     | nange  | use IRS<br>label or              | Doing Business As                          |                       |                                 |                   |               | 20-01984<br>E Telephone n    |                            |
| ∏ Na                           | me cha       | nge  | print or<br>type. See            | Doing business As                          |                       |                                 |                   |               | -                            |                            |
| Ind                            | tial retu    | rn   | Specific<br>Instruc-             | Number and street (                        | or PO box if mail is  | not delivered to street addre   | ess) Room         | n/suite       | (956) 718-<br>G Gross receip |                            |
| Te                             | mınatıd      | on   | tions.                           | 2500 Zacatecas St P                        | O Box 430169          |                                 |                   |               | d dioss recei                | <b>NS</b> \$ 0,234,177     |
| ☐ Am                           | ended        | return   |                                  | City or town, state of                     | or country, and ZIP + | 4                               |                   |               |                              |                            |
| Гар                            | olication    | n pending  |                                  | Laredo, TX 78043                           |                       |                                 |                   |               |                              |                            |
|                                |              |  | <b>F</b> Nan                     | ne and address of P                        | rıncıpal Officer      |                                 | H(a)              | Is thi        | s a group retur              | n for                      |
|                                |              |  |                                  | Maria Luisa Vera RS<br>Zacatecas St        | 5M                    |                                 |                   | affilia       |                              | ┌Yes ┌No                   |
|                                |              |  |                                  | TX 78046                                   |                       |                                 | Н(Ь)              | Are all       | affiliates includ            | led?                       |
| <b>I</b> Ta                    | x-exem       | npt status   | <b>▽</b> 501(c)                  | )(3) <b>◀</b> (insert no)                  | 4947(a)(1) or         | 527                             |                   |               |                              | t See instructions )       |
| J W                            | eb sit       | e: 🕨 ww  | w mercylare                      | edo com                                    |                       |                                 | H(c)              | Grou          | p Exemption N                | umber ► 0928               |
| <b>K</b> Typ                   | e of org     | ganızatıon   | Corporat                         | ion trust associat                         | tion other 🕨          |                                 | <b>L</b> Yea      | r of Foi      | rmation 2003                 | State of legal domicile TX |
| Pa                             | rt I         | Sum  | mary                             |  |                       |                                 |                   |               |                              |                            |
|                                | 1            | Briefly  | describe th                      | e organization's mis                       | ssion or most sig     | nıfıcant actıvıtıes             |                   |               |                              |                            |
| မ                              |              | SEE ST   | ATEMENT                          | 1  |                       |                                 |                   |               |                              |                            |
| Governance                     |              |  |                                  |  |                       |                                 |                   |               |                              |                            |
| Ĭe<br>Į                        | 2            | Check  | this box                         | ıf the organization o                      | discontinued its o    | operations or disposed (        | of more t         | han 2         | 5% of its asse               | ts                         |
| ŝ                              | 3            |  | ,                                |  |                       | t VI, line 1a)                  |                   |               |                              | 16                         |
|                                | 4            |  | _                                | _  |                       | ng body (Part VI, line 1        |                   |               |                              | 15                         |
| Activities &                   | 5            | Total n  | umber of en                      | nployees (Part V , lı                      | ne 2a)                |                                 |                   |               | 5                            | 0                          |
| 됐                              | 6            | Total n  | umber of vo                      | lunteers (estimate                         | ıf necessary) .       |                                 |                   |               | 6                            | 31                         |
| ĕ                              | 7a           | Total g  | ross unrela                      | ted business reven                         | ue from Part VII      | I, line 12, column (C)          |                   |               | 7a                           | 0                          |
|                                | b            | Net unr  | elated busi                      | ness taxable incom                         | ne from Form 990      | )-T, line 34                    |                   |               | 7b                           | 0                          |
|                                |              |  |                                  |  |                       | Prio                            | r Year            | Current Year  |                              |                            |
| <u>o</u>                       | 8            |  |                                  | d grants (Part VIII,                       |                       |                                 |                   |               | 847,284                      | 1,027,117                  |
| Revenue                        | 10           | Program service revenue (Part VIII, line 2g)                             |                                  |  |                       |                                 |                   |               | 300,043                      | 326,674                    |
| Ε                              | 11           | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) |                                  |  |                       |                                 |                   |               | 19,021                       | 12,621                     |
|                                | 12           |  | •                                | ,  |                       | art VIII, column (A), lin       | ie                |               | ,                            |                            |
|                                | 4.0          | 12)  |                                  |  |                       | ) land 4 2)                     |                   |               | 2,534,190                    | -474,631                   |
|                                | 13<br>14     |  |                                  | ar amounts paid (Pa<br>or for members (Par |                       |                                 |                   |               | 713,108                      | 9,165                      |
|                                | 15           |  | •                                | •  | , , , , , ,           | rt IX, column (A), lines        | 5-                |               | 0                            |                            |
| 8                              |              | 10)  | cs, other cc                     | imperioderon, empro                        | , yee benenes (i a    | re rx, coramii (x, ), imes      | Ĭ                 |               | 1,608,674                    | 1,638,412                  |
| Expenses                       | 16a          | Profes   | sional fund                      | raising fees (Part I                       | X, column (A), lır    | ne 11e)                         |                   |               | 990                          | 0                          |
| ਡੌ                             | ь            | (Total f   | undraising exp                   | penses, Part IX, column                    | (D), line 25 113,36   | 5)                              |                   |               |                              |                            |
|                                | 17           |  |                                  | (Part IX, column (A                        |                       | •                               |                   |               | 623,131                      | 1,288,269                  |
|                                | 18           |  |                                  |  |                       | X, line 25, column (A))         |                   |               | 2,945,903                    | 2,935,846                  |
| <u>ψ</u>                       | 19           | Reven  | ue less exp                      | oenses Subtract lin                        | ie 18 from line 12    | 4                               |                   |               | -411,713                     | -3,410,477                 |
| ង<br>ទំនួ                      | 30           | T  | nan-t- /n-                       | * V 1 4.51                                 |                       |                                 | B                 | eginni        | ng of Year                   | End of Year                |
| ess<br>Bağ                     | 20           |  |                                  | t X, line 16)                              |                       |                                 | <u> </u>          |               | 25,811,486                   | 19,605,323                 |
| Net Assets or<br>Fund Balances | 21<br>22     |  | •                                | Part X, line 26)<br>d balances Subtra      | et line 21 feet lin   | 20.20                           |                   |               | 857,943                      | 18,896,751                 |
|                                | 22<br>13 (1) |  | ature Blo                        |  | ct line 21 from fir   | 16 20                           |                   |               | 24,953,543                   | 18,896,751                 |
| r u                            |              |  |                                  |  | ave examined this re  | eturn, including accompanying   | , schedule        | s and s       | tatements, and to            | the best of my knowledge   |
|                                |              | and bel  | ief, it is true, o               | correct, and complete [                    | Declaration of prepar | er (other than officer) is base | ed on all ir      | ıformat<br>เ  | ion of which prepa           | rer has any knowledge      |
| Plea<br>Sigr                   |              | Sign   | ature of office                  | or .                                       |                       |                                 |                   | 2010-<br>Date | 05-16                        |                            |
| Her                            |              | '  |                                  |  | fficar                |                                 |                   | 5415          |                              |                            |
|                                |              |  | er Maria Luisa<br>e or print nam | Vera Chief Executive O<br>e and title      | incei                 |                                 |                   |               |                              |                            |
|                                |              | Preparei   | r's <b>k</b>                     |  |                       | Date                            | Check If          |               | Preparer's PTIN              | (See Gen Inst )            |
| Paid                           |              | signatur   |                                  |  |                       |                                 | self-<br>empolyed | <b>.</b> ⊏    |                              | •                          |
|                                | arer's       |  | ame (or yours                    | ERNST & YOUNG U                            | JS LLP                |                                 | , ,,              | '             |                              |                            |
| Use (                          | Only         | ıf self-er   | mployed),<br>and ZIP + 4         | 190 CARONDELET                             | PLAZA SUITE 1300      |                                 |                   |               | EIN Þ                        |                            |
|                                |              |  |                                  | CLAYTON, MO 63                             |                       |                                 |                   |               | Phone no 🕨 (                 | 314) 290-1000              |
| May                            | the IR       | S discus   | ss this retu                     | · · · · · · · · · · · · · · · · · · ·      |                       | See instructions)               |                   |               |                              | ┌ Yes ┌ No                 |

| <b>1</b><br>See A | Briefly describe the organization's mission  |
|-------------------|--|
| 2                 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |
|                   | 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?   |
|                   | 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 (4) organizations and 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 \$ 1,097,289 including grants of \$ 0 ) (Revenue \$ 153,824 )  MERCY MINISTRIES OF LAREDO'S PRIMARY EXEMPT FUNCTION IS TO PROVIDE PRIMARY HEALTHCARE SERVICE INCLUDING HEALTHCARE EDUCATION TO FAMIL IN WEBB COUNTY WHO ARE UNINSURED, INDIGENT AND RESIDE IN MEDICALLY UNDERSERVED AREAS THESE SERVICES ARE RENDERED THROUGH MERCY CLI AT OUR SITE AT 2500 ZACATECAS AND THROUGH THE MERCY MEDICAL MOBILE CLINIC WHICH DELIVERS SERVICES TO COLONIAS (UNINCORPORATED AREAS), INNER CITY AND OUTLYING AREAS WHERE MEDICAL HELP IS INACCESSIBLE THE PRIMARY AREAS OF EXPENSE INCLUDE GENERAL MEDICINE, CANCER EDUCAT. AND SCREENING AND OUTREACH EFFORTS THE REMAINING EXPENSES INCLUDE INCLUDE MEDICATION ASSISTANCE, DENTAL SERVICES AND NUTRITION GENI MEDICINE GENERAL MEDICINE INCLUDES REGULAR PHYSICAL AND WELLNESS EXAMS SUCH AS SCREENINGS FOR DIABETES, BLOOD PRESSURE AND HEART DISEASE IT ALSO INCLUDES VISITS FROM PATIENTS FOR COMMON ILLNESS SUCH AS COLD, HEADACHES AND STOMACH AILMENTS THESE CASES ARE DIAGNOS AND REFERRED TO SPECIALTY PHYSICIANS OR TO OUR OWN PROGRAMS WHEN DESSARY CASE MANAGERS AND THE SOCIAL WORKER ALSO PLAY A CRITICAL ROLE IN THE GENERAL MEDICINE PROGRAM THEY GUIDE PATIENTS THROUGH THE MEDICAL SYSTEM AND MAKE SPECIALTY AND FOLLOW UP REFERRALS OVER 900 PATIENTS WERE REFERRED TO MEDICAL SPECIALISTS FOR CARE THIS PROGRAM INCLUDES A DIABETIC CENTER WHICH DIAGNOSES, EDUCATES, MONITO AND TREATS OVER 330 DIABETIC PATIENTS SPECIFICALLY, THE PROGRAM PROVIDES DIABETES EDUCATION CLASSES WHICH INCLUDE A NUTRITION AND EXERCISE COMPONENT IN ADDITION, PATIENTS ARE ASSISTED IN ACQUIRING GLUCOSE MONITORING EQUIPMENT, SUPPLIES AND MEDICATIONS FINALLY, THE PATIENTS ARE PROVIDED WITH EYE AND FOOT EXAMS BY PHYSICIANS A TOTAL OF 2,822 PATIENTS WERE SEEN THROUGH THE GENERAL MEDICINE PROGRAM |
|                   |  |
| 4b                | (Code ) (Expenses \$ 621,306 including grants of \$ 0 ) (Revenue \$ 131,504 )  CANCER SCREENING & EDUCATION THE CANCER SCREENING AND EDUCATION PROGRAM'S GOAL IS TO EDUCATE PATIENTS ON THE IMPORTANCE OF EARLY SCREENING AND REGULAR SCREENING FOR BREAST, CERVICAL, COLON AND PROSTATE CANCER THE PROGRAM RESULTED IN 7,676 PATIENT ENCOUNTERS AVAIOTS SCREENINGS THE ENCOUNTERS COME IN THE FORM OF PLATICAS (INFORMAL TALKS IN PATIENTS HOMES OR NEIGHBORHOOD RECREATION CENTERS), HEALTH FAIRS AND ONE ON ONE MEETINGS WITH PATIENTS NINE PATIENTS WERE DIAGNOSED WITH SOME FORM OF CANCER AND REFERRED TO SPECIALISTS FOR TREATMENT MERCY CLINIC COLLABORATES WITH LOCAL ONCOLOGIST AND DIAGNOSTICIANS TO ASSIST PATIENTS WITH EXPENSES  |
| 4c                | (Code ) (Expenses \$ 306,253 including grants of \$ 0 ) (Revenue \$ 0 )  |
|                   | OUTREACH A CRITICAL PART OF OUR PROGRAM IS REACHING OUT TO PEOPLE WHO LIVE IN REMOTE AREAS THE OUTREACH SEEKS TO EDUCATE PATIENTS OF THE NEED FOR A MEDICAL HOME AND REGULAR PHYSICAL EXAMS THE OUTREACH SEEKS TO TAKE SERVICES TO THE NEIGHBORHOODS VIA THE MERCY MEDIC MOBILE CLINIC AND AT NEIGHBORHOOD RECREATION CENTERS THE MOBILE CLINIC VISITS 12 LOCATIONS THROUGHOUT WEBB COUNTY COMMUNITY HEALTHCARE WORKERS PLAY THE GREATEST ROLE IN THE EDUCATION COMPONENT OF THESE EFFORTS THE OUTREACH EFFORTS INCLUDED 1,978 HOME VIS AND 114 PLATICAS IN FY09 IN ADDITION THERE WERE 2,195 MEDICAL OUTREACH ENCOUNTERS AND 3,848 EDUCATION ENCOUNTERS   |
|                   |  |
| 4d                | Other program services (Describe in Schedule O ) (Expenses \$ 346,666 including grants of \$ 9,165 ) (Revenue \$ 41,346 )  |
| 4e                | (Expenses \$ 346,666 including grants of \$ 9,165 ) (Revenue \$ 41,346 )  Total program service expenses \$ 2,371,514 Must equal Part IX, Line 25, column (B).   |
|                   | rotar program service expenses φ 2,3/1,314 Plust equal Fait 1Λ, Lille 23, COluilli (D).  |

Form **990** (2008)

| Part IV | Checklist of  | Required     | <b>Schedules</b> |
|---------|---------------|--------------|------------------|
|         | CIICCINIISCOI | ive quii e u | Julicadios       |

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏  | 2   | 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  | 3   |     | Νο |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |     | Νο |
| 5   | Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     |    |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | 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   | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | 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                           | 9   |     | No |
| 10  | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  | Yes |    |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | Yes |    |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12  |     | No |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a |     | No |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I  | 14b |     | 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 United States? If "Yes," complete Schedule F, Part II   | 15  |     | 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 United States? If "Yes," complete Schedule F, Part III   | 16  |     | Νο |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |    |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | No |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | Νο |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | Νo |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J  | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |    |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$  | 25a |     | No |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I  | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27  |     | No |

### Part IV Checklist of Required Schedules (Continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part |     |     |    |
|    |  | 28a |     | Νο |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  | 28b |     | Νο |
| c  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.   | 28c |     | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  | Yes |    |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35  | Yes |    |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Νο |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No |

|     |   |             |                          |     | Yes | No |
|-----|---|-------------|--------------------------|-----|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable  |             |                          |     |     |    |
|     |   | 1a          | 40                       |     |     |    |
| 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 gaming (gambling) winnings to prize winners?   |             | dors and reportable      | 1c  | Yes |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return  | 2a          | 0                        |     |     |    |
| b   | If at least one is reported in 2a, did the organization file all required federal employments. Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this  |             |                          | 2b  |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during return?   |             |                          | 3a  |     | Νo |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho  | edule       | 0                        | 3b  |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?  | count       | , or other financial     | 4a  |     | Νο |
| b   | If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Refinancial Accounts.   | port o      | f Foreign Bank and       |     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during   | ng the      | tax year?                | 5a  |     | Νo |
| Ь   | Did any taxable party notify the organization that it was or is a party to a prohibited t   | tax sh      | nelter transaction?      | 5b  |     | Νo |
| c   | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempted Tax Shelter Transaction?   | t Entit     | ty Regarding Prohibited  | 5c  |     |    |
| 6a  | Did the organization solicit any contributions that were not tax deductible?  |             |                          | 6a  |     | Νo |
| b   | If "Yes," did the organization include with every solicitation an express statement th were not tax deductible?   |             |                          | 6b  |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |             |                          |     |     |    |
| а   | Did the organization provide goods or services in exchange for any quid pro quo cont more?  | trıbutı     | ion of \$75 or           | 7a  |     | Νο |
|     | If "Yes," did the organization notify the donor of the value of the goods or services pr  |             |                          | 7b  |     |    |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?   | ty for<br>• | which it was required to | 7c  |     | Νo |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d          |                          |     |     |    |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?  | prem        | nums on a personal       | 7e  |     | Νo |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a perso   |             |                          | 7f  |     | Νo |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8  |             | •                        | 7g  |     |    |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization fi required?  | le a F      | orm 1098-C as            | 7h  |     |    |
| 8   | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds as supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year? |             |                          | 8   |     |    |
| 9   | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.   |             |                          |     |     |    |
| а   | Did the organization make any taxable distributions under section 4966?   |             |                          | 9a  |     |    |
| Ь   | Did the organization make a distribution to a donor, donor advisor, or related person?  | ?.          |                          | 9b  |     |    |
| 10  | Section 501(c)(7) organizations. Enter  |             |                          |     |     |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  | 10a         |                          |     |     |    |
| Ь   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b         |                          |     |     |    |
| 11  | Section 501(c)(12) organizations Enter  |             |                          |     |     |    |
| а   | 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 d      | of Form 1041?            | 12a |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b         |                          |     |     |    |

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section | Α. | Governing | Body | and | Management |
|---------|----|-----------|------|-----|------------|
|         |    |           |      |     |            |

|    |   |   |                         |     | Yes | No |  |  |
|----|---|---|-------------------------|-----|-----|----|--|--|
|    | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.   | , desc  | ribe the circumstances, |     |     |    |  |  |
| 1a | Enter the number of voting members of the governing body  | the number of voting members of the governing body 1a |                         |     |     |    |  |  |
| Ь  | Enter the number of voting members that are independent   | 1b  | 15                      |     |     |    |  |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?  |   |                         | 2   | Yes |    |  |  |
| 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? |   |                         |     |     |    |  |  |
| 4  | Did the organization make any significant changes to its organizational documents sfiled? $\cdot$   | 4   |                         | No  |     |    |  |  |
| 5  | Did the organization become aware during the year of a material diversion of the organization   | 5   |                         | Νo  |     |    |  |  |
| 6  | Does the organization have members or stockholders?   | 6   | Yes                     |     |     |    |  |  |
| 7a | Does the organization have members, stockholders, or other persons who may elect governing body?  |   | 7a                      | Yes |     |    |  |  |
| Ь  | Are any decisions of the governing body subject to approval by members, stockhold   | ers, o  | rother persons?         | 7b  | Yes |    |  |  |
| 8  | Did the organization contemporaneously document the meetings held or written active year by the following   | ons u   | ndertaken during the    |     |     |    |  |  |
| а  | the governing body?   |   |                         | 8a  | Yes |    |  |  |
| Ь  | each committee with authority to act on behalf of the governing body?   |   |                         | 8b  | Yes |    |  |  |
| 9a | Does the organization have local chapters, branches, or affiliates?   |   |                         | 9a  |     | Νo |  |  |
| b  | If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o   |   | • ,                     | 9b  |     |    |  |  |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the   |   |                         | 10  |     | No |  |  |
| 11 | Is there any officer, director or 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      |   |                         |     |     |    |  |  |

#### Section B. Policies

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 $$ .  | 12a |     | Νο |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b |     |    |
| 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 |     |    |
| 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  |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official?  | 15a | Yes |    |
| b   | Other officers or key employees of the organization?   | 15b | Yes |    |
|     | Describe the process in Schedule O   |     |     |    |
| 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 |     | Νο |
| 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Elizabeth Casso 2500 Zacatecas St Laredo,TX 78046 (956) 721-7411

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

| The check this box in the organization and i | (B)<br>Average<br>hours<br>per<br>week | Posit                             | (C                    | )<br>chec | :k al        |                              |        |   | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F)  |
|--|--|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------|---|--|--|
| (A)<br>Name and Title                        |  | Individual Trustee<br>or Chrector | Institutional Trustee | Officei   | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) |  | Estimated amount of other compensation from the organization and related organizations |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              | _      |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |

#### Part VII Continued

|  | (B)<br>Average<br>hours<br>per<br>week |                                   | tion :                |     |              | all                          |                |   | (E)   | (F) Estimated amount of other compensation from the organization and related organizations |  |
|--|--|-----------------------------------|-----------------------|-----|--------------|------------------------------|----------------|---|---|--|--|
| <b>(A)</b><br>Name and Title             |  | Individual Trustee<br>or Director | Institutional Trustee |     | Key employee | Highest compensated employee | Former         | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              | Н              |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     | -            |                              | $\vdash\vdash$ |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
|  |  |                                   |                       |     |              |                              |                |   |   |  |  |
| 1b Total                                 |  |                                   |                       |     |              | <u> </u>                     | •              | (   | 151,225   | 18,293   |  |
| 2 Total number of individuals (including | those in 1                             | a) who r                          | ecei                  | ved | moi          | re thar                      | າ \$1          | 00,000 ın reportabl   | e   |  |  |

compensation from the organization**▶**0

|   |  |   | Yes | No |  |  |  |  |
|---|--|---|-----|----|--|--|--|--|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee  |   |     |    |  |  |  |  |
|   | on line 1a? If "Yes," complete Schedule J for such individual  | 3 |     | Νo |  |  |  |  |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such |   |     |    |  |  |  |  |
|   | ındıvıdual   | 4 |     | Νo |  |  |  |  |
| 5 |  |   |     |    |  |  |  |  |
|   | rendered to the organization? If "Yes," complete Schedule J for such person  | 5 |     | Νo |  |  |  |  |

#### **Section B. Independent Contractors**

from the organization .

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

| (A) Name and business address  | (B) Description of services | (C)<br>Compensation |
|--|-----------------------------|---------------------|
| Laredo Medical Center  | Lab & Diagnostic Ser        | 618,939             |
|  |                             |                     |
|  |                             |                     |
|  |                             |                     |
| 2 Total number of independent contractors (including those in 1) who received more than \$ | 100,000 in compensation     | 4                   |

# Statement of Revenue

|   |         |  |                  | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|---------|--|------------------|----------------------|--|---|--|
|   | 1a      | Federated campaigns 1a   | 3                |                      |  |   |  |
| Contributions, gifts, grants<br>and other similar amounts | ь       | Membership dues  |                  |                      |  |   |  |
| gra   | С       | 1b<br>Fundraising events   | 12,365           |                      |  |   |  |
| ts,<br>a⊪   |         | 10   | :                |                      |  |   |  |
| <u> </u>  | d       | Related organizations 10   |                  |                      |  |   |  |
| ins,<br>sim   | e       | Government grants (contributions) 1e   | 347,177          |                      |  |   | [ [  |
| utio<br>er:   | f       | All other contributions, gifts, grants, and similar amounts not included above | 581,788          |                      |  |   |  |
| 通色  |         | 1f   |                  |                      |  |   |  |
| 풀   | g       | Noncash contributions included in lines 1a-1f \$0                              | 1                |                      |  |   |  |
| O a   | h       | Total (Add lines 1a-1f)  |                  | 1,027,117            |  |   |  |
|   |         |  | Business Code    |                      |  |   |  |
| an  | 2a      | NET PATIENT REVENUE  | 621,400          | 326,674              | 326,674  |   |  |
| ием   | ь       |  | -                |                      | ,  |   |  |
| æ.  | С       |  | -                |                      |  |   |  |
| МСЄ   | d       |  | -                |                      |  |   |  |
| Ser   | e       |  | -                |                      |  |   |  |
| anı   | f       | All other program service revenue  |                  |                      |  |   |  |
| Program Service Revenue                                   |         |  |                  |                      |  |   |  |
| δ   | g       | Total. Add lines 2a-2f   |                  |                      |  |   |  |
|   | 3       | ► \$ 326,674  Investment income (including div                                 | idends, interest |                      |  |   | +  |
|   |         | other similar amounts)   | ·                | 581,176              |  |   | 581,176  |
|   | _       | Income from investment of tax-exempt t   | ▶                | 0                    |  |   |  |
|   | 4       |  | John proceeds    | -                    |  |   |  |
|   | 5       | Royalties  |                  | 0                    |  |   |  |
|   | _       | (I) Real Gross Rents 4,500   | (II) Personal    |                      |  |   |  |
|   | 6a<br>b | Gross Rents 4,500 Less rental  |                  |                      |  |   |  |
|   |         | expenses   |                  |                      |  |   |  |
|   | С       | Rental income 4,500 or (loss)  |                  |                      |  |   |  |
|   | d       | Net rental income or (loss)  |                  | 4,500                |  |   | 4,500  |
|   |         | (ı) Securities   | (II) O ther      |                      |  |   |  |
|   | 7a      | Gross amount 6,303,512 from sales of   |                  |                      |  |   |  |
|   |         | assets other<br>than inventory   |                  |                      |  |   |  |
|   | ь       | Less cost or 8,725,731   |                  |                      |  |   |  |
|   |         | other basis and sales expenses   |                  |                      |  |   |  |
|   | С       | Gain or (loss) -2,422,219  |                  |                      |  |   |  |
|   | d       | Net gain or (loss)   | . ▶              | -2,422,219           |  |   | -2,422,219   |
|   | 8a      | Gross income from fundraising  | <u> </u>         |                      |  |   |  |
|   |         | events (not including  |                  |                      |  |   |  |
| e ne  |         | \$10,969<br>of contributions reported on line                                  |                  |                      |  |   |  |
| - 5   |         | 1c) See Part IV, line 18   |                  |                      |  |   |  |
| ev.   |         | Attach Schedule G if total exceeds \$15,000                                    | 12,365           |                      |  |   |  |
| 10  | ь       | Less direct expensesb  | 12,303           |                      |  |   |  |
| Other Revenue   | С       | Net income or (loss) from fundrais   |                  | 7,892                |  |   | 7,892  |
| •   | 9a      | Gross income from gaming   |                  |                      |  |   |  |
|   |         | activities See part IV, line 19  |                  |                      |  |   |  |
|   |         | Complete Schedule G If total exceeds \$15,000                                  |                  |                      |  |   |  |
|   |         | a  |                  |                      |  |   |  |
|   | ь       | Less direct expensesb  |                  |                      |  |   |  |
|   | С       | Net income or (loss) from gaming   | activities<br>•  | 0                    |  |   |  |
|   | 10a     | Gross sales of inventory, less   |                  |                      |  |   |  |
|   |         | returns and allowances .   |                  |                      |  |   |  |
|   | II.     | a  |                  |                      |  |   |  |
|   | Ь       | Less cost of goods sold b  Net income or (loss) from sales or                  |                  | 0                    |  |   |  |
|   | С       | Miscellaneous Revenue  | Business Code    |                      |  |   | <del>                                     </del>         |
|   | 11a     | Copying Fees   | 561,000          | 229                  |  |   | 229  |
|   | ь       | Copyring rees  | -                |                      |  |   |  |
|   | C       |  | -                |                      |  |   |  |
|   |         |  | -                |                      |  |   | <del>                                     </del>         |
|   | d       | All other revenue  |                  |                      |  |   |  |
|   | е       | Total. Add lines 11a-11d   | • • • •          |                      |  |   |  |
|   | 12      | Total Revenue. Add lines 1h, 2g,   |                  | -474,631             | 326,674  | 0                                       | -1,828,422   |
|   |         | 8c,<br>9c,10c, and 11e   | ▶                |                      |  |   |  |
|   | 1       |  |                  |                      |  |   | Form <b>990</b> (2008)                                   |

### Part IX Statement of Functional Expenses

| A    | Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re   | anizations mu         | plete columns                              | (B), (C), and (D                    |                                       |
|------|---|-----------------------|--|-------------------------------------|---------------------------------------|
| Do ı | not include amounts reported on lines 6b, 7b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | ( <b>B)</b><br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1    | Grants and other assistance to governments and organizations in the U S See Part IV, line 21  | 0                     | ·  | ,                                   | ·                                     |
| 2    | Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 9,165                 | 9,165                                      |                                     |                                       |
| 3    | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16   | 0                     | ,  |                                     |                                       |
| 4    | Benefits paid to or for members   | 0                     |  |                                     |                                       |
| 5    | Compensation of current officers, directors, trustees, and key employees  | 537,109               | 290,588                                    | 246,521                             |                                       |
| 6    | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  | 0                     |  |                                     |                                       |
| 7    | Other salaries and wages  | 865,442               | 739,762                                    |                                     | 78,877                                |
| 8    | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 0                     |  |                                     |                                       |
| 9    | Other employee benefits   | 175,783               | 149,392                                    | 9,828                               | 16,563                                |
| 10   | Payroll taxes   | 60,078                | 51,058                                     | 3,359                               | 5,661                                 |
| 11   | Fees for services (non-employees)   |                       |  |                                     |                                       |
| а    | Management  | 0                     |  |                                     |                                       |
| ь    | Legal   | 0                     |  |                                     |                                       |
| С    | Accounting  | 23,000                |  | 23,000                              |                                       |
| d    | Lobbying  | 0                     |  |                                     |                                       |
| e    | Professional fundraising See Part IV, line 17   | 0                     |  |                                     |                                       |
| f    | Investment management fees  | 0                     |  |                                     |                                       |
| g    | Other   | 837,758               | 747,758                                    | 90,000                              |                                       |
| 12   | Advertising and promotion   | 0                     |  |                                     |                                       |
| 13   | Office expenses   | 119,720               | 105,345                                    | 8,481                               | 5,894                                 |
| 14   | Information technology  | 3,776                 | 3,096                                      | 567                                 | 113                                   |
| 15   | Royalties   | 0                     |  |                                     |                                       |
| 16   | Occupancy   | 84,496                | 77,783                                     | 5,874                               | 839                                   |
| 17   | Travel  | 23,012                | 15,685                                     | 4,027                               | 3,300                                 |
| 18   | Payments of travel or entertainment expenses for any Federal, state or local public officials   | 0                     |  |                                     |                                       |
| 19   | Conferences, conventions and meetings   | 933                   | 898  |                                     | 35                                    |
| 20   | Interest  | 0                     |  |                                     |                                       |
| 21   | Payments to affiliates  | 0                     |  |                                     |                                       |
| 22   | Depreciation, depletion, and amortization   | 129,712               | 119,335                                    | 9,080                               | 1,297                                 |
| 23   | Insurance   | 26,028                | 26,028                                     |                                     |                                       |
| 24   | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)                          |                       |  |                                     |                                       |
| а    | Miscellaneous   | 39,834                | 35,621                                     | 3,427                               | 786                                   |
| b    |   |                       | ,  | -, :-/                              |                                       |
| c    |   |                       |  |                                     |                                       |
| d    |   |                       |  |                                     |                                       |
| e    |   |                       |  |                                     |                                       |
| f    | All other expenses  |                       |  | +                                   |                                       |
| 25   | Total functional expenses. Add lines 1 through 24f  | 2,935,846             | 2,371,514                                  | 450,967                             | 113,365                               |
| 26   | Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 2,933,040             | 2,3/1,314                                  | 730,707                             | 113,303                               |

| Part X | Balance | Sheet |
|--------|---------|-------|

|             |       |  |               |           | (A)<br>Beginning of year |     | (B)<br>End of year |
|-------------|-------|--|---------------|-----------|--------------------------|-----|--------------------|
|             | 1     | Cash—non-interest-bearing  |               |           | 920                      | 1   | 335                |
|             | 2     | Savings and temporary cash investments   |               |           | 4,008,328                | 2   | 2,446,466          |
|             | 3     | Pledges and grants receivable, net   |               |           | 615,273                  | 3   | 297,783            |
|             | 4     | Accounts receivable, net   |               |           | 78,042                   | 4   | 41,825             |
|             | 5     | Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L          |               | oyees or  | ·                        | 5   | <u></u>            |
|             | 6     | Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of | ection 495    |           |                          | 6   |                    |
|             | 7     | Notes and loans receivable, net  |               | · . ·     |                          | 7   |                    |
|             | 8     | Inventories for sale or use  |               |           |                          | 8   |                    |
| w           | 9     | Prepaid expenses and deferred charges  |               |           |                          | 9   |                    |
| et          | 10a   |  |               |           |                          |     |                    |
| Assets      |       | Land, buildings, and equipment cost basis  | 10a           | 3,311,010 |                          |     |                    |
|             | b     | Less accumulated depreciation <i>Complete Part VI of Schedule D</i>  | 10b           | 1,985,042 | 1,103,033                | 10c | 1,325,968          |
|             | 11    | Investments—publicly traded securities   |               |           | 20,005,590               | 11  | 15,492,646         |
|             | 12    | Investments—other securities See Part IV, line 11 $Complete\ P$ $Schedule\ D$  | art VII of    |           |                          | 12  |                    |
|             | 13    | Investments—program-related See Part IV, line 11 $Complete B$ of $Schedule D$ .  | Part VIII     |           |                          | 13  |                    |
|             | 14    | Intangible assets  |               |           |                          | 14  |                    |
|             | 15    | Other assets See Part IV, line 11 Complete Part IX of Schedule D   |               |           | 300                      | 15  | 300                |
|             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)  |               |           | 25,811,486               |     | 19.605.323         |
|             | 17    | Accounts payable and accrued expenses .  |               |           | 373,266                  | 17  | 543,572            |
|             | 18    | Grants payable   |               |           |                          | 18  |                    |
|             | 19    | Deferred revenue   |               |           | 484,677                  | 19  | 165,000            |
|             | 20    | Tax-exempt bond liabilities  |               |           |                          | 20  |                    |
| <i>\$</i>   | 21    | Escrow account liability Complete Part IV of Schedule D  |               |           |                          | 21  | _                  |
| Liabilities | 22    | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified    |               |           |                          |     |                    |
| <u>. प्</u> |       | 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  |               |           |                          | 24  |                    |
|             | 25    | Other liabilities Complete Part X of Schedule D  |               |           |                          | 25  |                    |
|             | 26    | Total liabilities. Add lines 17 through 25   |               |           | 857,943                  | 26  | 708,572            |
|             |       | Organizations that follow SFAS 117, check here ▶   and complete through 29, and lines 33 and 34.                               | olete lines 2 | 27        |                          |     |                    |
| anc         | 27    | Unrestricted net assets  |               |           | 24,784,870               | 27  | 18,823,228         |
| Balance     | 28    | Temporarily restricted net assets  |               |           | 168,673                  | 28  | 73,523             |
| <u>=</u>    | 29    | Permanently restricted net assets  |               |           |                          | 29  |                    |
| Fund        |       | Organizations that do not follow SFAS 117, check here ▶ ☐ ar   | d complete    | <b>:</b>  |                          |     |                    |
| <u> </u>    |       | lines 30 through 34.   | •             |           |                          |     |                    |
|             | 30    | Capital stock or trust principal, or current funds   |               |           |                          | 30  |                    |
| Assets      | 31    | Paid-in or capital surplus, or land, building or equipment fund  |               |           |                          | 31  |                    |
|             | 32    | Retained earnings, endowment, accumulated income, or other fu  |               |           | 32                       |     |                    |
| Net         | 33    | Total net assets or fund balances  |               |           | 24,953,543               | 33  | 18,896,751         |
| _           | 34    | Total liabilities and net assets/fund balances   |               |           | 25,811,486               | 34  | 19,605,323         |
| Pa          | rt XI | Financial Statements and Reporting   |               |           |                          |     |                    |

| B - 1 3/T |  |
|-----------|--|

|    |   |    | res | 140 |
|----|---|----|-----|-----|
| 1  | Accounting method used to prepare the Form 990  |    |     |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | Νo  |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b |     | Νo  |
| c  | If "Yes" to lines 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? | 2c |     |     |
| 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?  | За | Yes |     |
| ь  | If "Yes." did the organization undergo the required audit or audits?  | 3b | Yes |     |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137007370

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| MERC   | A MIMIZ  | TRIES OF LARE | :00                      |                                      |                   |                   |                  | 20          | -0198462                            | 2          |   |  |  |  |  |
|--|----------|---------------|--------------------------|--------------------------------------|-------------------|-------------------|------------------|-------------|-------------------------------------|------------|---|--|--|--|--|
| Pa   | rt I     | Reason        | for Public C             | harity Status (to be co              | mpleted           | by all or         | ganızatıo        |             |                                     |            |   |  |  |  |  |
| The o  | organiz  |               |                          |                                      |                   |                   |                  |             |                                     | •          |   |  |  |  |  |
| 1  | Γ        | A church, c   | onvention of ch          | iurches, or association of ch        | urches de         | scribed in        | Section 1        | L70(b)(1)(  | (A)(i).                             |            |   |  |  |  |  |
| 2  | Γ        | A school de   | escribed in <b>Sect</b>  | i <b>on 170(b)(1)(A)(ii).</b> (Attac | ch Schedu         | le E)             |                  |             |                                     |            |   |  |  |  |  |
| 3  | Γ        | A hospital    | or a cooperative         | e hospital service organizati        | on descril        | oed in <b>Sec</b> | t ion 170(£      | o)(1)(A)(i  | <b>A)(iii).</b> (Attach Schedule H) |            |   |  |  |  |  |
| 4  | Γ        | A medical i   | research organı          | zation operated in conjuncti         | on with a l       | nospital de       | escribed ii      | n Section : | 170(b)(1)(A)(iii). Enter the        |            |   |  |  |  |  |
|  |          | hospital's r  | name, city, and          | state                                |                   |                   |                  |             |                                     |            |   |  |  |  |  |
| 5  | Γ        | An organiza   | atıon operated f         | or the benefit of a college or       | universit         | y owned o         | r operated       | by a gove   | ernmental                           | unıt desci | eral public  s, and gross /3% of usinesses  ctions ) the purposes of 509(a)(3). Check e III - Other lified persons n 509(a)(1) or |  |  |  |  |
|  |          | Section 170   | D(b)(1)(A)(iv).          | (Complete Part II )                  |                   |                   |                  |             |                                     |            |   |  |  |  |  |
| 6  | Γ        | A federal, s  | tate, or local go        | overnment or governmental            | unıt descr        | ibed in <b>Se</b> | ct ion 170(      | (b)(1)(A)   | (v).                                |            |   |  |  |  |  |
| 7  |          | An organiza   | ation that norma         | ally receives a substantial p        | art of its s      | support fro       | om a govei       | rnmental u  | ınıt or fron                        | n the gene | ral public  |  |  |  |  |
|  |          | describedi    | n <b>Sect ion 170(</b> b | <b>)(1)(A)(vi)</b> (Complete Par     | tII)              |                   |                  |             |                                     |            |   |  |  |  |  |
| 8  | Γ        | A communi     | ty trust describ         | ed in <b>Section 170(b)(1)(A)</b>    | ( <b>vi)</b> (Com | plete Par         | tII)             |             |                                     |            |   |  |  |  |  |
| 9  | Γ        | An organiza   | ation that norma         | ally receives (1) more than          | 331/3% o          | fits supp         | ort from co      | ontribution | ıs, membe                           | rship fees | , and gross   |  |  |  |  |
|  |          | receipts fro  | m activities rel         | ated to its exempt functions         | —subject          | to certair        | n exceptio       | ns, and (2  | ) no more                           | than 331/  | 3% of   |  |  |  |  |
|  |          | ıts support   | from gross inve          | estment income and unrelate          | ed busines        | s taxable         | ıncome (l        | ess sectio  | on 511 tax                          | k) from bu | sinesses  |  |  |  |  |
|  | _        |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |
| 10   | <u> </u> |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |
| 11   | ı        |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |
|  |          |               |                          |                                      |                   |                   |                  |             |                                     | Section 5  | <b>09(a)(3).</b> Check  |  |  |  |  |
|  |          | _             |                          |                                      |                   |                   |                  |             | '' d                                | Гтуре      | III - Other   |  |  |  |  |
| e  | Γ        |               | • •                      | rtify that the organization is       | not contro        | olled direc       | tly or indi      | rectly by o | one or mor                          | e disquali | fied persons  |  |  |  |  |
|  |          |               |                          | agers and other than one or          | more publ         | ıcly suppo        | orted orga       | nızatıons ( | described                           | ın section | 1509(a)(1) or   |  |  |  |  |
| £  |          |               |                          | d a written determination fro        | m tha IDC         | that it is        | n Tuna I         | Tung II o   | r Tuna III                          | cupportur  | a organization  |  |  |  |  |
| '  |          |               |                          | u a wiitteii ueteiiiiiiatioii iio    | ill the IKS       | tilat it is       | a Type I,        | Type II o   | i Type III                          | Supportin  | ig organization,  |  |  |  |  |
| g  |          |               |                          | as the organization accepted         | d any gift        | or contrib        | utıon from       | any of the  | <u>:</u>                            |            | ,   |  |  |  |  |
|  |          |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |
|  |          |               | •                        | ·                                    |                   | _                 | th persons       | describe    | d in (ii)                           | <u> </u>   |   |  |  |  |  |
|  |          |               | · -                      |                                      | _                 | tion              |                  |             |                                     |            |   |  |  |  |  |
|  |          |               |                          | • •                                  |                   | _                 |                  |             |                                     |            |   |  |  |  |  |
|  |          |               |                          | ·                                    |                   |                   |                  |             |                                     | 11g(       |   |  |  |  |  |
| n  |          | Provide the   | following inform         | nation about the organizatio         | ns the org        | anization         | supports         |             |                                     |            |   |  |  |  |  |
|  | (i) N -  | ame of        | (ii) ETN                 | (iii) Type of organization           | /iv\ T            | s the             | (v) Did v        | ou notifi   | (vi) T                              | s the      | (vii) A mount of  |  |  |  |  |
|  |          |               | (11) [11]                | (described on lines 1-9              |                   |                   | 1 * . *          | •           |                                     |            | support?  |  |  |  |  |
|  |          |               |                          | above or IRC section                 |                   |                   | ın col <b>(i</b> | ) of your   | col (i) o                           | rganızed   |   |  |  |  |  |
|  |          |               |                          | (See Instructions))                  |                   | -                 | supp             | ort?        | ın the                              | US?        |   |  |  |  |  |
|  |          |               |                          |                                      |                   |                   |                  | I           |                                     | I          | -   |  |  |  |  |
|  |          |               |                          |                                      | res               | NO                | Yes              | NO          | Yes                                 | NO         | io  |  |  |  |  |
| A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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  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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(vi).  A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(vi).  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 III)  An organization that normally receives (1) more than 331/3% 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 331/3% 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)  An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organization and complete lines 11e through 11h  a Type II b Type II c Type III - Functionally Integrated d Type III - Other backing this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified person other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)  If the organization received a written determi |          |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |
|  |          |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |
|  |          |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |
|  |          |               |                          |                                      |                   |                   |                  |             |                                     |            |   |  |  |  |  |

Total

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

|         | (Complete only if you chec   | ked the box of   | 11 IIIIe 5, 7, 0F                    | o oi Part I.)                        |  |                   |                            |             |
|---------|--|--|--------------------------------------|--------------------------------------|--|-------------------|----------------------------|-------------|
|         | ublic Support  |  | (1) 2227                             | ( ) 2222                             | ( D 2 2 2 - 1                              | , -               | 2225                       | (6) = : :   |
|         | endar year (or fiscal year beginning in)   | (a) 2004   | <b>(b)</b> 2005                      | <b>(c)</b> 2006                      | (d) 2007                                   | (e)               | 2008                       | (f) Total   |
| 1       | Gifts, grants, contributions, and<br>membership fees received (Do not<br>include any "unusual grants")   | 632,528  | 888,277                              | 630,549                              | 847,284                                    |                   | 1,027,028                  | 4,025,666   |
| 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  |  |                                      |                                      |  |                   |                            |             |
| 4       | organization without charge <b>Total.</b> Add line 1-3   | 632,528  | 888,277                              | 630,549                              | 847,284                                    |                   | 1,027,028                  | 4,025,666   |
| 5       | The portion of total contribution by each  | 332,323  | 333,2                                | 333,513                              | 0.17201                                    |                   | 1,021,020                  | .,020,000   |
| ,       | person (other than a government unit or<br>publicly supported organization) included<br>on line 1 that exceed 2% of the amount<br>shown on line 11, column   |  |                                      |                                      |  |                   |                            | 439,094     |
| 6       | (f) Public Support subtract line 5 from line 4   |  |                                      |                                      |  |                   |                            | 3,586,572   |
| T       | otal Support   | <u> </u>   |                                      |                                      |  |                   |                            |             |
|         | endar year (or fiscal year beginning in)   | (a) 2004   | <b>(b)</b> 2005                      | (c) 2006                             | (d) 2007                                   | (e)               | 2008                       | (f) Total   |
| 7       | A mounts from line 4   | 632,528  | 1,861,894                            | 630,549                              | 847,284                                    | 1,027,028         |                            | 4,025,666   |
| 8       | Gross income from interest, dividends,   |  |                                      |                                      |  |                   |                            |             |
|         | payments received on securities loans,<br>rents, royalties and income from similar<br>sources  | 680,033  | 1,861,894                            | 1,589,184                            | 1,383,562                                  |                   | 585,676                    | 6,100,349   |
| 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 )   | 11,452   | 8,701                                | 15,884                               | 3,667                                      |                   | 7,121                      | 46,825      |
| 11      | Total Support (Add lines 7 through 10)   |  |                                      |                                      |  |                   |                            | 10,172,840  |
| 12      | Gross receipts from related activities, etc  | (See instruction   | s )                                  | •                                    | •  | 12                | •                          | 1,701,984   |
| 13<br>C | First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc  |  | st, second, third                    | d, fourth, or fifth                  | tax year as a 5                            | 01(c)(            | 3)<br>I                    | ▶ ┌         |
| 14      | Public Support Percentage for 2008 (line 6   |  | ed by line 11 co                     | lumn (f))                            |  | 14                |                            | 35.256 %    |
| 15      | Public Support Percentage for 2007 Sched   |  | •                                    | .,,                                  |  | 15                |                            | 37.4 %      |
|         | 33 1/3% Test - 2008. If the organization did<br>and stop here. The organization qualifies as<br>33 1/3% Test - 2007. If the organization did   | a publicly supp  | orted organizati                     | on                                   | ·  |                   |                            | <b>▶</b>  ✓ |
| 17a     | box and <b>stop here.</b> The organization qualifier <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "facts and circumstances and circumstances" meets the "facts and circumstances" meets and circumstances | If the organization is the contraction of the contr | on did not check<br>ances" test, che | a box on line 1:<br>eck this box and | stop here. Exp                             | laın ın           | Part IV ho                 |             |
| b       | 10% Facts and Circumstances Test - 2007.  more, and if the organization meets the "fact the organization meets the "facts and circu  | If the organization is the contraction of the contr | on did not check<br>ances" test, che | a box on line 1:<br>eck this box and | 3, 16a, 16b, or<br>  <b>stop here.</b> Exp | 17a ar<br>Iain in | nd line 15 i<br>Part IV ho | s 10% or    |
| 18      | Private Foundation. If the organization did  |  |                                      |                                      |  |                   |                            | F-1<br>▶□   |

| Pa   | Support Schedule for On<br>(Complete only if you ched                            |                    |                   |                     | (2)              |                 |            |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
|      | ction A. Public Support  |                    | _                 | ,                   |                  |                 |            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total  |
| 1    | Gifts, grants, contributions, and  |                    |                   |                     |                  |                 |            |
|      | membership fees received (Do not   |                    |                   |                     |                  |                 |            |
| 2    | include any "unusual grants ")<br>Gross receipts from admissions,                |                    |                   |                     |                  |                 |            |
| 2    | 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 1-5  |                    |                   |                     |                  |                 |            |
| 7a   | A mounts included on lines 1, 2, and 3   |                    |                   |                     |                  |                 |            |
|      | received from disqualified persons<br>Amounts included on lines 2 and 3          |                    |                   |                     |                  |                 |            |
| D    | received from other than disqualified  |                    |                   |                     |                  |                 |            |
|      | persons that exceed the greater of 1% of   |                    |                   |                     |                  |                 |            |
|      | the total of lines 9, 10c, 11, and 12 for  |                    |                   |                     |                  |                 |            |
|      | the year or \$5,000  |                    |                   |                     |                  |                 |            |
| С    | Total of lines 7a and 7b   |                    |                   |                     |                  |                 |            |
| 8    | Public Support (Substract line 7c from   |                    |                   |                     |                  |                 |            |
| _    | line 6)  |                    |                   |                     |                  |                 |            |
| То   | tal Support  |                    |                   |                     |                  |                 |            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total  |
| 9    | A mounts 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 30 June, 1975   |                    | +                 |                     |                  |                 |            |
| С    | Add lines 10a and 10b  |                    |                   |                     |                  |                 |            |
| 11   | Net income from unrelated business   |                    |                   |                     |                  |                 |            |
|      | activities not included in line 10b,<br>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                                      | organızatıon's fı  | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation,    |
|      | check this box and <b>stop here</b>  |                    |                   |                     |                  |                 | <b>▶</b> □ |
|      | manufaction of Dublic Compact Days   |                    |                   |                     |                  |                 |            |
| 15   | mputation of Public Support Perc<br>Public Support Percentage for 2008 (line     |                    | dod by line 12 o  | olumn (fl)          |                  | T 4= T          |            |
|      |  |                    | •                 | .orumin (1))        |                  | 15              |            |
| 16   | Public Support Percentage for 2007 Sche  | dule A , Part IV - | A, line 27g       |                     |                  | 16              |            |
|      |  | D                  |                   |                     |                  |                 |            |
| Co   | mputation of Investment Income Investment Income Percentage for 2008 (           |                    |                   | ne 13 column /f     | <u> </u>         | 17              |            |
|      | -  |                    |                   | -                   | "                | 17              |            |
| ΤQ   | Investment Income Percentage from 2007   | ocnequie A , Pa    | TLIV-A, IINE 2/   | H                   |                  | 18              |            |

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Facts and Circumstances Test**

OTHER INCOME INCLUDES FEES RECEIVED FOR COPYING MEDICAL RECORDS AND INCOME FROM SPECIAL EVENTS

Schedule A (Form 990 or 990-EZ) 2008

**Employer identification number** 

OMB No 1545-0047

2008

Open to Public
Inspection

Schedule D (Form 990) 2008

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization
MERCY MINISTRIES OF LAREDO

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

|   | 990, Part IV, line 6. (a) Donor advised funds | (b) Funds and other accounts  |
|---|---|---|
| Total number at end of year   |   |   |
| Aggregate Contributions to (during year)  |   |   |
| Aggregate Grants from (during year)   |   |   |
| Aggregate value at end of year  |   |   |
| Did the organization inform all donors and donor a funds are the organization's property, subject to t  |   | onor advised <b>Yes N</b>   |
| Did the organization inform all grantees, donors, a<br>used only for charitable purposes and not for the b<br>impermissible private benefit?                        |   |   |
| rt III Conservation Easements. Comple   | te if the organization answered "Yes"         | to Form 990, Part IV, line 7.   |
| Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space          | eation or pleasure) Preservation of a         | an historically importantly land area<br>certified historic structure |
| Complete lines 2a-2d if the organization held a quon the last day of the tax year   | ualified conservation contribution in the for | m of a conservation easement  |
|   |   | Held at the End of the Yo   |
| Total number of conservation easements  |   | 2a  |
| Total acreage restricted by conservation easeme   | ents  | 2ь  |
| Number of conservation easements on a certified   | d historic structure included in (a)          | 2c  |
| Number of conservation easements included in (  | c) acquired after 8/17/06                     | 2d  |
| Number of conservation easements modified, tran   | sferred, released, extinguished, or termina   | ted by the organization during  |
| the taxable year 🕨  |   |   |
| Number of states where property subject to conse  | urvation assument is leasted                  |   |
| Does the organization have a written policy regard<br>enforcement of the conservation easements it hol  | ding the periodic monitoring, inspection, vio | plations, and Yes N   |
| Staff or volunteer hours devoted to monitoring, ins   |   | ne year 🕨   |
| A mount of expenses incurred in monitoring, inspe   | cting, and enforcing easements during the     | vear ►\$  |
| Does each conservation easement reported on lin<br>170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  |   |   |
| In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas           | of the footnote to the organization's financi | • •   |
| organizations Maintaining Collec Complete If the organization answere   |   | , or Other Similar Assets.  |
| If the organization elected, as permitted under SF<br>art, historical treasures, or other similar assets h<br>provide, in Part XIV, the text of the footnote to its | eld for public exhibition, education or resea | arch in furtherance of public service,                                |
| If the organization elected, as permitted under SF<br>historical treasures, or other similar assets held f<br>provide the following amounts relating to these ite   | or public exhibition, education, or research  |   |
| (i) Revenues included in Form 990, Part VIII, lin   | e 1   | <b>►</b> \$   |
| (ii) Assets included in Form 990, Part X  |   | <b>►</b> \$   |
| If the organization received or held works of art, h following amounts required to be reported under S  |   | for financial gain, provide the                                       |
|   |   |   |
| Revenues included in Form 990, Part VIII, line 1  |   | <b>▶</b> \$   |

Cat No 52283D

| cli | •••• Organizations Maintaining Collections of Art, I   | Hist        | <u>oric</u> | <u>cal Treasu</u>          | res, or Othe                            | r Similar      | Asse    | ts (co          | ntınued)  |
|-----|--|-------------|-------------|----------------------------|---|----------------|---------|-----------------|-----------|
| 3   | Using the organization's accession and other records, check any o<br>items (check all that apply)  | fthe        | foll        | owing that ar              | e a sıgnıfıcant u                       | se of its col  | lection | า               |           |
| а   | Public exhibition  | d           | Γ           | Loan or exc                | hange programs                          |                |         |                 |           |
| b   | Scholarly research   | e           | $\sqcap$    | Other                      |   |                |         |                 |           |
| С   | Preservation for future generations  |             |             |                            |   |                |         |                 |           |
| 1   | Provide a description of the organization's collections and explain Part XIV   | how         | they        | further the o              | organization's ex                       | empt purpo     | se in   |                 |           |
| 5   | During the year, did the organization solicit or receive donations o assets to be sold to raise funds rather than to be maintained as pa |             |             |                            |   | ılar           | Г       | Yes             | ┌ No      |
| Par | Trust, Escrow and Custodial Arrangements. C  |             |             |                            | ınızatıon answ                          | ered "Yes"     | to Fo   | orm 9           | 90,       |
|     | Part IV, line 9, or reported an amount on Form 990,  |             |             |                            |   |                |         |                 |           |
| la  | Is the organization an agent, trustee, custodian or other intermedincluded on Form 990, Part X?  | ary f       | orco        | ontributions (             | or other assets r                       | not            | Γ       | Yes             | ☐ No      |
| b   | If "Yes," explain why in Part XIV and complete the following table   |             |             |                            |   |                |         |                 |           |
|     |  |             |             |                            |   |                | A mou   | ınt             |           |
| C   | Beginning balance  |             |             |                            | 1c                                      |                |         |                 |           |
| d   | Additions during the year  |             |             |                            | 1d                                      |                |         |                 |           |
| е   | Distributions during the year  |             |             |                            | 1e                                      |                |         |                 |           |
| f   | Ending balance   |             |             |                            | 1f                                      |                |         |                 |           |
| а   | Did the organization include an amount on Form 990, Part X, line 2   | 17          |             |                            |   |                | Γ       | Yes             | ┌ No      |
|     | If "Yes," explain the arrangement in Part XIV  |             |             |                            |   |                |         |                 |           |
| 'a  | rt V Endowment Funds. Complete if the organization a   |             |             |                            |   |                |         |                 |           |
|     | (a)Current Year  | (b)         | Prior '     | Year (c)Tv                 | vo Years Back (d)                       | Three Years Ba | ick (e  | )Four Ye        | ears Back |
| а   | Beginning of year balance  |             |             |                            |   |                |         |                 |           |
| b   | Contributions  |             |             |                            |   |                |         |                 |           |
| C   | Investment earnings or losses  |             |             |                            |   |                |         |                 |           |
| d   | Grants or scholarships   |             |             |                            |   |                |         |                 |           |
| e   | Other expenditures for facilities and programs   |             |             |                            |   |                |         |                 |           |
| f   | Administrative expenses 140,712  |             |             |                            |   |                |         |                 |           |
| g   | End of year balance  |             |             |                            |   |                |         |                 |           |
| _   | Provide the estimated percentage of the year end balance held as   |             |             |                            |   |                |         |                 |           |
| а   | Board designated or quasi-endowment ► 99 53 %  |             |             |                            |   |                |         |                 |           |
| _   | Board designated of quasi-endowment.   |             |             |                            |   |                |         |                 |           |
| b   | Permanent endowment • 0 47 %   |             |             |                            |   |                |         |                 |           |
| C   | reminendowment F   |             |             |                            |   | <b>.</b>       |         |                 |           |
| а   | Are there endowment funds not in the possession of the organizationganization by   | on th       | iat a       | re neid and a              | aministered for                         | tne            |         | Yes             | No        |
|     | (i) unrelated organizations  |             |             |                            |   |                | 3a(i)   |                 | Νο        |
|     | (ii) related organizations   |             |             |                            |   | [              | 3a(ii)  |                 | Νo        |
| b   | If "Yes" to $3a(\mbox{\scriptsize II})$ , are the related organizations listed as required of  | n Sc        | hed         | ule R?                     |   |                | 3b      | Yes             |           |
|     | Describe in Part XIV the intended uses of the organization's endov   |             |             |                            |   |                |         |                 |           |
| ar  | t VI Investments—Land, Buildings, and Equipment  | <u>. Se</u> | e F         | orm 990, Pa                | art X, line 10.                         |                |         |                 |           |
|     | Description of investment  |             |             | Cost or other (investment) | ( <b>b)</b> Cost or other basis (other) | (c) Deprecia   | tion    | ( <b>d</b> ) Bo | ok value  |
| а   | Land   | T           |             |                            | 317,235                                 |                |         |                 | 317,235   |
| b   | Buildings  |             |             |                            | 2,295,214                               | 1,73           | 3,863   |                 | 561,351   |
| c   | Leasehold improvements   | . [         |             |                            |   |                |         |                 |           |
| d   | Equipment  | . [         |             |                            | 698,561                                 | 25             | 1,179   |                 | 447,382   |
| e   | Other  |             |             |                            |   |                |         |                 |           |

1,325,968

| Part VII Investments—Other Securities. See                          | Form 990, Part X, line 1 | 12. |                                     |
|---|--------------------------|-----|-------------------------------------|
| (a) Description of security or cateory (including name of security) | (b)Book value            |     | d of valuation<br>year market value |
| Financial derivatives and other financial products                  |                          |     |                                     |
| Closely-held equity interests                                       |                          |     |                                     |
| O ther  |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  |                          |     |                                     |
| Part VIII Investments—Program Related. Se                           | e Form 990, Part X, line | 13. |                                     |
| (a) Description of investment type                                  | (b) Book value           |     | d of valuation<br>year market value |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) |                          |     |                                     |
| Part IX Other Assets. See Form 990, Part X, I                       |                          |     |                                     |
| (a) Descri  | ption                    |     | (b) Book value                      |
| Utility Deposit   |                          |     | 300                                 |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
|   |                          |     |                                     |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line      | 15.)                     |     |                                     |
| Part X Other Liabilities. See Form 990, Part                        |                          |     |                                     |
| (a) Description of Liability  | (b) A mount              | _   |                                     |
| Federal Income Taxes  |                          | _   |                                     |
|   |                          | -   |                                     |
|   |                          | -   |                                     |
|   |                          | -   |                                     |
|   |                          | 1   |                                     |
|   |                          | 1   |                                     |
|   |                          | 1   |                                     |
|   |                          | 1   |                                     |
|   |                          | 1   |                                     |
|   |                          | 1   |                                     |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) |                          | 1   |                                     |
| · · · · · · · · · · · · · · · · · · ·                               | 1                        | 1   |                                     |

| Pat | rt XI Reconciliation of Change in Net Assets from Form 990 to Financia                         | al 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   |  | 6             |           |
| 7   | Investment expenses  | 7             |           |
|     | Prior period adjustments   | <u> </u>      |           |
| 8   | Other (Describe in Part XIV)   | 8             |           |
| 9   | Total adjustments (net) Add lines 4 - 8  | 9             |           |
| .0  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9                | 10            |           |
|     | <b>t XII</b> Reconciliation of Revenue per Audited Financial Statements With                   |               | eturn<br> |
| •   | Total revenue, gains, and other support per audited financial statements                       | 1             |           |
|     | A mounts included on line 1 but not on Form 990, Part VIII, line 12                            |               |           |
| а   | Net unrealized gains on investments  |               |           |
| b   | Donated services and use of facilities   |               |           |
| С   | Recoveries of prior year grants  |               |           |
| d   | Other (Describe in Part XIV)   |               |           |
| е   | Add lines 2a through 2d  | <u>2e</u>     |           |
|     | Subtract line <b>2e</b> from line <b>1</b>   | 3             |           |
|     | A mounts included on Form 990, Part VIII, line 12, but not on line 1                           |               |           |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b . 4a                          |               |           |
| b   | Other (Describe in Part XIV)   |               |           |
| С   | Add lines 4a and 4b  |               |           |
|     | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)                |               |           |
|     | Reconciliation of Expenses per Audited Financial Statements Wit                                |               | Return    |
|     | Total expenses and losses per audited financial statements                                     | 1             |           |
|     | A mounts included on line 1 but not on Form 990, Part IX, line 25                              |               |           |
| а   | Donated services and use of facilities   |               |           |
| Ь   | Prior year adjustments   |               |           |
| С   | Losses reported on Form 990, Part IX, line 25 2c   |               |           |
| d   | Other (Describe in Part XIV)   |               |           |
| е   | Add lines 2a through 2d  | 2e            |           |
|     | Subtract line <b>2e</b> from line <b>1</b>   | 3             |           |
|     | A mounts included on Form 990, Part IX, line 25, but not on line 1:                            |               |           |
| 3   | 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  |               |           |
|     | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) | 5             |           |
| हा  | T XIV Supplemental Information   |               |           |

| Ident if ier | Return Reference | Explanation  |
|--------------|------------------|--|
| PART V       |                  | MERCY MINISTRIES OF LAREDO WILL USE THE TERM ENDOWMENT FUNDS TO PROVIDE MEDICAL SERVICES AND TO PAY SALARIES/BENEFITS OF THOSE COWORKERS WHO ARE PROVIDING SUCH SERVICES MERCY MINISTRIES OF LAREDO WILL USE THE INVESTMENT QUASI-ENDOWMENT TO PROVIDE MEDICAL SERVICES TO THOSE WHO ARE IN NEED AND ARE ECONOMICALLY POOR |
|              |                  |  |
|              |                  |  |
|              |                  |  |
|              |                  |  |
|              |                  |  |

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2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ. line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

**Open to Public** 

| ame of the organization                         |   |  |                                      |                                   |   | Inspection                               |  |
|---|---|--|--------------------------------------|-----------------------------------|---|--|--|
| ERCY MINISTRIES OF I                            | _A REDO   |  |                                      |                                   | Employer ic   | entification number                      |  |
|   |   |  |                                      |                                   | 20-019846   | 52                                       |  |
| Part I Fundraising                              | g Activities. Complete                                    | e ıf the or                              | ganızat                              | ion answered "Yes"                | to Form 990, Part i   | IV, line 17.                             |  |
| Indicate whether the                            | organization raised funds                                 | through ar                               | y of the                             | following activities Che          | eck all that apply  |  |  |
| a Mail solicitations                            | =   | J  | •                                    | e Solicitation of r               |   | ts                                       |  |
| <b>b</b> Email solicitation                     | ıs  |  |                                      |                                   | jovernment grants   |  |  |
| c Phone solicitation                            | ns  |  |                                      | g   Special fundrais              | -   |  |  |
| d   In-person solicit                           | ations  |  |                                      |                                   | -   |  |  |
|   | have a written or oral agre<br>ted in Form 990, Part VII  |  | •                                    | ` .                               |   |  |  |
|   | nighest paid individuals or<br>t least \$5,000 by the org |  |                                      |                                   |   |  |  |
|   | (iii) Dıd   |  |                                      |                                   |   |  |  |
|   |   |  |                                      |                                   | (v) A mount noud to   |  |  |
| (i) Name of Individua                           | 1   | fundrais                                 | erhave                               | (iv) Gross receipts               | (v) A mount paid to   | (VI) A mount paid to                     |  |
| (i) Name of individua<br>or entity (fundraiser) | I (III) A ctivity   |  | erhave<br>dy or                      | (iv) Gross receipts from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in | (vi) A mount paid to<br>(or retained by) |  |
| • •   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)  | (vi) A mount paid to                     |  |
| • •   | I (III) A ctivity   | fundrais<br>custo<br>contr               | erhave<br>dy or<br>ol of             | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
| • •   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
|   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
|   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
|   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
| • •   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
| . ,   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
| • •   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |
| • •   | I (III) A ctivity   | fundraise<br>custoe<br>contr<br>contribu | er have<br>dy or<br>ol of<br>itions? | 1                                 | (or retained by)<br>fundraiser listed in                        | (vi) A mount paid to<br>(or retained by) |  |

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

| Pa              | rt II | Fundraising Events. Com more than \$15,000 on Form                             |                             |   |                          |                          | report | ed    |
|-----------------|-------|--|-----------------------------|---|--------------------------|--------------------------|--------|-------|
|                 |       |  | (a) Event #1  Breast Cancer | (b) Event #2  Bosom Buddies                         | (c) O ther Events        | (d) Tot<br>(Add col      |        |       |
| ds              |       |  | (event type)                | (event type)  | (total number)           |                          |        |       |
| ₹               | 1     | Gross receipts   | 10,000                      | 9,858   | 3,476                    |                          |        | 3,334 |
| Revenue         | 2     | Less Charitable contributions  | 10,000                      |   | 2,365                    |                          | 12     | 2,365 |
|                 | 3     | Gross revenue (line 1 minus line 2)  |                             | 9,858   | 1,111                    |                          | 10     | 969,  |
|                 | 4     | Cash Prizes  |                             |   |                          |                          |        |       |
| Ses             | 5     | Non-cash Prizes  |                             |   |                          |                          |        |       |
| Đe.             | 6     | Rent/Facility costs  |                             |   |                          |                          |        |       |
| Direct Expenses | 7     | Other direct expenses  | 37                          | 2,640   | 400                      |                          |        | 3,077 |
| Ξ               | 8     | Direct expense summary Add line  | es 4 through 7 ın column    | (d)   |                          |                          |        | 3,077 |
|                 | 9     | Net income summary Combine lii   |                             |   |                          |                          |        | 7,892 |
| Par             | t III | Gaming. Complete if the or \$15,000 on Form 990-EZ, lir                        |                             | 'Yes" to Form 990, Pa                               | rt IV, line 19, or repoi | rted more                | e than |       |
| Reveilue        |       |  | (a) Bingo                   | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) O ther gaming        | (d) Total<br>col (a) thr |        |       |
|                 | 1     | Gross revenue  |                             |   |                          |                          |        |       |
| ses             | 2     | Cash prizes  |                             |   |                          |                          |        |       |
| xbeü            | 3     | Non-cash prizes  |                             |   |                          |                          |        |       |
| Direct Expenses | 4     | Rent/facility costs  |                             |   |                          |                          |        |       |
| ≧               | 5     | Other direct expenses  |                             |   |                          |                          |        |       |
|                 | 6     | Volunteer labor  | ┌ Yes                       | ┌ Yes   | ┌ Yes                    |                          |        |       |
|                 | 7     | Direct expense summary Add line  | s 2 through 5 ın column (   | d)  |                          |                          |        |       |
|                 | 8     | Net gaming income summary Com  | bine lines 1 and 7 in colu  | ımn (d)   | 🕨                        |                          |        |       |
| 9<br>a          |       | er the state(s) in which the organiza<br>the organization licensed to operate: |                             |   |                          | · 9a                     | Yes    | No    |
| b               | If"   | No," Explain   |                             |   |                          |                          |        |       |
| 10a<br>b        |       | re any of the organization's gaming l<br>Yes," Explain                         | licenses revoked, suspen    | ded or terminated during                            | the tax year?            | 10a                      |        |       |
| 11              |       | es the organization operate gaming a   | activities with nonmarks    | re 7  |                          |                          |        |       |
| 12              | Ist   | the organization a grantor, beneficial   | ry or trustee of a trust or | a member of a partnersh                             | ip or other entity       |                          |        |       |
|                 | forn  | ned to administer charitable gaming  | ?                           |   |                          | 12                       |        |       |

|     |   |     | <br><del></del> |
|-----|---|-----|-----------------|
| 13  | Indicate the percentage of gaming activity operated in  |     |                 |
| а   | The organization's facility   |     |                 |
| b   | An outside facility   |     |                 |
| 14  | Provide the name and address of the person who prepares the organization's gaming/special events books and records  |     |                 |
|     | Name •  |     |                 |
|     | Address •   |     |                 |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?  | 15a |                 |
| Ь   | If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$              |     |                 |
| 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   |     |                 |
| а   | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  | 17a |                 |
| 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 📂 💲 |     |                 |

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DLN: 93493137007370

2008

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public Inspect ion

| MERCY MINISTRIES OF LARE  | =DO                                      |   |                              |   |   |  |                                       |
|---|--|---|------------------------------|---|---|--|---------------------------------------|
| MERCY MINISTRIES OF EARL  |  |   |                              |   |   | 20-0198462                             |                                       |
| Part I General Infor  | mation on Grai                           | nts and Assistance                        |                              |   |   |  |                                       |
| <ul><li>Does the organization mathematics the selection criteria use</li><li>Describe in Part IV the organization</li></ul> | ed to award the gran                     | nts or assistance?                        |                              |   |   |  | V Yes □ ا                             |
| Form 990, Part<br>Part IV and Sch   | IV, line 21 for ar<br>iedule I-1 if addi | ny recipient that rece<br>tional space is | ived more than \$5,0         | 00. Check this box                        | tes. Complete if the call if no one recipient rec           | eived more than \$5,                   |                                       |
| 1(a) Name and address of organization or government   | (b) EIN                                  | (c) IRC section<br>if applicable          | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
|   |  |   |                              |   |   |  |                                       |
| 2 Enter total number of seconganizations  |  |   |                              |   | ·   |  |                                       |
| 3 Enter total number of oth   | er organizations .                       | <u> </u>                                  | <u>.</u>                     |   | <u> </u>  |  | •                                     |
| For Paperwork Reduction Act Not   | tice, see the Instruct                   | tions for Form 990.                       |                              | Cat No 500551                             | P   | Sc                                     | hedule I (Form 990) 2008              |

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

| (b)Number of recipients | (c)A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e) Method of valuation<br>(book, FMV, appraisal,<br>other) | (f)Description of non-cash assistance                                   |
|-------------------------|-----------------------------|--------------------------------------|---|---|
| 3200                    | 9,165                       |                                      |   |   |
|                         |                             |                                      |   |   |
|                         |                             |                                      |   |   |
|                         |                             |                                      |   |   |
|                         |                             |                                      |   |   |
|                         |                             |                                      |   |   |
|                         |                             |                                      |   |   |
|                         | recipients                  | recipients cash grant                | recipients cash grant non-cash assistance                   | recipients cash grant non-cash assistance (book, FMV, appraisal, other) |

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

See Additional Data Table

| Ident if ier  | Return Reference | Explanation   |
|---|------------------|---|
| DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS | , ,              | ASSISTANCE (GROCERY STORE GIFT CARDS AND BUS TOKENS) ARE GIVEN TO CLINIC PATIENTS BASED ON THE ASSESSMENTS OF CLINIC COMMUNITY OUTREACH WORKERS WITH THE APPROVAL OF THE DIRECTOR OF OUTREACH AND EDUCATION COMMUNITY OUTREACH WORKERS MAKE THE RECOMMENDATION BASED ON ACTUAL HOME VISITS AND PATIENT INTERVIEWS |
|   |                  |   |
|   |                  |   |
|   |                  |   |
|   |                  |   |
|   |                  |   |
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OMB No 1545-0047

#### Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

### **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization MERCY MINISTRIES OF LAREDO **Employer identification number** 

20-0198462

| Pa | rt I Questions Regarding Compensatio   | n  |    |     |      |
|----|--|--|----|-----|------|
|    |  |  |    | Yes | Νo   |
| 1a |  | ovided any of the following to or for a person listed in Form<br>I to provide any relevant information regarding these items |    |     |      |
|    | First class or charter travel  | Housing allowance or residence for personal use  |    |     |      |
|    | Travel for companions  | Payments for business use of personal residence  |    |     |      |
|    | Tax idemnification and gross-up payments   | Health or social club dues or initiation fees  |    |     |      |
|    | Discretionary spending account   | Personal services (e.g., maid, chauffeur, chef)  |    |     |      |
| b  | If line 1a is checked, did the organization follow a w<br>provision of all the expenses described above? If "I   | rritten policy regarding payment or reimbursement or<br>No," complete Part III to explain                                    | 1b |     |      |
| 2  | Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv         |  | 2  |     |      |
| 3  | Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t         | ·  |    |     |      |
|    | Compensation committee   | Written employment contract  |    |     |      |
|    | Independent compensation consultant  | Compensation survey or study   |    |     |      |
|    | Form 990 of other organizations  | Approval by the board or compensation committee  |    |     |      |
| 4  | During the year, did any person listed in Form 990,  | Part VII, Section A, line 1a   |    |     |      |
| а  | Receive a severance payment or change of control   | payment?   | 4a |     | Νo   |
| b  | Participate in, or receive payment from, a suppleme  | ental nonqualified retirement plan?  | 4b |     | Νo   |
| c  | Participate in, or receive payment from, an equity-b   | pased compensation arrangement?  | 4c |     | Νo   |
|    | If "Yes" to any of lines 4a-c, list the persons and p  | rovide the applicable amounts for each item in Part III  |    |     |      |
|    | 501(c)(3) and 501(c)(4) organizations only must co   | omplete lines 5-8.   |    |     |      |
| 5  | For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of                   | , line 1a, did the organization pay or accrue any  |    |     |      |
| а  | The organization?  |  | 5a |     | Νo   |
| b  | Any related organization?  |  | 5b |     | Νo   |
|    | If "Yes," to line 5a or 5b, describe in Part III   |  |    |     |      |
| 6  | For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of               | , line 1a, did the organization pay or accrue any  |    |     |      |
| а  | The organization?  |  | 6a |     | Νo   |
| b  | Any related organization?  |  | 6b |     | Νo   |
|    | If "Yes," to line 6a or 6b, describe in Part III   |  |    |     |      |
| 7  | For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"           |  | 7  |     | No   |
| 8  | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III | paid or accured pursuant to a contract that was<br>n Regs section 53 4958-4(a)(3)? If "Yes," describe                        |    |     | N.o. |

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

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

Note. The sum of columns (B)(1)-(111) 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) Deferred | (D) Nontaxable | (E) Total of columns | <b>(F)</b> Compensation reported in prior Form |                    |
|----------|--|---|-----------------------------|--------------|----------------|----------------------|--|--------------------|
|          | (i) Base<br>compensation                           | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>compensation | compensation | benefits       | (B)(ı)-(D)           | efits (B)(1)-(D)                               | 990 or Form 990-EZ |
| (i)      |  |   |                             |              |                |                      |  |                    |
| (ii)     | )  |   |                             |              |                |                      |  |                    |
| (i)      |  |   |                             |              |                |                      |  |                    |
| (ii)     | )  |   |                             |              |                |                      |  |                    |
| (i)      |  |   |                             |              |                |                      |  |                    |
| (ii)     | )  |   |                             |              |                |                      |  |                    |
| (i)      |  |   |                             |              |                |                      |  |                    |
| (ii)     | )  |   |                             |              |                |                      |  |                    |
| (i)      |  |   |                             |              |                |                      |  |                    |
| (ii)     | )  |   |                             |              |                |                      |  |                    |
| (i)      |  |   |                             |              |                |                      |  |                    |
|          |  |   |                             |              |                |                      |  |                    |
| (i)      |  |   |                             |              |                |                      |  |                    |
| (ii)     |  |   |                             |              |                |                      |  |                    |
| (i)      |  |   |                             |              |                |                      |  |                    |
| (ii)     |  |   |                             |              |                |                      |  |                    |

#### 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

| Ident if ier                | Return<br>Reference | Explanation  |
|-----------------------------|---------------------|--|
| SUPPLEMENTAL<br>INFORMATION |                     | SCHEDULE J, PART I, QUESTION 3 THE CEO OF THE FILING ORGANIZATION IS A MEMBER OF THE RELIGIOUS ORDER OF THE SISTERS OF MERCY AND HAS TAKEN A VOW OF POVERTY SHE DOES NOT RECEIVE COMPENSATION FOR HER SERVICES |
|                             |                     |  |
|                             |                     |  |
|                             |                     |  |
|                             |                     |  |
|                             |                     |  |
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|                             |                     |  |
|                             |                     |  |
|                             | _                   |  |

Schedule J (Form 990) 2008

#### OMB No 1545-0047

# **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization MERCY MINISTRIES OF LAREDO **Employer identification number** 

20-0198462

| ldentifier               | Return<br>Reference | Explanation   |
|--------------------------|---------------------|---|
| SUPPLEMENTAL INFORMATION |                     | FORM 990, PART III, QUESTION 3 CESSATION OF SERVICES MERCY MINISTRIES OF LAREDO (MML) MADE THE DECISION IN OCTOBER 2008 TO PHASE OUT THE OB PROGRAM WHICH PROVIDED PRENATAL CARE, EDUCATION AND FINANCIAL COUNSELING TO UNINSURED MOTHERS THE NUMBER OF NEW OB PATIENTS DECREASED SIGNIFICANTLY WITH THE PASSAGE OF THE STATE FUNDED CHIP PERINATE PROGRAM PREVIOUSLY UNINSURED PATIENTS NOW QUALIFIED UNDER THE CHIP PROGRAM AND WERE BEING SEEN PHYSICIAN PRACTICES MIML ALSO DECIDED TO DISCONTINUE THE MIMURIZATION PROGRAM AS IT WAS DETERMINED IT WAS A DUPLICATION OF SERVICES THESE SERVICES CAN BE OBTAINED AT THE CITY HEALTH DEPARTMENT AND GATEWAY QLINICS FORM 990, PART III, LINE 4D DESCRIPTION OF OTHER PROGRAM SERVICES MERCY CLINICS OTHER PROGRAMS INCLUDE MEDICATION ASSISTANCE DENTAL AND NUTRITION THE MEDICATION ASSISTANCE PROGRAM GUIDES PATIENTS THROUGH THE PROCESS OF SECURING FREE OR LOW-COST MEDICATION THROUGH THE PHARMACEUTICAL COMPANIES IN FISCAL YEAR 2009 THE PROGRAM RESULTED IN \$1,545,340 OF MEDICATION FOR OUR PATIENTS THE DENTAL PROGRAM PROVIDES SERVICES TO ADULT PATIENTS REGULAR SERVICES INCLUDE CLEANINGS, FILLINGS AND EXTRACTIONS OTHERS SERVICES TO ADULT PATIENTS. REGULAR SERVICES INCLUDE CLEANINGS, FILLINGS STAFFED ONE DAY PER WEEK BY LOCAL VOLUNTEER DENTISTS DURING FISCAL YEAR 2009 THE DENTISTS PERFORMED 1,334 PROCEDURES VALUED AT \$140,723 ALL PATIENTS COMBINED PAID OPAYS OF ONLY \$10,705 FOR THESE SERVICES MORE THAN 380 PATIENTS WERE PROVIDED SERVICES ACCOUNTING FOR MORE THAN 350 DENTAL VISITS FORM 990, PART VI, QUESTION 2 DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS THE SISTERS OF MERCY HEALTH SYSTEM BY THE SISTERS OF MERCY HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER FORM 999, PART VI, QUESTION 7A DESCRIPTION OF CLASSES OF THE PROGRAM PROVIDED SERVICES ACCOUNTING FOR THESE SERVICES OF PRESONS AND THE NATURE OF THE CORPORATION AND APPOINT AND REMOVE MEMBERS OF THE BOARD, AND THE CORPORATION OF CLASSES OF FIRE RIGHTS ONLY THE CORPORATION AND APPOINT AND REMOVE MEMBERS OF THE BOARD, AND THE CORPORATION OF DESCRIP |
| - D                      |                     | e Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 20  |

DLN: 93493137007370

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

(Form 990)

**SCHEDULE R** 

Department of the Treasury

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** MERCY MINISTRIES OF LAREDO 20-0198462 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

| <b>(A)</b><br>Name, address, and EIN of<br>related organization | Prim   | <b>(B)</b><br>Pary activity | (C) Legal domicile (state or foreign country) | <b>(D)</b> Direct controlling entity          | Pred<br>Incom<br>Inve | (E)<br>ominant<br>e(related,<br>estment,<br>related) | Share  | <b>(F)</b><br>e of total income              | <b>(G)</b><br>Share of end-of-<br>year assets | (H<br>Disprop<br>allocat | I)<br>ortionate<br>tions?                    | (I)<br>Code V—UBI amount<br>on<br>Box 20 of K-1 | Gene<br>mana<br>part | aging |
|---|--------|-----------------------------|---|---|-----------------------|--|--------|--|---|--------------------------|--|---|----------------------|-------|
|   |        |                             |   |   |                       |  |        |  |   | Yes                      | No   |   | Yes                  | No    |
| See Additional Data Table                                       |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
| see Hantonal Bata Table   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
| Part IV Identification of Ro                                    | elated | Organizations               | Taxable as                                    | a Corporation                                 | ı or Tr               | ust  |        |  |   |                          |  |   |                      |       |
| ( <b>A)</b><br>Name, address, and EIN of related organiz        |        | (B)<br>Primary activity     |   | (C) Legal domicile (state or foreign country) |                       | ( <b>D</b> ) Direct contro entity                    | olling | (E) Type of entity (C corp, S corp or trust) | (F)<br>Share of total<br>income               | end                      | ( <b>G)</b><br>hare of<br>i-of-yea<br>assets | ( <b>H)</b><br>Percentage<br>r ownership        |                      |       |
| See Additional Data Table                                       |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |
|   |        |                             |   |   |                       |  |        |  |   |                          |  |   |                      |       |

No

No

Yes

1a

#### Part V Transactions with Related Organizations

| 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?

- ${f a}$  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)
- I 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
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

(A)

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

|     | Name of other organization(s) | Transaction<br>type(a-r) | Amount Involved |
|-----|-------------------------------|--------------------------|-----------------|
| (1) | MHM SUPPORT SERVICES          | С                        | 50,000          |
| (2) | MHM SUPPORT SERVICES          | N                        | 1,638,412       |
| (3) | Casa de Misericordia          | Q                        | 50,000          |
| (4) | MERCY HEALTH PLANS            | 0                        | 133,513         |
| (5) | MHM SUPPORT SERVICES          | 0                        | 121,690         |
| (6) |                               |                          |                 |
|     |                               |                          |                 |

(C)

#### Part VI Unrelated Organizations Taxable as a Partnership

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

|  |                                |   |   |    |  |     |  |          | _                   |           |   |  |  |  |  |   |  |  |  |
|--|--------------------------------|---|---|----|--|-----|--|----------|---------------------|-----------|---|--|--|--|--|---|--|--|--|
| <b>(A)</b><br>Name, address, and EIN of entity | <b>(B)</b><br>Primary activity | <b>(C)</b><br>Legal domicile<br>(state or foreign<br>country) | (D) Are all partners section 501(c)(3) organizations? |    | partners<br>section<br>501(c)(3)<br>organizations? |     | partners<br>section<br>501(c)(3)<br>organizations? |          | partners<br>section |           | <b>(E)</b><br>Share of<br>end-of-year<br>assets |  |  | ( <b>G)</b> Code V—UBI amount on Box 20 of K-1 | (H)<br>General o<br>managing<br>partner? | ) |  |  |  |
|  |                                |   | Yes   | No |  | Yes | No   |          | Yes                 | No        |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   |   |    |  |     |  |          |                     |           |   |  |  |  |  |   |  |  |  |
|  |                                |   | •   |    |  | •   | •  | Sabadula | D / Form            | 000) 2000 |   |  |  |  |  |   |  |  |  |

**Additional Data** 

Advance Care Hospital

300 Werner St 3rd Floor

Breech Regional Medical Center

Hot Springs, AR71913

100 Hospital Drive

214 Carter Street

Berryville, AR72616 71-0759301

Casa de Misericordia

Laredo, TX78044 74-2912461

918 South Street

74-2764726

26-1708048

81-0627035

20-0901499

73-1593024

73-0579285

Healdton, OK73438 26-3173902

Laredo Medical Group

Chesterfield, MO63017

Chesterfield, MO63017

4300 W Memorial Road

Oklahoma City, OK73120

14528 S Outer Forty Ste 100

Chesterfield, MO63017

4300 W Memorial Road

Mercy Health Center Inc

4300 W Memorial Road

Oklahoma City, OK73120

401 Woodland Hills Blvd

Mercy Health Services Inc

Oklahoma City, OK73120

401 Woodland Hills Blvd

2710 Rife Medical Drive

Chesterfield, MO63017

Mercy Health System Inc

Oklahoma City, OK73120

Independence, KS67301

Mercy Hospital of Laredo

Chesterfield, MO63017

St Louis, MO63141 43-1771217

1011 14th Avenue NW

1011 14th Avenue NW

4300 W Memorial Road

MHM Support Services

Chesterfield, MO63017

Mission Clinical Services

Hot Springs, AR71913

300 Werner Street

214 Carter Street

Berryville, AR72616 71-0759299

27-0473057

20-2553101

13-4239691

43-1423050

72-1069468

801 W River Street

Ozark, AR72949 71-0689680

500 E Academy

Paris, AR72855 71-0655753

Oklahoma City, OK73120

14528 S Outer Forty Ste 100

Ozarks Regions Health Systems Inc

Sisters of Mercy Health System

14528 S Outer Forty Ste 100

14528 S Outer Forty Ste 100

ST EDWARD HLTH FAC-FRANKLIN CO

ST EDWARD HLTH FAC-LOGAN CO

Chesterfield, MO63017

Chesterfield, MO63017

Sisters of Mercy Ministries

Ardmore, OK73401 73-1500629

Ardmore, OK73401 71-0962525

14528 S Outer Forty Ste 100

645 Maryville Centre Ste 100

Mercy Memorial Health Center Inc

Mercy Physicians of Oklahoma Inc

Mercy Memorial Health Center Foundation

4300 W Memorial Road

Ft Scott, KS66701 48-0956045

Rogers, AR72758 62-1684203

74-2764727

73-1453048

800 W Myrtle

48-1079981

74-1189682 Mercy Medical Group

Mercy Health System of Kansas Inc

Mercy Health System of Texas Inc

14528 S Outer Forty Ste 100

Mercy Health System of Northwest Arkansa

Mercy Hospital Foundation of Independenc

4300 W Memorial Road

Fort Scott, KS66701 48-1077073

Mercy Health Center Foundation

Oklahoma City, OK73120

14528 S Outer Forty Ste 100

14528 S Outer Forty Ste 100

McAuley Portfolio Management Company

Mercy Emergency Medical Services Inc

Mercy Foundation for Health Innovation

Mercy Health Center Foundation Inc

1602 McClelland Street

Healdton Mercy Hospital Corporation

Lebanon, MO65536 43-1767432

Carroll Health Foundation

71-0816634

# Return to Form

(F)

Direct Controlling

Entity

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SEMMC

SEMMC

ST JOHN MHC

HOSPITAL

Hospital

Foundation

WOMEN SHELTER

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INACTIVE

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Foundation

Foundation

Hospital

Foundation

URGENT CARE

HOSPITAL

PHYS GROUP

INACTIVE

Foundation

INACTIVE

Foundation

Hospital

PHYSICIAN GRP

SUPP HLTH SYS

PHYSICIAN GRP

SUPP HLTH SYS

COUNSELING

Hospital

Hospital

Hospital

PHYSICIAN GRP

HOLDING COMP

| (A) Name, address, and EIN of related organization | (B) Primary Activity | Legal Domicile<br>(State<br>or Foreign Country) |
|--|----------------------|---|
|  |                      |   |

| Torm 990, Schedule K, Part II - Identification of Related |                                |            |
|---|--------------------------------|------------|
| (A) Name, address, and EIN of related organization        | <b>(B)</b><br>Primary Activity | Legal<br>( |

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| Form 990, Schedule R, Part II - Identification of Related | Tax-Exempt Organizat | ions |
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| Name: | MERCY MINISTRIES OF LAREDO |
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**Software Version:** 

Software ID:

- **EIN:** 20-0198462

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations                     |                         |  |                               |  |                                      |  |  |  |  |
|--|-------------------------|--|-------------------------------|--|--------------------------------------|--|--|--|--|
| (A) Name, address, and EIN of related organization   | (B)<br>Primary Activity | (C)<br>Legal Domicile<br>(State<br>or Foreign Country) | (D)<br>Exempt Code<br>section | (E) Public charity status (if 501(c)(3)) | <b>(F)</b> Direct Controlling Entity |  |  |  |  |
| Waldron, AR72958   | Hospital                | AR   | 501(C)(3)                     | 3  | SEMMC                                |  |  |  |  |
| Fort Smith, AR72917  | PHYSICIAN GRP           | A R  | 501(C)(3)                     | 9  | SEMHS                                |  |  |  |  |
| 26-1318597 St Edward Mercy Health System Inc 7301 Rogers Avenue Fort Smith, AR72917                    | HOLDING COMP            | A R  | 501(C)(3)                     | 11b                                      | SMHS                                 |  |  |  |  |
| 26-1318515 St Edward Mercy Medical Center  7301 Rogers Avenue Fort Smith, AR72917                      | Hospital                | AR   | 501(C)(3)                     | 3  | SEMHS                                |  |  |  |  |
| 71-0240352<br>St Francis Hospital Mountain View Mis  | Hospital                | мо   | 501(C)(3)                     | 3  | ST JOHNS HS                          |  |  |  |  |
| 44-0607149<br>St John's Aurora Inc   | LEASE HOSP              | мо   | 501(C)(3)                     | 3  | ST JOHNS HS                          |  |  |  |  |
| 43-1936696 St John's Cassville Inc  94 Main Street Cassville, MO65625                                  | LEASE HOSP              | мо   | 501(C)(3)                     | 3  | ST JOHNS HS                          |  |  |  |  |
| 43-1936699<br>St John's Children's Hospital Inc  | INACTIVE                | МО   | 501(C)(3)                     | 3  | ST JOHNS HS                          |  |  |  |  |
| St John's Clinic Inc  1965 Fremont Street Suite 2950   | PHYSICIAN GRP           | МО   | 501(C)(3)                     | 9  | ST JOHNS HS                          |  |  |  |  |
|  | Foundation              | МО   | 501(C)(3)                     | 11b                                      | ST JOHNS HS                          |  |  |  |  |
|  | HOLDING COMP            | мо   | 501(C)(3)                     | 11b                                      | SMHS                                 |  |  |  |  |
| Springfield, MO 65804 43-1856028 St John's Home Care of Berryville Inc 214 Carter Street               | HOME HEALTH             | AR   | 501(C)(3)                     | 11c                                      | ST JOHN RHC                          |  |  |  |  |
| Berryville, AR72616 87-0781247 ST JOHN'S MEDICAL RESEARCH INST INC  1235 E Cherokee Street             | RESEARCH                | МО   | 501(C)(3)                     | 4  | ST JOHNS HS                          |  |  |  |  |
| Springfield, MO65804<br>87-0796305<br>St John's Mercy Foundation                                       |                         |  |                               |  | ST JOHN MHC                          |  |  |  |  |
| St Louis, MO63141 56-2410022 St John's Mercy Health Care   | Foundation              |  |                               | 116                                      | SMHS                                 |  |  |  |  |
| 645 Maryville Centre Ste 100 St Louis, MO63141 43-1718408 St John's Mercy Health System                | Health System           | МО   | 501(C)(3)                     | 116                                      |                                      |  |  |  |  |
| 645 Maryville Centre Ste 100<br>St Louis, MO63141<br>43-0653493<br>St John's Mercy Hospital Foundation | Hospitals               | МО   | 501(C)(3)                     | 3  | ST JOHN MHC                          |  |  |  |  |
| 901 E Fifth Street Washington, MO63090 56-2410020 St John's Mercy Support Services                     | Foundation              | мо   | 501(C)(3)                     | 11b                                      | ST JOHN MHC                          |  |  |  |  |
| 615 S New Ballas Road<br>St Louis, MO 63141<br>43-1677952<br>St John's Regional Health Center          | INACTIVE                | МО   | 501(C)(3)                     | 11c                                      | ST JOHN MHS                          |  |  |  |  |
|  | Hospital                | мо   | 501(C)(3)                     | 3  | ST JOHNS HS                          |  |  |  |  |
| 1 Mercy Lane<br>Hot Springs, AR71913<br>26-1125131   | PHYSICIAN GRP           | AR   | 501(C)(3)                     | 9  | ST JOS MHS                           |  |  |  |  |
| Hot Springs, AR71913<br>71-0236913   | Hospital                | AR   | 501(C)(3)                     | 3  | ST JOS MHS                           |  |  |  |  |
| St Joseph's Mercy Health Foundation  300 Werner Street Hot Springs, AR71913 71-0804718                 | Foundation              | A R  | 501(C)(3)                     | 11b                                      | ST JOS MHC                           |  |  |  |  |
| Hot Springs, AR71913<br>26-1125064   | HOLDING COMP            | AR   | 501(C)(3)                     | 11b                                      | SMHS                                 |  |  |  |  |
| St Mary-Rogers Memorial Hospital Inc<br>2710 Rife Medical Lane<br>Rogers, AR72758<br>71-0294390        | HOSPITAL                | AR   | 501(C)(3)                     | 3  | MHS-NWA                              |  |  |  |  |
| Rogers, AR72858<br>71-0601687  | Foundation              | AR   | 501(C)(3)                     | 11c                                      | ST MARY RMC                          |  |  |  |  |
| Chesterfield, MO63017<br>73-0614655  | INACTIVE                | ок   | 501(C)(3)                     | 3  | MHS                                  |  |  |  |  |
| THE SISTER M CORNELIA BLASKO FDN  100 W Highway 60  Mountain View, MO 65548  43-1873914                | Foundation              | МО   | 501(C)(3)                     | 11a                                      | ST FRAN HOS                          |  |  |  |  |
| Unity Ambulatory Care  | INACTIVE                | мо   | 501(C)(3)                     | 11c                                      | ST JOHN MHC                          |  |  |  |  |
| Lebanon Women's Health Center Inc  | OBSTETRICAL             | МО   | 501(C)(3)                     | 9  | BRMC                                 |  |  |  |  |
|  | 1                       |  | •                             | ı  | 1                                    |  |  |  |  |

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

| (A)<br>Name, address, and EIN of<br>related organization               | Primary activity  | (C) Legal Domicile (State or Foreign Country) | ( <b>D)</b> Direct Controlling Entity | <b>(E)</b> Predominant income(related, investment, unrelated) | <b>(F)</b><br>Share of total income<br>(\$) | (G)<br>Share of end-of-year<br>assets<br>(\$) | allocations? |    | (I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$) | Gene<br>Man | ( <b>J)</b><br>General or<br>Managing<br>Partner? |  |
|--|-------------------|---|---------------------------------------|---|---|---|--------------|----|---|-------------|---|--|
|  |                   |   |                                       |   |   |   | Yes          | No |   | Yes         | No  |  |
| HOT SPRINGS EQUIP  |                   |   |                                       |   |   |   |              |    |   |             |   |  |
| 300 Werner Street<br>Hot Springs, AR71913<br>20-4340915                | LEASING EQUIPMENT | AR  |                                       |   |   |   |              |    |   |             |   |  |
| Hot Springs MRI  |                   |   |                                       |   |   |   |              |    |   |             |   |  |
| 100 Ridgeway Place<br>Hot Springs, AR72901<br>71-0675196               | MRI Center        | AR  |                                       |   |   |   |              |    |   |             |   |  |
| Merc Ambu Surg CTR   |                   |   |                                       |   |   |   |              |    |   |             |   |  |
| 7301 Rogers Avenue<br>Fort Smith, AR72917<br>71-0827721                | Surgery Center    | AR  |                                       |   |   |   |              |    |   |             |   |  |
| RES OPT & INNOV  |                   |   |                                       |   |   |   |              |    |   |             |   |  |
| 645 Maryville Centre Drive<br>Suite<br>St Louis, MO63141<br>46-0468368 | DISTRIBUTION CTR  | МО  |                                       |   |   |   |              |    |   |             |   |  |
| SO OK DIAG CTR   |                   |   |                                       |   |   |   |              |    |   |             |   |  |
| 1011 Fourteeth Avenue NW<br>Ardmore, OK73401<br>43-1971232             | MRI Services      | ок  |                                       |   |   |   |              |    |   |             |   |  |
| Fort Smith Emergency<br>Medical Services                               |                   |   |                                       |   |   |   |              |    |   |             |   |  |
| 1701 South Greenwood<br>Fort Smith, AR72901<br>71-0416615              | Emergency Medical | AR  |                                       |   |   |   |              |    |   |             |   |  |
| Southern Oklahoma<br>Physician Hospital Org                            |                   |   |                                       |   |   |   |              |    |   |             |   |  |
|  | Physician Group   | ОК  |                                       |   |   |   |              |    |   |             |   |  |
| St Joseph's PET Center LLC   |                   |   |                                       |   |   |   |              |    |   |             |   |  |
| 300 Werner Street<br>Hot Springs, AR72901<br>47-0886845                | PET/MRI Center    | AR  |                                       |   |   |   |              |    |   |             |   |  |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (C) (D) (G) (H) (A) (B) Name, address, and EIN of related organization Primary activity Direct Controlling Legal Domicile Type of entity Share of total income Share of Percentage (State or Entity (C corp, S corp, (\$) end-of-year ownership Foreign or trust) assets Country) (\$) Consolidated Logistics Inc HOLDING 2710 Rife Medical Lane ΑR C-Corp Rogers, AR72758 СОМР 71-0474406 Frontenac Properties Inc 14528 S Outer Forty Suite 100 HOLDING DΕ C-Corp СОМР Chesterfield, MO63017 52-1914421 Inveno Health Inc 1235 E Cherokee Street МΟ IT SERVICES C-Corp Springfield, MO65804 26-4509571 Mercy Community Services Inc 401 Woodland Hills Blvd CATERING KS C-Corp Fort Smith, KS66701 48-1078101 Mercy Health Center Condominium Inc 4300 W Memorial Rd REAL ESTATE ОΚ C-Corp Oklahoma City, OK73120 68-0640970 Mercy Health Network of the Southern Reg 1011 14th Avenue NW HEALTH CARE ОΚ C-Corp Ardmore, OK73401 73-1580607 Mercy Health Network Inc 4300 W Memorial Road HEALTH CARE ОΚ C-Corp Oklahoma City, OK73120 73-1381689 Mercy Managed Care Corporation HOLDING 4300 W Memorial Road ОΚ C-Corp Oklahoma City, OK73120 COMP 73-1441665 Mercy Medical Services Inc 14528 S Outer Forty Suite 100 MANAGEMENT МΟ C-Corp Chesterfield, MO63017 71-0641246 MHP Inc HOLDING 14528 S Outer Forty Suite 300 C-Corp DΕ Chesterfield, MO63017 COMP 43-1697084 St Edward Medical Services Inc 7301 Rogers Avenue MEDICAL C-Corp ΑR Fort Smith, AR72903 lsvcs 20-2965518 UH L Corp Inc 645 Maryville Centre Drive Suite 1 HOLDING C-Corp МΟ St Louis, MO 63141 COMP 74-2499535 Unity Support Services Inc 645 Maryville Centre Drive Suite 1 MANAGEMENT МΟ C-Corp St Louis, MO63141 43-1797042

#### **Additional Data**

Software ID: Software Version:

**EIN:** 20-0198462

Name: MERCY MINISTRIES OF LAREDO

#### Form 990, Part VII - Section Aaa

| <b>(A)</b><br>Name and Title                     | (B)<br>Average<br>hours<br>per<br>week | <b>(C)</b><br>Position (check all<br>that apply) |                       |         |              |                              |        |   | (5)  | (F)  |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
|  |  | Individual Trustee<br>or Director                | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| Nedil A Antonini , Board Director                | 1 0                                    | Χ  |                       |         |              |                              |        | 0   | 0  | 0  |
| Carol Ann Callahan , Board Director              | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Nancy De Anda , Board Director                   | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Edna De La Garza , Board Director                | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Jorge Gonzalez , Board Vice-Chairman             | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Jose Manuel Gonzalez Jr , Board Director         | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Judith Gutierrez , Board Chairman                | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Rebecca Hendricks , Board Director               | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Ray Keck , Board Director                        | 10                                     | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Greg Morgensen , Board Director                  | 10                                     | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Clema O wen , Board Director                     | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Roger B Perales , Board Director                 | 10                                     | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Carmen Rathmell , Board Director                 | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Minerva G Ramirez , Board Director               | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Rose Marie Tresp , Board Director                | 1 0                                    | Х  |                       |         |              |                              |        | 0   | 0  | 0  |
| Marıa Luısa Vera RSM , President & CEO           | 40 0                                   | Х  |                       | Х       |              |                              |        | 0   | 0  | 0  |
| Elizabeth Casso , CFO                            | 40 0                                   |  |                       | Х       |              |                              |        | 0   | 63,458   | 8,590  |
| Rosemary Welsh RSM , Vice<br>President/Treasurer | 40 0                                   |  |                       | х       |              |                              |        | 0   | 0  | 0  |
| Martha Martinez , Secretary                      | 40 0                                   |  |                       | Х       |              |                              |        | 0   | 87,767   | 9,703  |

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

FOUNDED IN THE TRADITION OF THE SISTERS OF MERCY AND FOLLOWING THE EXAMPLE OF JESUS, MERCY MINISTRIES OF LAREDO PROVIDES PRIMARY HEALTHCARE, HEALTHCARE EDUCATION AND SOCIAL SERVICES IN LAREDO AND THE SURROUNDING AREA. WE WILL STRIVE TO ADDRESS THE NEEDS OF ALL PERSONS, ESPECIALLY THOSE WHO ARE ECONOMICALLY POOR AND MARGINAL. MERCY MINISTRIES OF LAREDO WILL DEMONSTRATE SPECIAL CONCERN FOR THE NEEDS OF WOMEN AND CHILDREN WHILE PROMOTING FAMILY VALUES. WE WILL COLLABORATE WITH OTHER PROVIDERS AND PARTNERS WHO SHARE IN OUR MISSION AND VALUES.