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Form **990** 匆

Department of the Treasury

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)

2008

OMB No 1545-0047

Open to Public

	Revenue	Service	► The or	ganızatıon may have to	use a copy o	fthis return to satis	fy stat	e reporting	requirement	:s	Inspection	
A Fo	r the 2	2008 ca	ilendar yea	r, or tax year beginning	07-01-2008	and ending 06-30-2	2009				-	
B Ch	eck ıf aı	pplicable	Please	C Name of organization St John's Mercy Foundatio	nn.				D Employer	ident	tification number	
☐ Add	dress ch	ange	use IRS label or	·					56-2410		I	
☐ Na	me chai	nge	print or type. See	Doing Business As				E Telephone number				
┌ Ind	ıal retur	m	Specific	Number and street (or P C	D box if mail is	not delivered to street a	ddress)	Room/suite	(314) 36			
Те	mınatıo	n	Instruc- tions.	615 South New Ballas Roa	ad				G Gross rec	eıpts	\$ 5,533,862	
┌ Am	ended r	return		City or town, state or cour	ntry, and ZIP +	4						
Гарі	olication	pending		St Louis, MO 63141								
			F Nan	ne and address of Princi	pal Officer		Т	(a) Is thu	■s a group ret	urn fo	or	
				CIA ARNOLD outh New Ballas Road				affilia			⊤Yes ▼ No	
				s, MO 63141				l(h) Are all	l affiliates incl	uded	?	
I Ta	x-exem	pt status	▽ 501(c)	(3) ◄ (insert no)	947(a)(1) or 「	527	"				See instructions)	
j W	eb site	e: 🕨 ww\	w stjohnsm	ercy org/foundation/sjm	imc		н	(c) Grou	p Exemption	Num	ber ►	
К Тур	e of org	anızatıon	Corporat	ion trust association	other ►			L Year of Fo	rmation 2003	M St MO	ate of legal domicile	
Pa	rt I	Sumi	marv									
	1			ne organization's mission	n or most sig	nıfıcant actıvıtıes						
ě	See A	ddition	al Data Tab	ole								
Ë	2	Check	this box	if the organization disc	ontinued its o	perations or dispos	ed of m	ore than 2	5% of its as	sets		
Activities & Governance	3	Numbe	r of voting	members of the governii	ng body (Part	VI, line 1a)			ı	3 _	30	
জ স	4	Numbe	r of ındepeı	ndent voting members o	fthe governu	ng body (Part VI, lın	e 1b)			4 _	23	
Š	5			mployees (Part V , line 2						5 _	0	
Ē	6			olunteers (estimate if ne			6 _ -	0				
PCE	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34									7a _ 7b	0	
	Ь	Netun	related bus	iness taxable income inc	om Form 990	-1, line 34		Deia	or Year	/B	Current Year	
	8	Contri	hutions and	d grants (Part VIII line	1 h)		_	PIIO	5,480,117	,	5,789,635	
≗	9	 8 Contributions and grants (Part VIII, line 1h)							3,100,111		0	
Revenu	10								-881,494	1	-1,328,841	
æ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								579,92	1	689,566	
	12	Total r 12)	revenue—a	dd lines 8 through 11 (m	, line		5,178,544	1	5,150,360			
	13	•	and simila	ar amounts paid (Part IX	(, column (A),	lines 1-3)			3,102,485	+	9,060,737	
	14			or for members (Part IX,		•					0	
	15	Saları	es, other co	ompensation, employee	benefits (Par	t IX, column (A), line	es 5-					
Expenses		10)									0	
<u>₹</u>	16a			raising fees (Part IX, co		e 11e)	-			-	0	
ठ	Ь			penses, Part IX, column (D),	·)			07047	_	4 070 600	
	17			(Part IX, column (A), line			,,		878,170	+-	1,072,628	
	18 19			add lines 13–17 (must benses Subtract line 18		., line 25, column (A	'"		3,980,655 1,197,889	+	10,133,365	
東の	19	ive veij	ue less exp	ochises Subtract lille 18	nom me 12			Reginni	ng of Year	+	End of Year	
8	20	Total	accete /Do-	rt X, line 16)			-	Degiiiili	14,111,70	-	13,762,476	
100 E	21			Part X, line 26)			-		2,331,663	+	188,255	
Net Assets or Fund Balances	22			d balances Subtract lin	a 21 from les	20	-		11,780,042	+	13,574,221	
	t III		ature Blo		le 21 Holli IIII	e 20			11,780,042	<u> </u>	13,574,221	
rel		_		rgury, I declare that I have ex	xamined this ret	urn, including accompan	yıng sch	edules and s	tatements, and	to the	best of my knowledge	
		and beli	ef, it is true, o	correct, and complete Declar	ation of prepare	r (other than officer) is b	based or	all informat	ion of which pre	parer	has any knowledge	
Plea Sign		**** Sign:	*** ature of office	ar				2010- Date	-05-17			
Here		[Date				
			RYL MATEJKA e or print nam									
		 				Date	Chec	ck ıf	Prenarer's PT	IN (S4	ee Gen Inst)	
Paid		Preparer signature		as G Pleus			self-		epaicr a r l	(50		
	arer's	Firm's na	ame (or yours	s L Pleus and Company LLC			епр	olyeu F				
Use		ıf self-er	nployed), and ZIP + 4	14323 S Outer Forty Ste					EIN ▶			
	-	auuress,	anu ZIF + 4						Phone no	(314) 317-9916	
Mav	the IR:	I S discus	s this retu	Chesterfield, MO 63017 rn with the preparer show		ee instructions) .					✓ Yes No	

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

1	Briefly describe the organizat	ion's mission			
		care to all who need it, regardle ich St Johns Mercy Medical Cen		: St Johns Mercy Foundation must be t	he consistent generator of
2	Did the organization ur the prior Form 990 or 9		ogram services during the yea	ar which were not listed on	Yes ▼ No
	If "Yes," describe thes	e new services on Schedu	ie O		
3	Did the organization ce services?	ase conducting or make s	ıgnıfıcant changes ın how it co		Yes ✓ No
	If "Yes," describe thes	e changes on Schedule O			
4	Section 501(c)(3) and	(4) organizations and 494		e largest program services by e report the amount of grants and rted	
4a	(Code Donations to St John's Me benefit patients cared for a	ercy Medical Center to support th	9,060,737 including grants of \$ ne provision of charity care to patient	9,060,737) (Revenue \$ ts of the Medical Center, capital needs) and programs identified to
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				N/D	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	0.11				
4d	Other program servic (Expenses \$	es (Describe in Schedule including	O) grants of \$) (Revenue \$)
4e	Total program service	e expenses \$	0,060,737 Must equal Part I.	X, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules
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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		Νο				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No				
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes					
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, 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				
	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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "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	Yes					
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		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		Νο				
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No				
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No				

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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		Νo
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? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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		Νo
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		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	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		103	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	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	4a		
	account)?	44		N o
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.			
F-		F-		N -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a	Yes	
	more?	l <u>.</u> I	ı	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	, -		140
•				
	11 res, indicate the number of forms 5252 med during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		N o N o
f g	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 		
f g	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f g h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g		
f g	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g		
f g h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g		
f g h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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?	7f 7g 7h		
f g h 8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 9 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 9 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a b 11 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a b 11 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a b 11 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8		
f g h 8 8 9 a b 10 a b 11 a b	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f 7g 7h 8 9a 9b		

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	v and Manageme	dv	В	ernina	Gov	Α.	ion	Sect	S
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			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 30							
b	Enter the number of voting members that are independent 1b 2:	3						
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		Νο				
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		Νo				
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?							
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							
а	the governing body?	8a	Yes					
ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		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		Νο				
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 \cdot .	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DENISE SCOFFIC

645 Maryville Centre Drive Ste 100 ST LOUIS, MO 63141 (314) 364-2959

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

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

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

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

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

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

		Posit	(C lon (d hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII Continued

			() tion :hat a			all			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							Н				
							$\vdash\vdash$				
1b Total							+		2,773,436	636,055	
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	mor	e thar	າ \$1	00,000 ın reportabl	e		

compensation from the organization**▶**0

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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		Νο

Section	В.	Inde	pendent	Contra	ctors
---------	----	------	---------	--------	-------

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
Contemporary Productions 190 Carondolet Plaza Ste 1111 St Louis, MO 63105	event organizer	145,907
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Yes No

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u> </u>	1a	Federated camp	paigns 1a					514
E E	ь	Membership du	es . 1b					
Σ.≣ E	С	Fundraising eve	ents 1c					
Contributions, gifts, grants and other similar amounts	d	Related organiz	ations 1d	388,080				
	e	Government grants	(contributions) 1e					
	f	All other contribution	ons, gifts, grants, and 1f	5,401,555				
	g		butions included in					
늍								
೧೯	h	Total (Add lines	s 1a-1f)	•	5,789,635 —————			
<u>e</u>				Business Code				
шe	2a							
Æ	Ь							
AC e	C							
Se Se	d							
E	e							
Program Serwce Revenue	f	All other progra	m service revenue					
ፚ	g	Total. Add lines	s 2a-2f					
	3		ome (ıncludıng dıvıden					
			nounts)		-1,328,841			-1,328,841
	4		tment of tax-exempt bond	_				
	5	Royalties	(A) Paral					
	6a	Gross Rents	(ı) Real	(11) Personal				
	ь	Less rental						
	c	expenses Rental income						
	_	or (loss)	:: (1)	<u> </u>				
	d	Net rental incor	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(II) O tilel				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)					
	8a	Gross income frevents (not incl	=					
_		\$1,073,						
ıπe		of contributions See Part IV , lin	reported on line 1c)					
क ≳		Attach Schedule	G if total exceeds					
ď		\$15,000	a					
Other Revenue	Ь		penses b loss) from fundraising	383,502 events •	689,566			689,566
ŏ	c 9a		rom gaming activities	events	005,300			003,300
		See part IV, lin	e 19					
		Complete Schedu \$15,000	ule G if total exceeds					
		, ,	a					
	ь		penses b					
	С		loss) from gamıng actı	vities				
	10a	Gross sales of i						
			a					
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inv					
	-	Miscellaneous	Revenue	Business Code				
	11a							
	b							
	°							
	d	All other revenu						
	e	Total. Add lines	11a-11d	\$	E 4E0 000	-	-	630.375
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c, ▶	5,150,360	0	0	-639,275

Part IX Statement of Functional Expenses

	.ll other organizations must complete column (A) but are not re not include amounts reported on lines 6b, 7b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	9,060,737	9,060,737		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
	Investment management fees				
	Other	69,150		69,150	
12	Advertising and promotion				
13	Office expenses	41,918		41,918	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,997		7,997	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SALARY AND WAGE CHARGES	577,835		173,351	404,484
ь	BENEFIT CHARGES	131,525		38,494	93,031
С	ADMINISTRATIVE EXPENSE	129,302		129,302	
d	OTHER FUNDRAISING	112,109			112,109
f	All other expenses	2,792		2,792	
25	Total functional expenses. Add lines 1 through 24f	10,133,365	9,060,737	463,004	609,624
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
	1	Cash—non-interest-bearing	2,105,447	1	2,231,503
	2	Savings and temporary cash investments	, ,	2	, ,
	3	Pledges and grants receivable, net	1,568,987	3	1,784,625
	4	Accounts receivable, net	, ,	4	, ,
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L.</i>		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		8	
60	9	Prepaid expenses and deferred charges		9	
ssets	10a	• • • • • • • • • • • • • • • • • • • •			
Ass		Land, buildings, and equipment cost basis	_		
	Ь	Less accumulated depreciation Complete Part VI of Schedule D		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	10,437,271	12	9,098,130
	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	0		648,218
		D		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,111,705	16	13,762,476
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
10	20	Tax-exempt bond liabilities		20	
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ï		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	2,331,663	25	188,255
	26	Total liabilities. Add lines 17 through 25	2,331,663	26	188,255
s e		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	12,909	27	12,909
<u> </u>	28	Temporarily restricted net assets	6,365,174	28	8,177,806
Ξ	29	Permanently restricted net assets	5,401,959	29	5,383,506
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
S Of	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	11,780,042	33	13,574,221
Z	34	Total liabilities and net assets/fund balances	14,111,705	34	13,762,476
Pa	rt XI	Financial Statements and Reporting		_	

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
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
С	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		Νο
h	If "Yes" did the organization undergo the required audit or audits?	3b		

Public Charity Status and Public Support

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

		ne organizat ion	Employer identif	icat ion n	ımber		
it Joh	nn's Mer	rcy Foundation	56-2410020				
Рa	rt I	Reason for Public Charity Status (to be completed by all organizations) (:)			
		zation is not a private foundation because it is (Please check only one organization)	occ monachaenana	,,			
1	Ť	A church, convention of churches, or association of churches described in Section 170(b))(1)(A)(i).				
2	Ė	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 Sect	ion 170(b)(1)(A)	(iii). Ente	r the		
	·	hospital's name, city, and state					
5	\sqcap	An organization operated for the benefit of a college or university owned or operated by a	governmental unit	describe	d ın		
		Section 170(b)(1)(A)(iv). (Complete Part II)					
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)	(A)(v).				
7	Г	An organization that normally receives a substantial part of its support from a governmen	ital unit or from the	e general	public	:	
		described in Section 170(b)(1)(A)(vi) (Complete Part II)					
8	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)					
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contrib	utıons, membershı	p fees, ar	nd gros	ss	
		receipts from activities related to its exempt functions—subject to certain exceptions, ar	ıd (2) no more thaı	n 331/3%	of		
		its support from gross investment income and unrelated business taxable income (less s	ection 511 tax) fro	om busine	sses		
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part	III)				
10	Γ	An organization organized and operated exclusively to test for public safety See Section	509(a)(4). (See in	struction	s)		
11	₩ ▼	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e throug a	09(a)(2) See Sec h 11h		a)(3).	Check	
e	<u>~</u>	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)					
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	II or Type III sup	porting o	rganız	ation,	
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?					
		(i) a person who directly or indirectly controls, either alone or together with persons desc	ribed in (ii)		Yes	No	
		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	

(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?		organization in col (i) listed in your governing		(v) Did you notify the organization in col (i) of your support?		organiz	s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
ST JOHNS MERCY MEDICAL CENTER	430653493	3	Yes		Yes		Yes		9060737		
Total									9,060,737		

Provide the following information about the organizations the organization supports

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

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

As Filed Data -

DLN: 93493137006380

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ 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.

Open to Public Inspection

Schedule D (Form 990) 2008

	me of the organization ohn's Mercy Foundation		Employer identification number
JL J	onn's recry i outlination		56-2410020
Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99		
		(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 advi- funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		
_	impermissible private benefit?	£ LL-	Yes No
	rt II Conservation Easements. Complete		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat	on or pleasure) Preservation of an	historically importantly land area rtified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	S	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding		itions, and
6	enforcement of the conservation easements it holds?		「Yes
0	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year F
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear 🕨 \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	•
	(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, histofollowing amounts required to be reported under SFAS		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990 Part Y		b- ⊄

Cat No 52283D

'ar	Organizations Maintaining Collections of Art,	His	tori	cal Treasure	es, or Other	<u> Similai</u>	· Asse	ts (cc	ntınued,
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	a sıgnıfıcant us	e of its co	llection		
а	Public exhibition	d	Γ	Loan or excha	nge programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIV	n how	they	further the org	ganization's ex	empt purp	ose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p		,			ılar	Γ,	í es	┌ No
Pai	t IV Trust, Escrow and Custodial Arrangements.	Com	plete	ıf the organ	ızatıon answe	ered "Yes	" to Fo	rm 9	90,
	Part IV, line 9, or reported an amount on Form 990), Pa	ırt X	line 21.					
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	diary	for c	ontributions or	other assets n	ot	Γ,	es (┌ No
b	If "Yes," explain why in Part XIV and complete the following table	3							
							A mou	nt	
С	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?					Γ,	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization								
	(a)Current Year	(b) Prior	Year (c)Two	Years Back (d)	hree Years	Back (e)	Four Ye	ears Back
а	Beginning of year balance 10,437,272								
b	Contributions								
C	Investment earnings or losses1,339,141								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance 9,098,131								
	Provide the estimated percentage of the year end balance held as	5							
а	Board designated or quasi-endowment • 0 %								
Ь	Permanent endowment ► 53 000 %								
	47.000 %								
c Ba	Term endowment • 47 000 % Are there endowment funds not in the possession of the organizat	tion t	hat a	ro hold and adi	ministered for t	·ha			
a	organization by		.mat a	re nela ana aai	mmstered for t	.iie	[Yes	No
	(i) unrelated organizations						3a(i)		Νo
	(ii) related organizations						3a(ii)		Νo
b	If "Yes" to $3a(ii)$, are the related organizations listed as required						3b	Yes	
	Describe in Part XIV the intended uses of the organization's endo								
a i	t VI Investments—Land, Buildings, and Equipmen	t. S	ee F	orm 990, Par	t X, line 10.	1		1	
	Description of investment			n) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depr	eciation	(d) B	ook value
a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment	•							
e	Other								

0

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other OTHER LONG TERM INVESTMENTS	9,098,130		F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	9,098,130		
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	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, I			
(a) Descr	iption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25. (b) A mount	Ī	
Federal Income Taxes	(b) Amount	-	
UNEARNED REVENUE	188,255		
ONE MINE TO THE TENE	100,200		
		1	
]	
]	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	188,255	J	

Part	XI Reconciliation of C	hange in Net Assets from Forr	n 990	<u>0 to Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Par	2				
3	Excess or (deficit) for the year	3				
4	Net unrealized gains (losses) o	n investments			4	
5	Donated services and use of fa	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add lir	nes 4 - 8			9	
10		per financial statements Combine line	s 3 and	d 9	10	
Part		evenue per Audited Financial			per Re	turn
1		er support per audited financial stateme			. 1	
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	tments	.	2a		
b	Donated services and use of fa	acılıtıes		2b	1	
С	Recoveries of prior year grants	s		2c		
d	Other (Describe in Part XIV)			2d	1	
e	Add lines 2a through 2d .		'		2e	
3	Subtract line 2e from line 1 .				3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a		
b	Other (Describe in Part XIV)			4b	1	
c	Add lines 4a and 4b				4c	
5	Total Revenue Add lines 3 an	d 4c. (This should equal Form 990, Par	t I, line	e 12)	5	
Part	XIII Reconciliation of E	xpenses per Audited Financia	l Stat	tements With Expense	sper	Return
1	Total expenses and losses pe	r audited financial statements			1	
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes		2a	_	
b	Prior year adjustments			2b	_	
c	· ·	, Part IX, line 25		2c	_	
d	Other (Describe in Part XIV)		•	2d	_	
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a	_	
b	Other (Describe in Part XIV)		•	4b	_	
c	Add lines 4a and 4b				4c	
5	<u> </u>	nd 4c. (This should equal Form 990, Pa	rt I, lır	ne 18)	5	
	XIV Supplemental Inf					
		scriptions required for Part II, lines 3, ! , Part XII, lines 2d and 4b, and Part XI			art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference		Explanat	ion	
Part \/	line 4	Description of Intended Use of	To pro	wide financial support of the	cnacific	program service

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	To provide financial support of the specific program service designated by the donor

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DLN: 93493137006380

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection							
Name of the organization					Employer iden	tification number							
St John's Mercy Foundation					56-2410020								
Part I Fundraising A	rtivities Complet	a if the or	nanızat	ion answered "Ves" i		line 17							
			_		·	, iiile 17.							
Indicate whether the orga	inization raised funds	through ar	ny of the										
a Mail solicitations b Email solicitations				· <u> </u>	non-government grants government grants								
c Phone solicitations				g Special fundrais	•								
d In-person solicitation	c			g j Special idildials	sing events								
a , in person somercution													
2a Did the organization have or key employees listed i	•		•	, ,	•	Г _{Yes} Г _N							
b If "Yes," list the ten higher to be compensated at lea													
		(iii)			(-) (
(i) Name of Individual		fundraiser have						custody or		I	(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity		, , , , , , , , , , , , , , , , , , , ,		fundraiser listed in	(or retained by) organization							
		contribu	itions?		col (i)	organization							
		Yes	No										
						-							
					I .								

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization	on answered "Yes" to events with gross rece	Form 990, Part IV, line ipts greater than \$5,	e 18, o 000.	r repor	ted		
			(a) Event #1 BENEFIT 4 KIDS- GOLF EVENT (event type)	(b) Event #2 MARDI GRAS- DINNER/AUCTION (event type)	(c) O ther Events (total number)	(d) T (A dd co	otal Eve I (a) th ol (c))			
<u>4</u>	1	Cross resourts	569,293				1,07	73,068		
Revenue	2	Gross receipts Less Charitable contributions								
_	3	Gross revenue (line 1 minus line 2)	569,293	503,775			1,07	73,068		
	4	Cash Prizes								
Ses	5	Non-cash Prizes								
Expenses	6	Rent/Facility costs								
	7	Other direct expenses	156,593	226,909			38	33,502		
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	🛌		38	3,502		
	9	Net income summary Combine lii	nes 3 and 8 in column (d)		🕨		68	39,566		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo	re tha	n		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		(d) Total gaming (Add col (a) through col (c)			
	1	Gross revenue								
Ses.	2	Cash prizes								
Expenses	3	Non-cash prizes								
Direct E	4	Rent/facility costs								
Ē	5	Other direct expenses								
	6	Volunteerlabor	┌ Yes		┌ Yes					
	7	Direct expense summary Add line	s 2 through 5 ın column (d)						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🕨					
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain		<u> </u>		. 98	Yes	No		
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	10	a			
11 12		es the organization operate gaming a				 1 	.	<u> </u>		
-		ned to administer charitable gaming				.				

								Yes	No
L3	Indicate the	percentage of gaming a	ctivity operated in						
а	The organiza	ation's facility			13a				
b	An outside f	acılıty			13b				
4	Provide the name and address of the person who prepares the organization's gaming/special events books and records								
	Name 🟲	DENISE SCOFFIC					_		
	Address 🟲	645 MARYVILLE CE ST LOUIS, MO 6314							
ā			ct with a third party from v				15a		
b	If "Yes," ent	er the amount of gamin	g revenue received by the	organization 🟲 \$		and the			
	amount of ga	amıng revenue retained	by the third party 🏲 \$						
c	If "Yes," ent	er name and address							
	Name 🟲						4		
	Address 🟲								
6	Gaming man	nager information							
	Name 🟲								
	Gaming man	nager compensation 🟲 \$							
	Description	of services provided 🟲					_		
	Director,	/officer	Employee	Independen	t contracto	or			
7	Mandatory d	listributions							
а	_		tate law to make charitable	-			17a		
b			quired under state law dist		rganızatıon	ns or spent			

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Schedule I

(Form 990)

Internal Revenue Service

OMB No 1545-0047

DLN: 93493137006380

Governments and Individuals in the U.S. Department of the Treasury

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

Grants and Other Assistance to Organizations,

Open to Public **Inspection**

lame of the organization						Employer identi	ification number
t John's Mercy Foundation						56-2410020	
Part I General Infor	mation on Grar	nts and Assistance	1			·	
 Does the organization mathe selection criteria use Describe in Part IV the organization 	d to award the gran rganization's proce	nts or assistance?edures for monitoring th	e use of grant funds in th	ne United States			
Form 990, Part : Part IV and Sch	IV, line 21 for an edule I-1 if addit	ny recipient that rece Gional space is	ived more than \$5,00	00. Check this box i	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 John's Mercy Medical CenteR615 S NEW BALLAS ROAD ST LOUIS,MO 63141	43-0653493	501(C)(3)	9,060,737		CASH		SUPPORT CHARITY CARE, PROGRAMS, & CAPITAL NEEDS TO BENEFIT PATIENTS OF THE MEDICAL CENTER
2 Enter total number of sec			L	_			1
organizations 3 Enter total number of oth							•
	g						•

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art 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)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants were made to a related entity which reports on the use of the funds
1		
1		

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DLN: 93493137006380

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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 **Employer identification number** St John's Mercy Foundation 56-2410020 Part I Questions Regarding Compensation

			Yes	Νo	
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			
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			
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				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a				
а	a Receive a severance payment or change of control payment?				
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	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				
а	The organization?	5a		Νo	
Ь	Any related organization?	5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a		Νo	
b	Any related organization?	6b		Νο	
	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	

Cat No 50053T

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred (D) Nontaxable (E) Total of columns			(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PATRICIA ARNOLD	(ı) (ıı)	151,146	47,705	19,693	6,810	9,946	235,300	84,060
JOHN HOWARD	(ı) (ıı)	228,717	80,618	20,250	66,237	16,193	412,015	120,848
Denny (Margaret) DeNarvaez	(ı) (ıı)	496,834	165,085	30,189	129,977	10,037	832,122	258,818
RANDALL COMBS	(ı) (ıı)	430,219	167,119	36,491	212,001	11,285	857,115	229,363
Robert Bergamını	(ı) (ıı)	254,636		22,279	20,064	17,384	314,363	147,506
Cheryl Matejka	(ı) (ıı)	204,436	65,371	32,753	34,426	16,476	353,462	116,908
ROBERT RUELLO	(I) (II)	176,497	53,086	39,693	61,308	15,417	346,001	100,845
	(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

Ident if ier	Return Reference	Explanation
		During the fiscal year ended June 30, 2009, the St Johns Mercy Health Care system began the process of phasing out the allowance for health and social club dues for certain executives, these personal benefits were included in their taxable compensation. The following individuals received these benefits. Patricia Arnold, Denny (Margaret) Denarvaez, John Howard, Randall Combs St. Johns Mercy Foundation did not compensate these individuals or directly provide this benefit, accordingly the box was not checked on Part 1a. Questions 1B and 2 would indicate YES as well
	,	Robert Ruello received \$8,333 of severance compensation from St Johns Mercy Health Care Part I, line 4B The following individuals participated in the following plans. There were no payments for the fiscal year ended 6/30/2009. Supplemental Executive Retirement Plan (SERP) Combs, Randy, DeNarvaez, Denny Supplemental Management Retirement Plan (SMRP) Howard, John S, Matejka, Cheryl L, Ruello, Robert
	1 '	Executives may earn bonuses based on established operating performance measurements and other factors. Employed physicians may earn bonuses based on productivity and other performance measures. Bonuses are included in compensation reported in Schedule J
Supplemental Information		Part I, Line 3 Sisters of Mercy Health System (parent company) is responsible for establishing the compensation of the organization's CEO/Executive Director The following methods were used by Sisters of Mercy to establish compensation -Independent compensation consultant -compensation survey or study - approval by the board or compensation committee St Johns Mercy Health Care uses a written employment contract, and employs the organization's President, as indicated on Schedule J, Part I, Line 3
	<u></u>	
	<u> </u>	
	+	
	+	
	†	

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DLN: 93493137006380

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(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.

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization St John's Mercy Foundation Employer identification number

56-2410020

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The member of St Johns Mercy Foundation is St Johns Mercy Health Care, a supporting organization under Section 509(a)(3) The member of St Johns Mercy Health Care is Sisters of Mercy Health System

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Sisters of Mercy Health System, the member of St Johns Mercy Health Care, has reserve powers to appoint and remove all directors and officers for St Johns Mercy Foundation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Sisters of Mercy Health System, the member of St Johns Mercy Health Care, reserves the following powers and responsibilies to approve decisions with respect to purchases or leases in excess of a predetermined limit, the acquisition of debt, to approve or amend operating, capital and construction budgets, to appoint and remove members of the board, to approve the mission, to amend the organizational and governance documents, and other powers and responsibilities

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Accountingfinance personnel at each entity are provided a checklist containing information and supporting schedules to complete in order to prepare the Form 990. The information is then submitted to an outside tax consulting firm who prepares the Form 990 from this information. Prior to finalizing the returns, a draft is sent to management at the entity for approval and comments. Additionally, a separate outside tax consulting firm performs a limited scope review of certain sections and schedules of the Form 990, to ensure accuracy of the organizations. Forms 990, and consistency with other related organizations. Forms 990. Upon approval, the outside preparer forwards the completed Form 990 to the entity for the appropriate signatures and filing action.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		Annually, the business risk assessment and compliance team distributes a link to a conflict of interest survey, which must be completed by all covered individuals, including members of the Board of Directors, senior and executive leaders and persons with substantial influence by title (supervisors and above) or function. All disclosures of potential conflicts of interest reported by co-workers are reviewed by Business Risk and the Director of Corporate Compliance. If necessary, the Chief Financial Officer, General Counsel, and/or Chief Executive Officer may be involved in the review. Corporate Compliance coordinates the review and conflict resolution with the appropriate administrative vice president and with the advice of the General Counsel. All reported disclosures of potential conflicts by the Board of Directors are screened by the General Counsel and reviewed by the Board Chairperson and the CEO of St. Johns Mercy Health Care (parent company). All material conflicts requiring conflict resolution are reported at least annually to the Finance, Audit, and Compliance Committee of the St. Johns Mercy Health Care Board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		For those classified as officers (and thus Disqualified Persons), Sisters of Mercy Health System (ultimate parent company) uses the following to establish the compensation external market salary surveys, external market salary studies, engagement of an independent compensation consultant, and annual review/approval of compensation by the Executive Compensation Committee of the Sisters of Mercy Board. For those classified as key employees, the following are used to establish the compensation external market salary surveys, external market salary studies, and review/approval of executive management.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents and financial statements have been made available from time to time but are not published publicly, we are not required to make these documents available to the public. Financial results are available via request of copy of Form 990.

ldentifier	Return Reference	Explanation
Form 990, Schedule R, Part V	System Limitations	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 & P.

ldentifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Lines 1 & 2	Schedule R, Name of Other organizations	Because of system limitations, a match of reimbursements to each organization cannot be accomplished included are the following organizations. St. John's Mercy Health Care (EIN 43-1718408) St. John's Mercy Hospital Foundation (EIN 56-2410020) St. John's Mercy Health System - St. John's Mercy Medical Center (EIN 43-0653493) St. John's Mercy Health System - St. John's Mercy Hospital (EIN 43-1066883) Mercy Medical Group (EIN 43-1771217) UH L. Corp., Inc. (EIN 74-2499535)

ldentifier	Return Reference	Explanation
Part VII, Section A, Column B	Hours Per Week	Several individuals are disclosed as officers, directors, trustees, and key employees on multiple Form 990s that are filed by organizations included in the St. Johns Mercy Health Care system. The average hours per wieck reported includes hours worked for all of these organizations.

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493137006380

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization

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.

St John's Mercy	/ Foundation	56-2410020				
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 Organizat	tions			_	
	(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 stat (if section 501(c)(tus Direct controlling (3)) entity
See Additional	Data Table					

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

Part V	Transactions with Related Organizations
--------	---

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV		,	Yes	No
During the tax year, did the orgranization 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	12	а		No
b Gift, grant, or capital contribution to other organization(s)	11	Ь	Yes	
c Gift, grant, or capital contribution from other organization(s)	10	c ,	Yes	
d Loans or loan guarantees to or for other organization(s)	10	d		No
e Loans or loan guarantees by other organization(s)	16	e		No
f Sale of assets to other organization(s)	11	f		No
g Purchase of assets from other organization(s)	19	g		No
h Exchange of assets	11	h		No
i Lease of facilities, equipment, or other assets to other organization(s)	11	i		No
j Lease of facilities, equipment, or other assets from other organization(s)	15	j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	11	k '	Yes	
I Performance of services or membership or fundraising solicitations by other organization(s)	11	ı,	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	11	m `	Yes	
n Sharing of paid employees	11	n '	Yes	
• Reimbursement paid to other organization for expenses	10	ο ,	Yes	
p Reimbursement paid by other organization for expenses	1,	p '	Yes	
q Other transfer of cash or property to other organization(s)	10	q		No
r Other transfer of cash or property from other organization(s)	11	r		No
		•		

2 I	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)	REFER TO SCHEDULE O FOR NAME OF OTHER ORGANIZATIONS	0	368,148				
(2)	REFER TO SCHEDULE O FOR NAME OF OTHER ORGANIZATIONS	Р	327,560				
(3)	ST JOHNS MERCY MEDICAL CENTER	В	9,060,737				
(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 y) 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	
			•			•	•	Sabadula	D / Form	000) 2000	

Additional Data

St Mary Rogers Mem Hos

2710 Rife Medical Ln

2710 Rife Medical Ln

2710 Rife Medical Ln

Advance Care Hospital

300 Werner St 3rd Floor

Hot Springs, AR71913

71-0816634 St Joseph's MHS Inc

26-1125064

71-0804718

1 Mercy Lane

26-1125131

71-0236913

13-4239691 St Edward MHS Inc

300 Werner Street

300 Werner Street

Hot Springs, AR71913

Hot Springs, AR71913

St Josephs Mercy Clin

Hot Springs, AR71913

St Josephs Mercy HIth

Hot Springs, AR71913

Mission Clinical Services

Hot Springs, AR71913

7301 Rogers Avenue

Fort Smith, AR72917 26-1318515

St Edward Mercy Clin

7301 Rogers Avenue

Fort Smith, AR72917 26-1318597

7301 Rogers Avenue

Fort Smith, AR72917 71-0240352

801 W River Street

St Edward Hith Log Cty

St Edward H Scott Cty

1341 W 6th Street

Waldron, AR72958 71-0557895

Mercy Health Ctr Fdtn

Fort Scott, KS66701 48-1077073

800 W Myrtle

48-1079981

43-1423050

26-1708048

20-0901499

20-2553101

72-1069468

74-2764726

74-1189682

74-2764727 Casa de Misericordia

401 Woodland Hills Blvd

Mercy Hospital Fdtn Indep

Independence, KS67301

Mercy Health System KS

401 Woodland Hills Blvd

Sisters of Mercy Hith Sys

Chesterfield, MO63017

Chesterfield, MO63017

Mercy Fdtn Health Innov

Chesterfield, MO63017

MHM Support Services

Chesterfield, MO63017

Chesterfield, MO63017

Laredo Medical Group

Chesterfield, MO63017

Mercy Hospital of Laredo

Chesterfield, MO63017

Mercy Health System TX

Chesterfield, MO63017

1602 McClelland Street

Mercy Ministries of Laredo

St Johns Health System In

1235 E Cherokee Street

Springfield, MO65804

43-1856028 Ozarks Regions HS

214 Carter Street

Berryville, AR72616 71-0759299

Laredo, TX78044 74-2912461

2500 Zacatecas

Laredo, TX78043 20-0198462

Sisters of Mercy Ministries

14528 S Outer Forty St 100

McAuley Portfolio Mgmt Co

14528 S Outer Forty St 100

14528 S Outer Forty St 100

14528 S Outer Forty St 100

Ft Scott, KS66701 48-0956045

Ozark, AR72949 71-0689680

500 E Academy

Paris, AR72855 71-0655753

St Edward HIth Frank Cty

St Edward Mercy Med Ctr

300 Werner Street

300 Werner Street

St Joseph's Mercy Health Fdtn

Rogers, AR72858 71-0601687

St Mary's Hospital Foundation

Rogers, AR72758 62-1684203

Rogers, AR72758 71-0294390 MHS of NW Ark Inc

Return to Form

(F)

Direct Controlling

Entity

MH S NW Arkansas

St Mary-Rogers Mem

Inc

SMHS

Hosp Inc

SMHS

SMHS

St Joseph's Mercy

St Joseph's MHS Inc

St Joseph's MHS Inc

St Joseph's MHS Inc

St Edward MHS Inc

St Edward MHS Inc

St Edward Mercy

St Edward Mercy

St Edward Mercy

MHS of Kansas Inc

MHS of Kansas Inc

SMHS

N/A

SMHS

SMHS

SMHS

SMHS

Inc

Inc

SMHS

Laredo

SMHS

SMHS

St John's Health System Inc

MHSystem of Texas

MHSystem of Texas

Mercy Ministries of

Medical Ctr

Medical Ctr

Medical Ctr

SMHS

Health Ctr

Software ID:

Software Version: EIN: 56-2410020

Hospital

Physician Group

Long term acute-care

Holding Company

Foundation

Hospital

Physician Clinic

Physician Clinics

Holding Company

Physician Clinic

Hospital

Hospital

Hospital

Hospital

Foundation

Foundation

Hospital,rural health clinics

Health System - Corporate

Portfolio management

Centralized Health System

Family counseling, social

Women's domestic violence

healthcare, outreach,food

Holding Company

justice advocacy

Foundation

Functions

Inactive

Inactive

Inactive

shelter

pantry

Hospital

Foundation

hospital

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

		i
(A)	/B\	1 .

	.ux _xempt ergame	
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)

orm 990, Schedule K, Part II - Identification of Related	
(A) Name, address, and EIN of related organization	(B) Primary Activity

(D) Exempt Code	(E)
section	Public charity status

501c3

(if 501(c)(3))

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- Name: St John's Mercy Foundation

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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					
Carroll Health Foundation 214 Carter Street Berryville, AR72616	Foundation	AR	501c3	11-I	Ozark Regions Health Systems					
71-0759301 St Johns HC Berryville Inc 214 Carter Street Berryville, AR72616	Home Health and Hospice operations	AR	501c3	11-III	St John's Regional Health Ctr					
	Foundation	МО	501c3	11-I	St Francis Hosp Mount View MO					
Mountain View, MO 65548 43-1873914 Breech Regional Med Ctr					ST JOHn's Health					
100 Hospital Drive Lebanon, MO65536 43-1767432 St Francis Hosp MtView MO	Hospital	МО	501c3	3	System Inc					
Mountain View, MO65548 44-0607149	Hospital	МО	501c3	3	ST John's Health System Inc					
A urora, MO 65605 43-1936696	Operating co for leased hosp	МО	501c3	3	St John's Health System Inc					
	Operating co for leased hosp	мо	501c3	3	St John's Health System Inc					
St John's Clinic Inc	Physician Group	мо	501c3	3	St John's Health System Inc					
St Johns Fdtn Comm Hlth 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	МО	501c3	11-II	St John's Health System Inc					
1235 E Cherokee Street Springfield, MO65804 87-0796305	Research - Clinical Trials	мо	501c3	3	St John's Health System Inc					
Springfield, MO65804 44-0552485	Hospital	МО	501c3	3	St John's Health System Inc					
St Louis, MO 63141 43-1718408	Health System	мо	501c3	11-II	SMHS					
Mercy Medical Group 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1771217	Physician Group	мо	501c3	9	St John's Mercy Health Care					
St Louis, MO 63141 43-0653493	Hospital	мо	501c3	3	St John's Mercy Health Care					
Unity Ambulatory Care 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1861745	Inactive	МО	501c3	11-III	St John's Mercy Health Care					
St Johns Mercy Supp Srv	Inactive	МО	501c3	11-III	St John's Mercy Health System					
Mercy Emergency Med Srvs 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive	ок	501c3	9	Mercy Health Center Inc					
Mercy Health Ctr Fdtn Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	ок	501c3	11-I	Mercy Health Center Inc					
Mercy Health Services 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	Urgent Care Clinics	ок	501c3	3	Mercy Health Center Inc					
Oklahoma City, OK73120 73-0579285	Hospital	ок	501c3	3	Mercy Health System Inc					
Ardmore, OK73401 73-1500629	Hospital	ок	501c3	3	Mercy Health System Inc					
Oklahoma City, OK73120 27-0473057	Physician Group/Clinic	ок	501c3	9	Mercy Health System Inc					
Chesterfield, MO63017 73-0614655	Inactive	ок	501c3	3	Mercy Health System Inc					
Healdton, OK73438 26-3173902	Operating co for leased hosp	ок	501c3	3	Mercy Memorial Health Ctr Inc					
Mercy Memorial Hith Ctr Fdtn 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	ок	501c3	11-I	Mercy Memorial Health Ctr Inc					
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding company	ок	501c3	11-II	SMHS					
ST JOHNS CHILDRENS HOSP 1235 E Cherokee Street Springfield, MO65804	INactive	мо	501c3	3	ST JOhn's Health System Inc					
ST JOHNS M HOSP FDTN 645 Maryville Ctr Dr Ste 100 ST Louis, MO63141 56-2410022	FO U N dation	МО	501c3	11-II	ST JOHN's MERCY Health CARE					
Lebanon Womens Health Center Inc 100 Hospital Drive Lebanon, M065536 02-0569599	Womens obstetrical services	мо	501c3	3	Breech Regional Medical Center					

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

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) (C) Legal Domicile (State or Foreign Country) (D) Direct Controlling Entity (E) Predominant income(related, investment, unrelated) (\$\$) Share of total income (\$\$) (\$\$) (\$\$) (\$\$)		(G) Share of end-of-year assets	lanocations.		(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	Gene Mana	(J) eral or naging tner?			
		1'					Yes	No		Yes	No
Southern Oklahoma Diag Ctr LLC 1011 Fourteenth Avenue NW ARDMORE, OK73401 43-1971232	MRI Services	ок	N/A	N/A				No			No
Resource Optimiz & InnovLLC	1	1	1	1	1			,			
645 Maryville Ctr DrSte 200 ST LOUIS, MO63141 46-0468368	Central Distribution Center	МО	N/A	N/A				No			No
Mercy Ambulatory Surgery		<u>'</u>						,		T	
Center LLC 7301 Rogers Avenue FORT SMITH, AR72917 71-0827721	Ambulatory Surgery Center	AR	N/A	N/A				No			No
Hot Springs Equip Leasing LLC					1						
	To acquire and lease diagnostic imaging equipment	AR	N/A	N/A				No			No
Hot Springs MRI Partnership											
100 Ridgeway Place HOT SPRINGS, AR72901 71-0675196	MRI Center	AR	N/A	N/A				No			Νο
FORT SMITH EMERGENCY					1						
MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR72901 71-0416615	EMERGENCY MEDICAL SERVICES	AR	N/A	N/A				No			Νο
Southern Oklahoma PHO LLC								,			
1011 Fourteenth Avenue NW ARDMORE, OK73401 73-1462104	PHYSICIAN GROUP	ок	N/A	N/A				No			No
ST JOSEPH'S PET CENTER LLC 300 Werner Street HOT SPRINGS, AR72901	PET/MRI CENTER	AR	N/A	N/A				No			No
47-0886845	1	1 '	1	1	1	1	1	1	1		1

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(C)** Legal Domicile (B) (D) (F) (G) (H) Name, address, and EIN of related Direct Controlling Type of entity Share of total income Share of Percentage Primary activity organization (C corp, S corp, (State or Entity (\$) end-of-year ownership Foreign or trust) assets Country) (\$) Provide/Support St Edward Medical Services Inc 7301 Rogers Avenue professional IN /A ΛР

,	medical services	AR	N/A	С		
	Holding company	A R	N/A	С		
	Catering operations	KS	N/A	С		
Chasterfield MO63017	Holds ancillary assets & owns aircraft	DE	N/A	С		
·	Holding company	DE	N/A	С		
Mercy Medical Services Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 71-0641246	Mercy disease- management/care -management programs and HMO operations	МО	N/A	С		
Springfield MO65804	Technology transfer company	МО	N/A	С		
645 Maryville Centre Drive Suite 10	Practice management services	МО	N/A	С		
•	Holding company	МО	N/A	С		
MHN of the Southern Region Inc 1011 14th Avenue NW Ardmore, OK73401 73-1580607	Employed physicians, physician assistants, and nurse practitioners	ок	N/A	С		
4300 W Memorial Rd Oklahoma City, OK73120	Administrator of certain real property and improvements	ОК	N/A	С		
	Holding company	ок	N/A	С		
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	Employed physicians, physician assistants, and nurse practitioners	ок	N/A	С		

Software ID: Software Version:

EIN: 56-2410020

Name: St John's Mercy Foundation

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
PATRICIA ARNOLD , PRESIDENT	55 00	Х		Х				0	218,544	16,756	
JOHN HOWARD , ASSISTANT SECRETARY	60 00	Х						0	329,585	82,430	
Denny Margaret DeNarva , Secretary	60 00	Х		Х				0	692,108	140,014	
RANDALL COMBS , TREASURER	60 00	Х		Х				0	633,829	223,286	
Allen Allred , Director	1 00	Х						0	0	0	
Robert Bergamını , Dırector	60 00	Х						0	276,915	37,448	
Mike Decola , Director	1 00	Х						0	0	0	
Peggy Ritter , Director	1 00	Х						0	0	0	
Marsha Rusnack , Director	1 00	Х						0	0	0	
Steve Tharpe , Director	1 00	Х						0	0	0	
BERT CONDIE , DIrector	50	Х						0	0	0	
JIM FINGER , Director	50	Х						0	0	0	
TOM GUNN , Director	1 00	Х						0	0	0	
DARRYL JONES , Director	50	Х						0	0	0	
MARK LAMPING , Director	1 00	Х						0	0	0	
WENDY STEINBECKER , Director	50	Х						0	0	0	
TESSA ROLUFS TRELZ , Director	1 00	Х						0	0	0	
MIMI VON GONTARD , Director	40 50	X						0	49,000	8,494	
BARBARA WILSON , Director	50	Х						0	0	0	
JOHN ARNOLD , Director	1 00	Х		Х				0	1,619	0	
KATE BUSCH , Director	1 00	Х						0	0	0	
Rob Vitale , Director	50	Х						0	0	0	
William Bolster , Director	50	Х						0	0	0	
Rodney Boyd , Director	50	Х						0	0	0	
Peter Cohen , Dırector	70	Х						0	0	0	
Michael Lowenbaum , Director	70	Х						0	0	0	
Don Musick , Director	1 00	Х						0	0	0	
Greg Twardowskı , Dırector	50	Х						0	0	0	
Cheryl Matejka , TREASURER	60 00	Х		Х				0	302,560	50,902	
STEVEN BUSCH , Director	1 00	Х						0	0	0	

Form 990, Part VII - Section Aaa

orni profrant till beetien mad	-									
(A) Name and Title	(B) Average hours per week	o Individual Trustee or Preator	on a Institutional Trustee	chec) 중	Highest compensated employee	Former	(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
ROBERT RUELLO , Director	55 00	1	- '		X			0	269,276	76,725

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

St. John's Mercy Foundation's (the "Foundation") primary activity is to engage in fundraising activities to support charity care provided to the patients of St. John's Mercy Medical Center (the "Medical Center"), the organization being supported by the Foundation, and to provide funding for capital expenses incurred and programs carried on by the Medical Center on behalf of patients. The Foundation spends approximately 95% of its time and resources directed at these activities. In addition, the Foundation spends approximately 5% of its time and resources performing community relations on behalf of the Foundation and the Medical Center.