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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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MHM SUPPORT SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
14528 South Outer Forty Road

City or town, state or country, and ZIP + 4
Chesterfield, MO 63017

D Employer identification number
20-2553101

E Telephone number
(314) 579-6100

G Gross receipts $ 251,543,344

F Name and address of Principal Officer
Mr James Jaacks
14528 South Outer Forty Road
Chesterfield, MO 63017

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www mercy net

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 2004

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	1,937
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	182,429,558	251,504,055
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,556	39,289
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	182,438,114	251,543,344
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	325,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	117,497,273	126,276,355
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	157,008,140	176,692,007
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	274,505,413	303,293,362
19	Revenue less expenses Subtract line 18 from line 12	-92,067,299	-51,750,018
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	384,662,062	386,060,686
21	Total liabilities (Part X, line 26)	72,241,260	252,507,133
22	Net assets or fund balances Subtract line 21 from line 20	312,420,802	133,553,553

Part II Signature Block

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

Please Sign Here

▶ Signature of officer — Date: 2010-05-12

▶ JAMES Jaacks vice president
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105			EIN ▶ Phone no ▶ (314) 290-1000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (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 $ 303,293,362 including grants of $ 325,000) (Revenue $ 251,504,055)

MHM SUPPORT SERVICES IS ORGANIZED AND AT ALL TIMES IS OPERATED AS AN INTEGRAL PART OF THE OPERATING HOSPITAL MEMBERS OF THE CONTROLLED GROUP OF TAX-EXEMPT ORGANIZATIONS WHICH SHARE A COMMON PARENT WITH MHM SUPPORT SERVICES MHM SUPPORT SERVICES CONDUCTS CENTRALIZED ACTIVITIES AND FUNCTIONS AND PROVIDES CENTRALIZED SERVICES THAT ARE ESSENTIAL TO CARRYING OUT THE HOSPITAL MEMBERS' EXEMPT PURPOSES THE SERVICES INCLUDE TREASURY, INFORMATION TECHNOLOGY, CLINICAL QUALITY MANAGEMENT, LEGAL AND COMPLIANCE COUNSEL, COMPENSATION AND BENEFITS, CONSULTING, PERFORMANCE MANAGEMENT, REVENUE MANAGEMENT, CAPITAL MANAGEMENT, CLINICAL ENGINEERING, AND CLINICAL SAFETY AS A SUPPORTING ORGANIZATION BY PROVIDING THESE SERVICES, IT ALLOWS THE SUPPORTED ORGANIZATIONS TO FURTHER THEIR EXEMPT PURPOSES

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 303,293,362 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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
b	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		No
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		No
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		No
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	Yes	
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			
a	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 IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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**		No
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	1,937		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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 premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. 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, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 9		
b	Enter the number of voting members that are independent . .	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MR RANDALL COMBS
14528 South Outer Forty Road Suite
Chesterfield, MO 63017
(314) 579-6100

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
* 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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,099,428	7,307,474	2,318,747

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 225

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed 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 individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Epic 1979 Milky Way VERONA, WI 53593	Software consulting	24,840,931
SM Wilson and Co 2185 Hampton Ave ST LOUIS, MO 63139	CONSTRUCT SERVICES	5,465,682
Tek Systems Inc PO Box 198568 ATLANTA, GA 30384	Software consulting	4,877,384
CTG Healthcare Solutions PO BOX 711778 CINCINNATI, OH 45271	Software consulting	4,171,531
Emageon Inc Dept AT 49979 ATLANTA, GA 31192	Software consulting	3,018,231

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 62

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	0			
Program Service Revenue		Business Code				
	2a	SUPPORT SERVICE REVENUE 900,099	251,504,055	251,504,055		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 251,504,055				
	3	Investment income (including dividends, interest other similar amounts) ▶	39,289			39,289
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶	0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 0				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	251,543,344	251,504,055	0	39,289

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	305,000	305,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	20,000	20,000		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	325,019	325,019		
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	108,403,839	108,403,839		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,722,640	5,722,640		
9	Other employee benefits	3,578,028	3,578,028		
10	Payroll taxes	8,246,829	8,246,829		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	713,019	713,019		
c	Accounting	1,033,020	1,033,020		
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	2,207,703	2,207,703		
12	Advertising and promotion	1,056,532	1,056,532		
13	Office expenses	42,025,634	42,025,634		
14	Information technology	49,517,500	49,517,500		
15	Royalties	0			
16	Occupancy	7,165,750	7,165,750		
17	Travel	3,842,210	3,842,210		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	896,591	896,591		
20	Interest	0	0		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	59,128,143	59,128,143		
23	Insurance	25,898	25,898		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MISCELLANEOUS	9,080,007	9,080,007		
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	303,293,362	303,293,362	0	0
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		902,432	8	326,551
	9	Prepaid expenses and deferred charges		11,610,356	9	13,953,990
	10a	Land, buildings, and equipment cost basis	10a 509,340,970			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 138,923,115	333,011,819	10c	370,417,855
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		39,137,455	15	1,362,290
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		384,662,062	16	386,060,686
Liabilities	17	Accounts payable and accrued expenses		68,592,005	17	123,586,702
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		3,649,255	25	128,920,431
	26	**Total liabilities.** *Add lines 17 through 25*		72,241,260	26	252,507,133
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		312,420,802	27	133,553,553
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		312,420,802	33	133,553,553
	34	Total liabilities and net assets/fund balances		384,662,062	34	386,060,686

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** 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

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
ADVANCE CARE HOSPITAL	710816634	03	Yes		Yes		Yes		0
BREECH REGIONAL MEDICAL CENTER	431767432	03	Yes		Yes		Yes		0
HEALDTON MERCY HOSPITAL CORPORATION	263173902	03	Yes		Yes		Yes		0
LAREDO MEDICAL GROUP	742764726	09	Yes		Yes		Yes		0
MERCY EMERGENCY MEDICAL SERVICES INC	810627035	09	Yes		Yes		Yes		0
MERCY HEALTH CENTER INC	730579285	03	Yes		Yes		Yes		0
MERCY HEALTH SERVICES INC	141838609	09	Yes		Yes		Yes		0
MERCY HEALTH SYSTEM OF KANSAS INC	480956045	03	Yes		Yes		Yes		0
MERCY HOSPITAL OF LAREDO	741189682	03	Yes		Yes		Yes		0
MERCY MEDICAL GROUP	431771217	09	Yes		Yes		Yes		0
MERCY MEMORIAL HEALTH CENTER INC	731500629	03	Yes		Yes		Yes		0
MERCY PHYSICIANS OF OKLAHOMA INC	270473057	09	Yes		Yes		Yes		0
MISSION CLINICAL SERVICES	134239691	09	Yes		Yes		Yes		0
OZARKS REGIONS HEALTH SYSTEMS INC	710759299	03	Yes		Yes		Yes		0
ST EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY	710689680	03	Yes		Yes		Yes		0
ST EDWARD HEALTH FACILITIES OF LOGAN COUNTY	710655753	03	Yes		Yes		Yes		0
ST EDWARD HEALTH FACILITIES OF SCOTT COUNTY	710557895	03	Yes		Yes		Yes		0
ST EDWARD MERCY CLINIC INC	261318597	09	Yes		Yes		Yes		0
ST EDWARD MERCY MEDICAL CENTER	710240352	03	Yes		Yes		Yes		0
ST FRANCIS HOSPITAL MOUNTAIN VIEW MISSOURI	440607149	03	Yes		Yes		Yes		0
ST JOHN'S AURORA INC	431936696	03	Yes		Yes		Yes		0
ST JOHN'S CASSVILLE INC	431936699	03	Yes		Yes		Yes		0
ST JOHN'S CHILDREN'S HOSPITAL INC	999999999	03	Yes		Yes		Yes		0
ST JOHN'S CLINIC INC	431560263	09	Yes		Yes		Yes		0
ST JOHN'S MEDICAL RESEARCH INSTITUTE INC	870796305	04	Yes		Yes		Yes		0
ST JOHN'S MERCY HEALTH SYSTEM	430653493	03	Yes		Yes		Yes		0
ST JOHN'S REGIONAL HEALTH CENTER	440552485	03	Yes		Yes		Yes		0
ST JOSEPH'S MERCY CLINIC INC	261125131	09	Yes		Yes		Yes		0
ST JOSEPH'S MERCY HEALTH CENTER	710236913	03	Yes		Yes		Yes		0
ST MARY-ROGERS MEMORIAL HOSPITAL INC	710294390	03	Yes		Yes		Yes		0
ST MARY'S HOSPITAL OF ENID OKLAHOMA INC	730614655	03	Yes		Yes		Yes		0

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Myra Aubuchon , Director	60 0	X						0	461,862	219,218
Randall Combs , Director	60 0	X						0	633,829	223,286
Fred Ford , Director	60 0	X						0	507,824	146,745
Jolene Goedken , Director	60 0	X						0	410,809	147,067
James Jaacks , President/Treasurer	60 0	X		X				0	638,246	158,565
Michael McCurry , Director	60 0	X						0	545,503	223,250
Dr Glenn Mitchell , Director	60 0	X						0	415,684	98,189
Brian O'Toole , Director	60 0	X						0	291,955	89,384
Robert Schimmel , Director	30 0	X						0	284,092	53,497
William Showalter , Director	60 0	X						0	415,988	34,278
Shannon Sock , Director	60 0	X						0	409,943	62,926
Philip Wheeler , Secretary	60 0	X		X				0	502,094	136,547
Jeffrey Bell , Chief Operating Officer-MISD	60 0				X			324,602	0	20,220
Julie Burke , Chief Financial Officer-MHM	60 0				X			0	267,042	68,060
Anthony Kinslow , Vice President-Human Resources	60 0				X			0	339,328	39,934
Sheri Beekman , V President-Patient Financial	60 0					X		301,642	0	78,729
Sheryl Bushman , Medical Direc -Clinic Transf	60 0					X		481,281	0	22,367
John Davis , Physician Informaticist	60 0					X		304,486	24,772	22,544
Jay Guffey , Regional Vice President	60 0					X		358,880	0	47,661
Ron Trulove , V President-Reimbsmt & Rev Int	60 0					X		328,537	0	77,538
John Sullivan , Former Director	0 0						X	0	1,033,503	348,742
Ronald Ashworth , Former President	8 0						X	0	125,000	0

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

Rooted in the mission of Jesus and the healing ministry of the church, and faithful to Catherine McAuleys service tradition marked by justice, excellence, stewardship and respect for the dignity of each person, the Sisters of Mercy Health System implements and advocates for innovative health and social services to improve the health and quality of life of communities served, with particular concern for people who are economically poor. In doing so, we make a difference by touching the lives of those we serve with compassion and exceptional Mercy Service.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		587,774		587,774
b Buildings		18,397,257	4,325,530	14,071,727
c Leasehold improvements				
d Equipment		239,227,108	119,688,673	119,538,435
e Other		251,128,831	14,908,912	236,219,919
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				370,417,855

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
OTHER RECEIVABLE	1,362,290
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
Intercompany payable	125,146,987
Insurance reserves	3,346,137
Long term lease payable	427,307
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	128,920,431

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
st edward mercy foundation 7301 ROGERS AVENUE FORT SMITH,AR 72917	23-7330425	501(C)(3)	50,000				TO PROVIDE FUNDING FOR COMMUNITY BASED PROGRAMS, SPECIFICALLY FOR THE "A HELPING HAND FOR CANCER SUPPORT" PROJECT
st john's foundation for comm health inc1235 E CHEROKEE ST SPRINGFIELD,MO 65801	32-0195818	501(C)(3)	100,000				TO PROVIDE FUNDING FOR COMMUNITY BASED PROGRAMS, SPECIFICALLY FOR THE "PROJECT ACCESS" AND "NURSES FOR NEWBORNS" PROJECTS
MERCY MINISTRIES OF LAREDO2500 ZACATECAS LAREDO,TX 78043	20-0198462	501(C)(3)	50,000				TO PROVIDE FUNDING FOR COMMUNITY BASED PROGRAMS, SPECIFICALLY FOR THE "MOBILE HEALTHCARE PROGRAM SERVICES" PROJECT
CASA DE MISERICORDIA 1602 MCCLELLAND ST LAREDO,TX 78044	74-2912461	501(C)(3)	50,000				TO PROVIDE FUNDING FOR COMMUNITY BASED PROGRAMS, SPECIFICALLY FOR THE "CASA DE MISERICORDIA COUNSELING PROGRAM"
SISTERS OF MERCY MINISTRIES14528 S OUTER FORTY SUITE 100 CHESTERFIELD,MO 63017	72-1069468	501(C)(3)	55,000				TO PROVIDE FUNDING FOR COMMUNITY BASED PROGRAMS, SPECIFICALLY FOR "PROJECT FLEUR-DE-LIS" IN NEW ORLEANS AND "MISSISSIPPI FREE CLINIC ASSOCIATION" IN MISSISSIPPI

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

3 Enter total number of other organizations . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	20	20,000			

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	PART I, LINE 2	PART II GRANT APPLICANTS ARE REQUIRED TO COMPLETE THE GRANT APPLICATION PROCESS TO BE CONSIDERED FOR A MERCY CARITAS GRANT THIS INCLUDES A DESCRIPTION OF THE PROGRAM, PROGRAM ACCOMPLISHMENTS, AND FINANCIAL INFORMATION GRANT RECIPIENTS ARE REQUIRED TO COMPLETE MID-YEAR AND END-OF-YEAR EVALUATION REPORTS DETAILING THE USE OF ALL FUNDS AND REPORTING PROGRESS MADE TOWARD ACHIEVING PROGRAM OBJECTIVES CONTINUED FUNDING WILL NOT BE CONSIDERED IF THE EVALUATION REPORT HAS NOT BEEN RECEIVED BY THE MERCY CARITAS COMMITTEE PART III MHM SUPPORT SERVICES PROVIDES $1,000 SCHOLARSHIPS TO 18 DIFFERENT CHILDREN OF CO-WORKERS EACH YEAR, PLUS 2 HIGH SCHOOL SENIORS SELECTED FROM MOUNT ST MARY ACADEMIES IN OKLAHOMA CITY AND LITTLE ROCK, FOR A TOTAL OF 20 SCHOLARSHIPS THERE ARE SPECIFIC ELIGIBILITY CRITERIA AND A DEFINED APPLICATION PROCESS FOR THE CHILDREN OF CO-WORKERS, THE CO-WORKER MUST BE EMPLOYED BY MERCY FOR A MINIMUM OF ONE YEAR AS OF THE APPLICATION DEADLINE DATE AND MUST BE EMPLOYED AT THE TIME THE AWARD IS GRANTED APPLICANTS MUST SUBMIT A COMPLETED APPLICATION, TRANSCRIPT, COLLEGE ENTRANCE TEST SCORES (ACT, SAT), AND 2 LETTERS OF RECOMMENDATION TO BE CONSIDERED FOR A SCHOLARSHIP RECIPIENTS MUST ENTER SCHOOL NO LATER THAN THE FALL TERM AFTER THE AWARD IS GRANTED TO MAINTAIN ELIGIBILITY AWARDS ARE PAID VIA CHECK MADE OUT JOINTLY TO THE RECIPIENT AND THE SCHOOL, BOTH THE RECIPIENT AND THE SCHOOL MUST ENDORSE THE CHECK MHM SUPPORT SERVICES UTILIZES THE CITIZENS SCHOLARSHIP FOUNDATION OF AMERICA TO MANAGE THE SCHOLARSHIP APPLICATION AND PAYMENT PROCESS, RECIPIENTS ARE SELECTED BY THE SCHOLARSHIP COMMITTEE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax 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 written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		FORM 990, SCHEDULE J, PART I, QUESTION 1A Charter travel is provided to all employees as necessary for business travel pursuant to approval by the Finance department after approval for charter travel has been granted in accordance with the financial justification process Approved charter travel for business is a reimbursable expense which is not taxable to the employees Travel for companions is provided under extremely limited circumstances in accordance with the Co-worker Travel and Other Expense Policy and Procedures It is generally available only to senior executives and support staff necessary for a given event In the few instances where companions travel by charter and such travel is of a personal nature, the employees are taxed for such travel In the limited circumstances when companion travel is required for business purposes, whether by charter or commercial travel, the value is not taxed to the employees with one exception For purposes of a Mission Formation retreat for senior leadership, companion travel was taxable to the employees but because the companions were deemed an integral part of the retreat, the employees were grossed up to cover the taxes Other instances of tax gross-ups may have occurred with respect to executives These instances are very rare and are handled on a case by case basis without reference to a specific policy Housing benefits are provided to leaders of the organization through a relocation program in accordance with company policy The program has tiered benefits depending upon leadership level Such benefits are subject to tax to the employee Payment by the company of costs for temporary housing by employees for the convenience of the company is made in accordance with the Co-worker Travel and Other Expense Policy and Procedures As a reimbursable expense, this type of lodging is not taxable to the employee Social club dues were paid by the company for certain persons listed in Part VII, Section A, line 1, on a case by case basis, with the intention that they be used to further the mission of the organization through activities relating to the recruitment of physicians, as well as donor and local business leader relations Amounts paid for personal use of the clubs were taxed to the employees Financial planning assistance was a taxable fringe benefit provided only to senior executives (which includes all persons listed in Part VII, Section A, line 1) There is no policy with respect to financial planning assistance Telephone stipends are paid by the company to leaders of the organization in accordance with company policy This program has tiered benefits depending upon leadership level, amount of travel, meeting attendance requirements and/or nature of work This benefit is taxable to the employee FORM 990, SCHEDULE J, PART I, QUESTION 3 MHM SUPPORT SERVICES RELIES ON A RELATED ORGANIZATION, REFER TO SCHEDULE O, PART VI, QUESTION 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS FORM 990, SCHEDULE J, PART I, QUESTION 4A SEVERANCE PAYMENT THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING FISCAL 2009 JOHN SULLIVAN $1,262,722 Schedule J, Part I, Question 4b Sisters of Mercy Health System offers supplemental retirement plans to certain executives which provide benefits upon retirement based on compensation, age at the time of benefit commencement, length of service with the company and/or its affiliates, and length of tenure in the Plan The individuals reportable on this return who participate in the supplemental retirement plans include Myra Aubuchon, Randall Combs, Fred Ford, Jolene Goedken, James Jaacks, Anthony Kinslow, Michael McCurry, Dr Glenn Mitchell, Brian O'Toole, Robert Schimmel, William Showalter, Shannon Sock, Philip Wheeler, Sheri Beekman, Ron Trulove, and Jay Guffey No persons received payment under the Plans during the tax year The amount of all accrued benefits are included in compensation amounts provided in Schedule J, Part II, Column (C) SCHEDULE J, PART I, QUESTION 7 MHM SUPPORT SERVICES PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE PAYMENT OF ALL OR PART OF THE BONUS IS CONTINGENT UPON PERCENTAGE ATTAINMENT OF (I) PERSONAL GOALS AND (II) CERTAIN FINANCIAL TARGETS PAYMENTS ARE MADE ANNUALLY IN OCTOBER FOLLOWING (I) THE CONCLUSION OF THE FISCAL YEAR AND (II) DETERMINATION OF GOAL ACHIEVEMENT BONUS OPPORTUNITIES ARE TIERED PERCENTAGES AND ARE DEPENDENT UPON THE LEADERSHIP LEVEL AND ATTAINMENT PERCENTAGE BONUS OPPORTUNITY LEVELS ARE VALIDATED BY AN EXTERNAL CONSULTING FIRM AND ARE THEN TAKEN INTO ACCOUNT BY THE EXECUTIVE COMPENSATION COMMITTEE OF MERCY WHEN ANALYZING EXECUTIVE COMPENSATION FOR REASONABLENESS

Additional Data

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Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Myra Aubuchon	(I)	0	0	0	0	0	0	0
	(II)	340,781	95,025	26,056	208,171	11,047	681,080	179,614
Randall Combs	(I)	0	0	0	0	0	0	0
	(II)	430,219	167,119	36,491	212,001	11,285	857,115	229,363
Fred Ford	(I)	0	0	0	0	0	0	0
	(II)	369,084	99,118	39,622	135,061	11,684	654,569	192,303
Jolene Goedken	(I)	0	0	0	0	0	0	0
	(II)	301,954	84,248	24,607	139,049	8,018	557,876	160,918
James Jaacks	(I)	0	0	0	0	0	0	0
	(II)	489,250	125,953	23,043	146,574	11,991	796,811	252,421
Michael McCurry	(I)	0	0	0	0	0	0	0
	(II)	353,201	126,179	66,123	209,183	14,067	768,753	206,103
Dr Glenn Mitchell	(I)	0	0	0	0	0	0	0
	(II)	302,460	76,494	36,730	89,112	9,077	513,873	162,913
Brian O'Toole	(I)	0	0	0	0	0	0	0
	(II)	209,526	56,464	25,965	78,760	10,624	381,339	115,328
Robert Schimmel	(I)	0	0	0	0	0	0	0
	(II)	171,271	82,929	29,892	47,691	5,806	337,589	111,547
William Showalter	(I)	0	0	0	0	0	0	0
	(II)	331,748	75,021	9,219	23,523	10,755	450,266	165,135
Shannon Sock	(I)	0	0	0	0	0	0	0
	(II)	306,011	78,471	25,461	59,243	3,683	472,869	159,296
Philip Wheeler	(I)	0	0	0	0	0	0	0
	(II)	401,126	95,337	5,631	133,066	3,481	638,641	197,377
Jeffrey Bell	(I)	220,859	85,245	18,498	9,561	10,659	344,822	150,452
	(II)	0	0	0	0	0	0	0
Julie Burke	(I)	0	0	0	0	0	0	0
	(II)	207,437	38,900	20,705	61,310	6,750	335,102	111,387
Anthony Kinslow	(I)	0	0	0	0	0	0	0
	(II)	274,195	57,354	7,779	32,309	7,625	379,262	141,843
Sheri Beekman	(I)	217,939	63,200	20,503	72,982	5,747	380,371	118,995
	(II)	0	0	0	0	0	0	0
Sheryl Bushman	(I)	304,350	136,433	40,498	12,286	10,081	503,648	272,453
	(II)	0	0	0	0	0	0	0
John Davis	(I)	258,804	27,015	18,667	11,691	10,688	326,865	134,060
	(II)	18,558	6,124	90	0	165	24,937	9,469
Jay Guffey	(I)	224,595	112,868	21,417	37,032	10,629	406,541	209,396
	(II)	0	0	0	0	0	0	0
Ron Trulove	(I)	237,208	72,452	18,877	76,777	761	406,075	126,993
	(II)	0	0	0	0	0	0	0
John Sullivan	(I)	0	0	0	0	0	0	0
	(II)	793,549	197,715	42,239	343,173	5,569	1,382,245	0
Ronald Ashworth	(I)	0	0	0	0	0	0	0
	(II)	125,000	0	0	0	0	125,000	104,167

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SCHEDULE O
(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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1	DESCRIPTION OF THE ORGANIZATION'S SIGNIFICANT ACTIVITIES	THE FILING ORGANIZATION IS A NON-PROFIT CORPORATION, THE SOLE MEMBER OF WHICH IS SISTERS OF MERCY HEALTH SYSTEM ("MERCY") MERCY IS A NON-PROFIT MISSOURI CORPORATION SPONSORED BY "MERCY HEALTH MINISTRY ("MHM")," A PONTIFICAL PUBLIC JURIDIC PERSON GRANTED JURIDIC PERSONALITY BY DECREE OF THE CONGREGATION FOR INSTITUTES OF CONSECRATED LIFE AND SOCIETIES OF APOSTOLIC LIFE, DATED MAY 15, 2008 (PROT NO S142-1/2008) AS A SPONSORED ORGANIZATION, THE FILING ORGANIZATION SUPPORTS THE MISSION (AS SET FORTH IN STATEMENT 1) OF MHM IN SUPPORT OF MHM AND ITS DIRECT AND INDIRECT AFFILIATES (THE "SUPPORTED CHARITIES") THE FILING ORGANIZATION IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF, THE SUPPORTED CHARITIES, PROVIDED THAT SUCH ORGANIZATIONS ARE SPECIFIED IN THE CORPORATION'S ARTICLES OF INCORPORATION AND ARE (A) ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, THE REGULATIONS PROMULGATED PURSUANT THERETO, OR THE CORRESPONDING PROVISION OF ANY APPLICABLE FUTURE UNITED STATES INTERNAL REVENUE LAW OR REGULATIONS ("CODE"), (B) TAX-EXEMPT UNDER CODE SECTION 501(C)(3), AND (C) PUBLICLY SUPPORTED WITHIN THE MEANING OF CODE SECTIONS 509(A)(1) OR (2) (COLLECTIVELY, THE "SUPPORTED CHARITIES") THE FILING ORGANIZATION IS OPERATED, SUPERVISED, OR CONTROLLED BY OR IN CONNECTION WITH THE SUPPORTED CHARITIES, AND IS NOT CONTROLLED DIRECTLY OR INDIRECTLY BY ONE OR MORE DISQUALIFIED PERSONS (AS DEFINED IN SECTION 4946 OF THE CODE) THE CORPORATION IS ORGANIZED AND AT ALL TIMES IS OPERATED IN SUCH A MANNER AS TO QUALIFY AND BE RECOGNIZED AS A SUPPORTING ORGANIZATION DESCRIBED IN SECTION 509(A)(3) OF THE CODE THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING - TO COORDINATE THE DEVELOPMENT OF NEW HEALTH PROGRAMS AND SERVICES, WHICH INCLUDE FUNDING THE ONGOING OPERATION OF SUCH PROGRAMS, - TO MAKE EXPENDITURES AND FUND SUCH OTHER NEEDS OR MATTERS IDENTIFIED BY THE BOARD OF DIRECTORS AS MAY BE IN THE BEST INTEREST OF OR CONSISTENT WITH THE CHARITABLE PURPOSES OF THE SUPPORTED CHARITIES, - TO PERFORM ACTIVITIES RELATED TO THE PROVISION OF HEALTH SERVICES UNDER THE SPONSORSHIP OF MHM, - TO ADHERE TO AND BE GUIDED BY, AND TO REFRAIN FROM PROVIDING SERVICES FOR, OR COOPERATING IN, ANY MEDICAL PROCEDURES WHICH ARE CONTRARY TO, (A) THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES OF THE NATIONAL CONFERENCE OF CATHOLIC BISHOPS AS PROMULGATED BY THE LOCAL BISHOP, AND/OR (B) THE PHILOSOPHY, MISSION, AND PRACTICES OF MHM, - TO OPERATE (A) TO SERVE THE MISSION OF MHM, IN ITS CHARITABLE APOSTOLATE AND HEALTH SERVICES, (B) TO EVIDENCE THE POLICIES OF MHM GOVERNING ITS CHARITABLE APOSTOLATE AND HEALTH SERVICES, (C) TO WITNESS TO CHRIST'S CONCERN FOR THE CARE OF THE SICK AND INJURED AND THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH REGARDING CHRISTIAN HEALTH SERVICES AND CHARITY, AND (D) TO ENHANCE THE QUALITY OF LIFE AND BENEFIT THE RESIDENTS OF THE COMMUNITIES SERVED BY THE SUPPORTED CHARITIES BY THE PROMOTION OF EFFICIENT AND HIGH QUALITY HEALTH SERVICES THROUGH, AMONG OTHER ACTIVITIES, THE COORDINATION AND PROVISION OF ACTIVITIES RELATED TO THE PROVISION OF VARIOUS HEALTH SERVICES AND THE ALLOCATION OF RESOURCES FORM 990, PART VI, QUESTION 6, 7A, 7B THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, SISTERS OF MERCY HEALTH SYSTEM THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES ARE RESERVED SOLELY FOR THE SOLE CORPORATE MEMBER - TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION SHALL OPERATE, - TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BYLAWS AND TO AMEND THE ORGANIZATIONAL DOCUMENTS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION, - TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CEO OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, BUSINESS PLANS, GOALS, AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - TO APPROVE OR AMEND THE CONSOLIDATED OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, - TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF ANY AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, - TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, - AND TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO THE MISSOURI NONPROFIT CORPORATION ACT FORM 990, PART VI, QUESTION 10 PROCESS USED TO REVIEW THE FORM 990 THE FORM 990 FOR MHM SUPPORT SERVICES WAS REVIEWED IN DETAIL BY MEMBERS OF THE ORGANIZATION'S TAX COMPLIANCE TEAM MEMBERS OF THIS TEAM ARE FROM VARIOUS DEPARTMENTS INCLUDING FINANCE, LEGAL AND HUMAN RESOURCES IN ADDITION, THE FORM 990 WAS REVIEWED AT A HIGHER LEVEL BY CERTAIN MEMBERS OF THE ORGANIZATION'S GOVERNING BODY CONSTITUTING THE EXECUTIVE COMMITTEE FORM 990, PART VI, QUESTION 12C PROCESS USED TO MONITOR AND ENFORCE COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY CONSISTENT WITH THE CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS WERE REQUESTED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE FOR THE fiscal year 2009 DIRECTORS, OFFICERS AND MEMBERS OF COMMITTEES ARE REQUIRED TO REMOVE THEMSELVES FROM THAT PORTION OF ANY MEETING WHERIN A DISCUSSION IS TAKING PLACE ABOUT A TRANSACTION OR ARRANGEMENT IN WHICH THEY HAVE A FINANCIAL INTEREST FORM 990, PART VI, QUESTIONS 15A & 15B PROCESS FOR DETERMINING COMPENSATION FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF THE SOLE MEMBER FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT FORM 990, PART VI, QUESTION 19 PROCESS FOR MAKING GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART V		LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINES 11 & 12 MCAULEY PORTFOLIO MANAGEMENT COMPANY MERCY FOUNDATION FOR HEALTH INNOVATION SISTERS OF MERCY MINISTRIES RESOURCE OPTIMIZATION & INNOVATION, LLC FRONTENAC PROPERTIES, INC SISTERS OF MERCY HEALTH SYSTEM SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINE 13 ST JOHN'S MERCY HEALTH CARE ST JOHN'S MERCY FOUNDATION ST JOHN'S MERCY HOSPITAL FOUNDATION ST JOHN'S MERCY HEALTH SYSTEM - ST JOHN'S MERCY MEDICAL CENTER ST JOHN'S MERCY HEALTH SYSTEM - ST JOHN'S MERCY HOSPITAL MERCY MEDICAL GROUP UH L CORP , INC SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINE 14 MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS, INC ST MARY-ROGERS MEMORIAL HOSPITAL, INC ST MARY'S HOSPITAL FOUNDATION SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINE 15 ST JOSEPH'S MERCY HEALTH SYSTEM, INC ST JOSEPH'S MERCY HEALTH FOUNDATION ST JOSEPH'S MERCY HEALTH CENTER ST JOSEPH'S MERCY CLINIC, INC MISSION CLINICAL SERVICES SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINE 16 ST EDWARD MERCY HEALTH SYSTEM, INC ST EDWARD MERCY FOUNDATION ST EDWARD MERCY MEDICAL CENTER ST EDWARD HEALTH FACILITIES OF SCOTT COUNTY ST EDWARD HEALTH FACILITIES OF LOGAN COUNTY ST EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY ST EDWARD MEDICAL SERVICES, INC ST EDWARD MERCY CLINIC, INC SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINE 17 ST JOHN'S HEALTH SYSTEM, INC ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH, INC BREECH REGIONAL MEDICAL CENTER CARROLL HEALTH FOUNDATION THE SISTER M CORNELIA BLASKO FOUNDATION, INC ST JOHN'S AURORA, INC ST JOHN'S REGIONAL HEALTH CENTER OZARKS REGION HEALTH SYSTEMS, INC ST FRANCIS HOSPITAL, MOUNTAIN VIEW, MISSOURI ST JOHN'S CASSVILLE, INC ST JOHN'S CLINIC, INC ST JOHN'S MEDICAL RESEARCH INSTITUTE, INC SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINE 18 MERCY HEALTH SYSTEM, INC MERCY HEALTH CENTER, INC MERCY HEALTH CENTER FOUNDATION, INC MERCY MEMORIAL HEALTH CENTER FOUNDATION MERCY MEMORIAL HEALTH CENTER, INC MERCY HEALTH NETWORK, INC MERCY HEALTH NETWORK OF THE SOUTHERN REGION, INC MERCY HEALTH SERVICES, INC MERCY PHYSICIANS OF OKLAHOMA, INC MERCY HEALTH CENTER CONDOMINIUM, INC SOUTHERN OKLAHOMA DIAGNOSTIC CENTER, LLC HEALDTON MERCY HOSPITAL CORPORATION SCHEDULE R, NAME OF OTHER ORGANIZATIONS FORM 990, SCHEDULE R, PART V, QUESTION 2, LINE 19 MERCY HEALTH CENTER FOUNDATION MERCY HOSPITAL FOUNDATION OF INDEPENDENCE, INC MERCY HEALTH SYSTEM OF KANSAS, INC MERCY HEALTH SYSTEM OF KANSAS, INC

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	HOSPITAL	AR	501(C)(3)	3	SMHS
Breech Regional Medical Center 100 Hospital Drive Lebanon, MO65536 43-1767432	Hospital	MO	501(C)(3)	3	ST JOHNS HS
Carroll Health Foundation 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501(C)(3)	11a	OZARK RG HS
Casa de Misericordia 1602 McClelland Street Laredo, TX78044 74-2912461	WOMEN SHELTER	TX	501(C)(3)	7	MM LAREDO
Healdton Mercy Hospital Corporation 918 South Street Healdton, OK73438 26-3173902	HOLDING COMP	OK	501(C)(3)	3	MMHC
Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764726	INACTIVE	TX	501(C)(3)	9	MHS-TX
McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO63017 26-1708048	INVST MGMT	MO	501(C)(3)	11b	SMHS
Mercy Emergency Medical Services Inc 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	INACTIVE	OK	501(C)(3)	9	MHC
Mercy Foundation for Health Innovation 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-0901499	Foundation	MO	501(C)(3)	11b	SMHS
Mercy Health Center Foundation Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501(C)(3)	11a	MHC
Mercy Health Center Inc 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501(C)(3)	3	MHS
Mercy Health Center Foundation 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501(C)(3)	11c	MHS-KS
Mercy Health Services Inc 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	URGENT CARE	OK	501(C)(3)	9	MHC
Mercy Health System of Kansas Inc 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	HOSPITAL	KS	501(C)(3)	3	SMHS
Mercy Health System of Northwest Arkansa 2710 Rife Medical Drive Rogers, AR72758 62-1684203	PHYS GROUP	AR	501(C)(3)	11b	SMHS
Mercy Health System of Texas Inc 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764727	INACTIVE	TX	501(C)(3)	11b	SMHS
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	HOLDING COMP	OK	501(C)(3)	11b	SMHS
Mercy Hospital Foundation of Independenc 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501(C)(3)	11a	MHS-KS
Mercy Hospital of Laredo 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-1189682	INACTIVE	TX	501(C)(3)	3	MHS-TX
Mercy Medical Group 645 Maryville Centre Ste 100 St Louis, MO63141 43-1771217	PHYSICIAN GRP	MO	501(C)(3)	9	ST JOHN MHC
Mercy Memorial Health Center Foundation 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501(C)(3)	11a	MMHC
Mercy Memorial Health Center Inc 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501(C)(3)	3	MHS
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX78043 20-0198462	OUTREACH	TX	501(C)(3)	7	SMHS
Mercy Physicians of Oklahoma Inc 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	PHYSICIAN GRP	OK	501(C)(3)	9	MHS
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	PHYSICIAN GRP	AR	501(C)(3)	9	ST JOS MHS
Ozarks Regions Health Systems Inc 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501(C)(3)	3	ST JOHNS HS
Sisters of Mercy Health System 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-1423050	SUPP HLTH SYS	MO	501(C)(3)	1	NA
Sisters of Mercy Ministries 14528 S Outer Forty Ste 100 Chesterfield, MO63017 72-1069468	COUNSELING	MO	501(C)(3)	7	SMHS
ST EDWARD HLTH FAC-FRANKLIN CO 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501(C)(3)	3	SEMMC
ST EDWARD HLTH FAC-LOGAN CO 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501(C)(3)	3	SEMMC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ST EDWARD HLTH FAC-SCOTT CO 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501(C)(3)	3	SEMMC
St Edward Mercy Clinic Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	PHYSICIAN GRP	AR	501(C)(3)	9	SEMHS
St Edward Mercy Health System Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	HOLDING COMP	AR	501(C)(3)	11b	SMHS
St Edward Mercy Medical Center 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501(C)(3)	3	SEMHS
St Francis Hospital Mountain View Mis 100 W Highway 60 Mountain View, MO65548 44-0607149	Hospital	MO	501(C)(3)	3	ST JOHNS HS
St John's Aurora Inc 500 Porter Avenue Aurora, MO65605 43-1936696	LEASE HOSP	MO	501(C)(3)	3	ST JOHNS HS
St John's Cassville Inc 94 Main Street Cassville, MO65625 43-1936699	LEASE HOSP	MO	501(C)(3)	3	ST JOHNS HS
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO65804	INACTIVE	MO	501(C)(3)	3	ST JOHNS HS
St John's Clinic Inc 1965 Fremont Street Suite 2950 Springfield, MO65804 43-1560263	PHYSICIAN GRP	MO	501(C)(3)	9	ST JOHNS HS
ST JOHN'S FDN FOR COMM HEALTH INC 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	MO	501(C)(3)	11b	ST JOHNS HS
St John's Health System Inc 1235 E Cherokee Street Springfield, MO65804 43-1856028	HOLDING COMP	MO	501(C)(3)	11b	SMHS
St John's Home Care of Berryville Inc 214 Carter Street Berryville, AR72616 87-0781247	HOME HEALTH	AR	501(C)(3)	11c	ST JOHN RHC
ST JOHN'S MEDICAL RESEARCH INST INC 1235 E Cherokee Street Springfield, MO65804 87-0796305	RESEARCH	MO	501(C)(3)	4	ST JOHNS HS
St John's Mercy Foundation 645 Maryville Centre Ste 100 St Louis, MO63141 56-2410022	Foundation	MO	501(C)(3)	11b	ST JOHN MHC
St John's Mercy Health Care 645 Maryville Centre Ste 100 St Louis, MO63141 43-1718408	Health System	MO	501(C)(3)	11b	SMHS
St John's Mercy Health System 645 Maryville Centre Ste 100 St Louis, MO63141 43-0653493	Hospitals	MO	501(C)(3)	3	ST JOHN MHC
St John's Mercy Hospital Foundation 901 E Fifth Street Washington, MO63090 56-2410020	Foundation	MO	501(C)(3)	11b	ST JOHN MHC
St John's Mercy Support Services 615 S New Ballas Road St Louis, MO63141 43-1677952	INACTIVE	MO	501(C)(3)	11c	ST JOHN MHS
St John's Regional Health Center 1235 E Cherokee Street Springfield, MO65804 44-0552485	Hospital	MO	501(C)(3)	3	ST JOHNS HS
St Joseph's Mercy Clinic Inc 1 Mercy Lane Hot Springs, AR71913 26-1125131	PHYSICIAN GRP	AR	501(C)(3)	9	ST JOS MHS
St Joseph's Mercy Health Center 300 Werner Street Hot Springs, AR71913 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	AR	501(C)(3)	11b	ST JOS MHC
St Joseph's Mercy Health System Inc 300 Werner Street Hot Springs, AR71913 26-1125064	HOLDING COMP	AR	501(C)(3)	11b	SMHS
St Mary-Rogers Memorial Hospital Inc 2710 Rife Medical Lane Rogers, AR72758 71-0294390	HOSPITAL	AR	501(C)(3)	3	MHS-NWA
St Mary's Hospital Foundation 2710 Rife Medical Lane Rogers, AR72858 71-0601687	Foundation	AR	501(C)(3)	11c	ST MARY RMC
St Mary's Hospital of Enid Oklahoma I 14528 S Outer Forty Ste 100 Chesterfield, MO63017 73-0614655	INACTIVE	OK	501(C)(3)	3	MHS
THE SISTER M CORNELIA BLASKO FDN 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	MO	501(C)(3)	11a	ST FRAN HOS
Unity Ambulatory Care 645 Maryville Centre Ste 100 St Louis, MO63141 43-1861745	INACTIVE	MO	501(C)(3)	11c	ST JOHN MHC
Lebanon Women's Health Center Inc 100 Hospital Drive Lebanon, MO65536 02-0569599	OBSTETRICAL	MO	501(C)(3)	9	BRMC

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
HOT SPRINGS EQUIP 300 Werner Street Hot Springs, AR71913 20-4340915	LEASING EQUIPMENT	AR	N/A								
Hot Springs MRI 100 Ridgeway Place Hot Springs, AR72901 71-0675196	MRI Center	AR	N/A								
Merc Ambu Surg CTR 7301 Rogers Avenue Fort Smith, AR72917 71-0827721	Surgery Center	AR	N/A								
RES OPT & INNOV 645 Maryville Centre Drive Suite St Louis, MO63141 46-0468368	DISTRIBUTION CTR	MO	N/A								
SO OK DIAG CTR 1011 Fourteeth Avenue NW Ardmore, OK73401 43-1971232	MRI Services	OK	N/A								
Fort Smith Emergency Medical Services 1701 South Greenwood Fort Smith, AR72901 71-0416615	Emergency Medical	AR	N/A								
Southern Oklahoma Physician Hospital Org 1011 Fourteeth Avenue NW Ardmore, OK73401 73-1462104	Physician Group	OK	N/A								
St Joseph's PET Center LLC 300 Werner Street Hot Springs, AR72901 47-0886845	PET/MRI Center	AR	N/A								

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

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

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Mercy Health System of NW ARKANSAS INC	N	83,141
(2)	Mercy Health Plans	O	10,851,553
(3)	St John's Mercy HS - SJ MERCY HOSPITAL	O	163,767
(4)	St John's Mercy Health Care	O	56,249
(5)	See Schedule O for name of other orgs	o	423,637,352
(6)	See Schedule O for name of other orgs	k	292,746,639
(7)	See Schedule O for name of other orgs	k	51,861,187
(8)	See Schedule O for name of other orgs	k	10,657,590
(9)	See Schedule O for name of other orgs	k	14,686,107
(10)	See Schedule O for name of other orgs	k	17,315,776
(11)	See Schedule O for name of other orgs	k	61,453,352
(12)	See Schedule O for name of other orgs	k	23,654,673
(13)	See Schedule O for name of other orgs	k	6,067,562
(14)	St Edward Mercy Foundation	b	50,000
(15)	St John's Fdn for Comm Health Inc	b	100,000
(16)	Mercy Ministries of Laredo	b	50,000
(17)	Casa de Misericordia	b	50,000
(18)	Sisters of Mercy Ministries	b	55,000