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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

C Name of organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2710 RIFE MEDICAL LANE

City or town, state or country, and ZIP + 4
ROGERS, AR 72758

D Employer identification number
71-0294390

E Telephone number
(479) 338-2903

G Gross receipts $ 343,641,843

F Name and address of Principal Officer
BENNY J STOVER CPA
2710 RIFE MEDICAL LANE
ROGERS,AR 72758

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

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

H(c) Group Exemption Number ▶ 0928

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

J Web site: ▶ WWW NWA MERCY NET/STMARYS

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

L Year of Formation 1995

M State of legal domicile AR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
See Additional Data Table

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of employees (Part V, line 2a)	5	1,263
6	Total number of volunteers (estimate if necessary)	6	180
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	15,400	0
9	Program service revenue (Part VIII, line 2g)	251,651,839	334,339,755
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	827,171	8,042,003
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,172,823	936,367
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	253,667,233	343,318,125
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		8,030,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,745,245	43,208,043
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	212,544,999	287,465,390
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	263,290,244	338,703,433
19	Revenue less expenses Subtract line 18 from line 12	-9,623,011	4,614,692

		Beginning of Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	178,085,072	177,550,552
21	Total liabilities (Part X, line 26)	116,425,146	111,582,364
22	Net assets or fund balances Subtract line 21 from line 20	61,659,926	65,968,188

Part II Signature Block

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

Please Sign Here

****** | 2010-05-17
Signature of officer | Date

BENNY J STOVER CPA VP - FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Letitia S Talkington	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Beall Barclay & Company PLC CPA P O Box 10148 Fort Smith, AR 72917			EIN ▶ Phone no ▶ (479) 484-5740

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 30,297,618 including grants of $) (Revenue $ 43,510,430)

Inpatient Healthcare The Hospital is a full service medical facility that provides quality IP healthcare to all patients regardless of their ability to pay The Hospital is licensed for 147 acute beds, and 18 newborn beds, for a total of 165 beds During the year ended June 30, 2009, acute discharges were 9,655, and acute patient days were 31,162 Newborn discharges were 1,630, and newborn patient days were 2,638

4b (Code) (Expenses $ 15,652,237 including grants of $) (Revenue $ 58,754,539)

Surgical Services The hospital provides a broad scope of surgical services, on both an inpatient and outpatient basis During the year ended June 30, 2009, the Hospital performed 2,178 inpatient surgeries and 4,976 outpatient surgeries

4c (Code) (Expenses $ 5,950,730 including grants of $) (Revenue $ 20,498,544)

Emergency ServicesThe Hospital provides 24 hour emergency services, and provides such services regardless of ability to pay During the year ended June 30, 2009, the Hospital provided 38,192 emergency visits Of this amount, 32,169 were treated and sent home, while 6,023 became IP admissions

(Code) (Expenses $ 258,869,573 including grants of $) (Revenue $ 212,044,676)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 310,770,158 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,263		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 5		
b	Enter the number of voting members that are independent . .	1b 2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Yes	

Section B. Policies

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

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

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

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

BENNY J STOVER CPA
2710 RIFE MEDICAL LANE
ROGERS, AR 72758
(479) 338-2903

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

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

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

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL BERGANT , CHAIRMAN	1 00	X						0	0	0
SR ANNRENE BRAU RSM , BOARD MEMBER	1 00	X						0	0	0
DR JAMES BYRUM , BOARD MEMBER	1 00	X						0	234,742	32,399
WAYNE CALLAHAN , BOARD MEMBER	1 00	X						0	0	0
SUSAN BARRETT , PRESIDENT	40 00	X		X				0	406,814	171,519
GEORGE FLYNN , CEO	40 00	X		X				0	429,457	50,385
ELYSA P FABIAN , EXECUTIVE DIRECTOR	40 00			X				0	121,366	15,861
JAMES L JOHNSON , DIRECTOR - PHARMACY SERV	40 00			X				0	0	0
JON VITIELLO , CFO	40 00			X				0	254,603	35,323
BENNY J STOVER , VICE PRESIDENT OF FINANC	40 00			X				0	86,592	5,733
CYNTHIA R WILSON , HOSPITALIST	40 00					X		291,149	0	25,150
ROBERT W DONNELL , HOSPITALIST	40 00					X		248,739	0	45,576
JAMES M MERRITT , HOSPITALIST	40 00					X		248,170	0	15,032
RALPH C RITZ , HOSPITALIST	40 00					X		233,155	0	21,656
HARRY A LAZARTE , HOSPITALIST	40 00					X		156,327	0	7,730

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total . . . . . ▶								1,177,540	1,533,574	426,364

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLEMING NETWORK SERV INC PO BOX 856 BRYANT, AR 72089	WIRING INSTALLATION/SERVICE	692,259
PERKINS AND WILL 1382 PEACHTREE ST NE ATLANTA, GA 30309	ARCHITECTS FOR NEW BUILDING	438,050
HEALTH CARE RELOCATIONS OF AME 670 HARPER ROAD PETERBOROUGH, ONTARIO CA	RELOCATION SERVICE	414,557
MEDICARE SERV PO BOX 1418 LITTLE ROCK, AR 72203	BILLING SERVICE	358,556
FASTAFF INC DEPT 1452 DENVER, CO 80291	TEMPORARY STAFFING AGENCY	320,372

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . . ▶ 5

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶				
Program Service Revenue		Business Code				
	2a	PATIENT SERVICES RENDE	624,100	210,869,203	210,869,203	
	b	SURGICAL SERVICES	624,100	58,754,539	58,754,539	
	c	INPATIENT HEALTHCARE	624,100	43,510,430	43,510,430	
	d	EMERGENCY SERVICES	624,100	20,498,544	20,498,544	
	e	CAFETERIA & VENDING	624,100	468,695	468,695	
	f	All other program service revenue		238,344	238,344	
	g	**Total. Add lines 2a-2f** ▶ $ 334,339,755				
	3	Investment income (including dividends, interest other similar amounts) ▶	63,003			63,003
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents: 467,933				
	b	Less rental expenses				
	c	Rental income or (loss): 467,933				
	d	Net rental income or (loss) ▶	467,933			467,933
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 8,302,718				
	b	Less cost or other basis and sales expenses: 323,718				
	c	Gain or (loss): 7,979,000				
	d	Net gain or (loss) ▶	7,979,000			7,979,000
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* 8a				
	b	Less direct expenses 8b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* 9a				
	b	Less direct expenses 9b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances 10a				
	b	Less cost of goods sold 10b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue	Business Code			
	11a	MISCELLANEOUS	624,100	468,434	468,434	
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 468,434				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	343,318,125	334,808,189	0	8,509,936

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	8,030,000	8,030,000		
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	35,768,234	34,286,556		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,303,444	1,249,450	53,994	
9 Other employee benefits	3,457,373	3,314,153	143,220	
10 Payroll taxes	2,678,992	2,568,016	110,976	
11 Fees for services (non-employees)				
a Management	282,340	281,232	1,108	
b Legal	9,518		9,518	
c Accounting	263,936	2,875	261,061	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	5,111,868	4,775,080	336,788	
12 Advertising and promotion	55,338	15,775	39,563	
13 Office expenses	27,541,161	27,090,022	451,139	
14 Information technology	8,816,314	460,262	8,356,052	
15 Royalties				
16 Occupancy	2,515,609	800,982	1,714,627	
17 Travel	319,213	210,292	108,921	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	76,904	60,510	16,394	
20 Interest	6,085,965		6,085,965	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,948,227	3,725,539	8,222,688	
23 Insurance	335,221	89,814	245,407	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PATIENT REVENUE DEDUCTI	210,238,359	210,238,359		
b PROVISION FOR BAD DEBTS	13,453,158	13,453,158		
c REPAIR & MAINTENANCE	543,521	115,131	428,390	
d OTHER TAXES	1,939	1,081	858	
e MISCELLANEOUS	-133,201	1,871	-135,072	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	338,703,433	310,770,158	27,933,275	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,440,833	1	1
	2	Savings and temporary cash investments			2	9,930,490
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,382,710	4	15,399,312
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		2,466,410	7	2,338,148
	8	Inventories for sale or use		1,929,523	8	1,928,277
	9	Prepaid expenses and deferred charges		1,133,124	9	446,590
	10a	Land, buildings, and equipment cost basis	10a 180,488,664			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 42,434,214	149,275,621	10c	138,054,450
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		9,579	12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		4,447,272	15	9,453,284
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		178,085,072	16	177,550,552
Liabilities	17	Accounts payable and accrued expenses		115,753,824	17	111,047,582
	18	Grants payable			18	
	19	Deferred revenue		671,322	19	534,782
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*			25	
	26	**Total liabilities.** *Add lines 17 through 25*		116,425,146	26	111,582,364
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		61,659,926	27	65,968,188
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		61,659,926	33	65,968,188
	34	Total liabilities and net assets/fund balances		178,085,072	34	177,550,552

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Employer identification number
71-0294390

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

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

Public Support

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

Total Support

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

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

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

Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Total Support

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

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

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

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 71-0294390
Name: ST MARY - ROGERS MEMORIAL HOSPITAL

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT SERVICES RENDE	624,100	210,869,203	210,869,203		
b SURGICAL SERVICES	624,100	58,754,539	58,754,539		
c INPATIENT HEALTHCARE	624,100	43,510,430	43,510,430		
d EMERGENCY SERVICES	624,100	20,498,544	20,498,544		
e CAFETERIA & VENDING	624,100	468,695	468,695		

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

ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH, AND FAITHFUL TO CATHERINE MCAULEYS SERVICE TRADITION MARKED BY JUSTICE, EXCELLENCE, STEWARDSHIP AND RESPECT FOR THE DIGNITY OF EACH PERSON, THE MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS IMPLEMENTS AND ADVOCATES FOR INNOVATIVE HEALTH AND SOCIAL SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF COMMUNITIES SERVED, WITH PARTICULAR CONCERN FOR PEOPLE WHO ARE ECONOMICALLY POOR. IN DOING SO, WE MAKE A DIFFERENCE BY TOUCHING THE LIVES OF THOSE WE SERVE WITH COMPASSION AND EXCEPTIONAL MERCY SERVICE.

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

ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH, AND FAITHFUL TO CATHERINE MCAULEYS SERVICE TRADITION MARKED BY JUSTICE, EXCELLENCE, STEWARDSHIP AND RESPECT FOR THE DIGNITY OF EACH PERSON, THE MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS IMPLEMENTS AND ADVOCATES FOR INNOVATIVE HEALTH AND SOCIAL SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF COMMUNITIES SERVED, WITH PARTICULAR CONCERN FOR PEOPLE WHO ARE ECONOMICALLY POOR. IN DOING SO, WE MAKE A DIFFERENCE BY TOUCHING THE LIVES OF THOSE WE SERVE WITH COMPASSION AND EXCEPTIONAL MERCY SERVICE.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Employer identification number
71-0294390

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		5,694,080		5,694,080
b Buildings		131,122,262	14,671,177	116,451,085
c Leasehold improvements		1,476,121	187,590	1,288,531
d Equipment		42,169,684	27,575,447	14,594,237
e Other		26,517		26,517
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				138,054,450

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

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

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

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

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

(a) Description	(b) Book value
INVESTMENT IN SUBSIDIARY	92,362
DUE FROM AFFILIATES	9,360,922
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	9,453,284

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	343,318,125
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	338,703,433
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,614,692
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-306,430
9	Total adjustments (net) Add lines 4 - 8	9	-306,430
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,308,262

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

1	Total revenue, gains, and other support per audited financial statements			1	125,223,352
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	60,783		
e	Add lines **2a** through **2d**			2e	60,783
3	Subtract line **2e** from line **1**			3	125,162,569
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	218,155,556		
c	Add lines **4a** and **4b**			4c	218,155,556
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	343,318,125

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

1	Total expenses and losses per audited financial statements			1	120,608,660
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	60,783		
e	Add lines **2a** through **2d**			2e	60,783
3	Subtract line **2e** from line **1**			3	120,547,877
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	218,155,556		
c	Add lines **4a** and **4b**			4c	218,155,556
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	338,703,433

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		TRANSFERS TO AFFILIATES -270540 TRANSFERS TO MCS -35891 ROUNDING 1
Part XII, Line 2d - Other Adjustments		LOSS ON DISCONTINUED OPERATION 60783
Part XII, Line 4b - Other Adjustments		PATIENT REVENUE DEDUCTIONS 210238359 GAIN ON SALE OF ASSETS 7917197
Part XIII, Line 2d - Other Adjustments		LOSS ON DISCONTINUED OPERATION 60783
Part XIII, Line 4b - Other Adjustments		PATIENT REVENUE DEDUCTIONS 210238359 GAIN ON SALE OF ASSETS 7917197

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Employer identification number
71-0294390

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST MARY'S HOSPITAL 2710 RIFE MEDICAL LANE ROGERS, AR 72758	X	X	X	X			X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Employer identification number
71-0294390

Part I General Information on Grants and Assistance

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

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JONES TRUST OF SPRINGDALE1119 W POPLAR STREET ROGERS,AR 72756	71-0718507	501(C)(3)		8,025,000	FMV	FORMER ST MARY HOSPITAL CAMPUS BUILDING	TO OPERATE AS NON PROFIT CENTER
CHILDRENS SHELTER7702 SW REGIONAL AIRPORT BLVD BENTONVILLE,AR 72712	58-1984893	501(C)(3)	5,000				SO THE SHELTER WOULD BE ABLE TO PURCHASE NEEDED ITEMS

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

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Employer identification number
71-0294390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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 ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR JAMES BYRUM	(i)							
	(ii)	216,618	1,372	16,752	18,808	13,591	267,141	118,122
SUSAN BARRETT	(i)							
	(ii)	302,516	78,246	26,052	161,706	9,813	578,333	301,053
GEORGE FLYNN	(i)							
	(ii)	342,674	66,570	20,213	39,915	10,470	479,842	194,893
ELYSA P FABIAN	(i)							
	(ii)	95,439		25,927	8,829	7,032	137,227	
JAMES L JOHNSON	(i)							
	(ii)							
JON VITIELLO	(i)							
	(ii)	222,394	27,595	4,614	25,939	9,384	289,926	111,618
CYNTHIA R WILSON	(i)	246,067	20,000	25,082	11,830	13,320	316,299	139,891
	(ii)							
ROBERT W DONNELL	(i)	184,202	20,000	44,537	31,860	13,716	294,315	117,661
	(ii)							
JAMES M MERRITT	(i)	188,842	19,167	40,161	4,600	10,432	263,202	95,785
	(ii)							
RALPH C RITZ	(i)	149,958	20,000	63,197	8,642	13,014	254,811	102,815
	(ii)							
HARRY A LAZARTE	(i)	96,387		59,940	2,959	4,771	164,057	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	THERE ARE NO AMOUNTS TO REPORT FOR THE YEAR SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) FLYNN, GEORGE BARRETT, SUSAN SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN (SMRP) GOSS, STEPHEN STEWART, MICHELE VITIELLO, JON
	Part I, Line 7	THE FILING ORGANIZATION PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE PAYMENT OF ALL OR PART OF THE BONUS IS CONTINGENT UPON PERCENTAGE ATTAINMENT OF (I) PERSONAL GOALS, (II) CERTAIN FINANCIAL TARGETS, AND (III) BEHAVIOR CONSISTENT WITH SERVICE STANDARDS IN SUPPORT OF THE MISSION AND PURPOSE OF THE SISTERS OF MERCY HEALTH SYSTEM ("MERCY"), THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION PAYMENTS ARE MADE ANNUALLY IN OCTOBER FOLLOWING (I) THE CONCLUSION OF THE FISCAL YEAR AND (II) DETERMINATION OF GOAL ACHIEVEMENT BONUS OPPORTUNITIES RANGE FROM 0% - 30% OF BASE COMPENSATION, DEPENDING UPON THE LEADERSHIP LEVEL AND ATTAINMENT PERCENTAGE BONUS OPPORTUNITY LEVELS ARE VALIDATED BY AN EXTERNAL CONSULTING FIRM AND ARE THEN TAKEN INTO ACCOUNT BY THE EXECUTIVE COMPENSATION COMMITTEE OF MERCY WHEN ANALYZING EXECUTIVE COMPENSATION FOR REASONABLENESS
Supplemental Information	Part III	SCHEDULE J, PART I, QUESTION 3 THE FILING ORGANIZATION RELIES ON A RELATED ORGANIZATION, REFER TO SCHEDULE O, PART VI, QUESTION 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 71-0294390
Name: ST MARY - ROGERS MEMORIAL HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR JAMES BYRUM	(I)							
	(II)	216,618	1,372	16,752	18,808	13,591	267,141	118,122
SUSAN BARRETT	(I)							
	(II)	302,516	78,246	26,052	161,706	9,813	578,333	301,053
GEORGE FLYNN	(I)							
	(II)	342,674	66,570	20,213	39,915	10,470	479,842	194,893
ELYSA P FABIAN	(I)							
	(II)	95,439		25,927	8,829	7,032	137,227	
JAMES L JOHNSON	(I)							
	(II)							
JON VITIELLO	(I)							
	(II)	222,394	27,595	4,614	25,939	9,384	289,926	111,618
CYNTHIA R WILSON	(I)	246,067	20,000	25,082	11,830	13,320	316,299	139,891
	(II)							
ROBERT W DONNELL	(I)	184,202	20,000	44,537	31,860	13,716	294,315	117,661
	(II)							
JAMES M MERRITT	(I)	188,842	19,167	40,161	4,600	10,432	263,202	95,785
	(II)							
RALPH C RITZ	(I)	149,958	20,000	63,197	8,642	13,014	254,811	102,815
	(II)							
HARRY A LAZARTE	(I)	96,387		59,940	2,959	4,771	164,057	
	(II)							

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Employer identification number
71-0294390

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ST MARY-ROGERS HOSPITAL (SMRH) AND ITS MEMBER HEALTH CARE FACILITIES PROVIDE QUALITY CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY IN ACTIVE PURSUIT OF THE ABOVE STATED MISSION, SMRH PROVIDED 31,162 INPATIENT SERVICE DAYS OF ACUTE OR SUB-ACUTE CARE SMRH PERFORMED APPROX 1,630 BIRTHS, RESPONDED TO APPROX 38,192 EMERGENCY ROOM ENCOUNTERS, MADE APPROX 23,808 HOME HEALTH CARE VISITS AND COMPLETED 68,972 OUTPATIENT VISITS COMMUNITY OUTREACH/BENEFIT PROGRAMS INCLUDE SUPPORT GROUPS FOR CURRENT AND PAST PATIENTS (DIABETIC, CARDIAC, ETC), EXPECTING/NEW PARENTS (CHILD BIRTH CLASSES, VARIOUS SUPPORT GROUPS, ETC), AND EMPLOYEES (EDUCATIONAL ASSISTANCE PROGRAMS, ETC), LOCAL/SURROUNDING COMMUNITY (WELLNESS PROGRAMS, HEALTH FAIRS, HOME HEALTH PROGRAMS, ETC) RELIEF FROM FINANCIAL BURDEN OF HEALTH CARE SERVICES TO THE INDIGENT CONSISTS OF CHARGES OF $11,754,651 FOR CHARITY CARE PROVIDED WITH A COST OF RELATED SERVICE Expenses $ 258869573 including grants of $ 0 Revenue $ 212044676

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The majority of the Board of Directors is composed of local independent representatives The Chief Executive Officer is a default voting member of the Board Additionally, the Board includes one physician employed by the Hospital, and one Sister of Mercy All positions, with the exception of the Chief Executive Officer and the employed physician, are voluntary and unpaid

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 is substantially prepared by an independent accounting firm based on information provided by the Hospital The Form 990 is first reviewed by the Hospital's Accounting Manager, and then by the Vice President of Finance Next, the Form 990 is provided to the corporate tax department at the Sisters of Mercy Health System for their review After reviews and revisions, the Form 990 is reviewed with the Hospital's Chief Executive Officer Once reviewed and approved by Hospital management, the Form 990 is signed and filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE COMPLIANCE POLICY COVERAGE INCLUDES CO-WORKERS, LEADERS, PROVIDERS, BOARD MEMBERS, AND ADMINISTRATORS THE DETERMINATION OF A CONFLICT-OF-INTEREST IS MADE AND REVIEWED AT ALL LEVELS A CORPORATE COMPLIANCE COMMITTEE MEETS TO REVIEW ANY CONFLICTS AND PROVIDE A REASONABLE ALTERNATIVE TO RESOLVE THE CONFLICT-OF-INTEREST, WHICH MAY INCLUDE SUPERVISORY PROCEDURES OR TRANSFER A DECISION-MAKING ROLE FOR BOARD MEMBERS, THEY ARE EXCLUDED FROM THE DELIBERATIONS AND DECISION MAKING PROCESS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF THE SOLE MEMBER FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST REQUESTS FOR SUCH INFORMATION ARE FORWARDED TO OUR COMPLIANCE OFFICER,WHO THEN CONTACTS THE PERSONS REQUESTING THE INFORMATION AND PROVIDES PERTINENT INFORMATION

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	SR ANNRENE BRAU, RSM - 2521 BROOKSIDE DRIVE INDEPENDENCE, KS 67301

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		NO CHANGES FROM PRIOR YEAR

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART V		LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P

Identifier	Return Reference	Explanation
SCHEDULE R, PART V, QUESTION 2, LINE 5 AND 6	Schedule R, Name of Other Organizations	ST MARY'S HOSPITAL FOUNDATION MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS, INC

Identifier	Return Reference	Explanation
SCHEDULE R, PART V, QUESTION 2, LINE 7	Schedule R, Name of Other Organizations	MCAULEY PORTFOLIO MANAGEMENT COMPANY MERCY FOUNDATION FOR HEALTH INNOVATION SISTERS OF MERCY MINISTRIES RESOURCE OPTIMIZATION & INNOVATION, LLC FRONTENAC PROPERTIES, INC SISTERS OF MERCY HEALTH SYSTEM MHM SUPPORT SERVICES

Identifier	Return Reference	Explanation
SCHEDULE R, PART V, QUESTION 2, LINE 8	Schedule R, Name of Other Organizations	ST JOHN'S MERCY HEALTH CARE ST JOHN'S MERCY FOUNDATION ST JOHN'S MERCY HOSPITAL FOUNDATION ST JOHN'S MERCY HEALTH SYSTEM - ST JOHN'S MERCY MEDICAL CENTER ST JOHN'S MERCY HEALTH SYSTEM - ST JOHN'S MERCY HOSPITAL MERCY MEDICAL GROUP UHL CORP, INC

Identifier	Return Reference	Explanation
SCHEDULE R, PART V, QUESTION 2, LINE 9	Schedule R, Name of Other Organizations	ST JOHN'S HEALTH SYSTEM, INC ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH, INC BREECH REGIONAL MEDICAL CENTER CARROLL HEALTH FOUNDATION THE SISTER M CORNELIA BLASKO FOUNDATION, INC ST JOHN'S AURORA, INC ST JOHN'S REGIONAL HEALTH CENTER OZARKS REGION HEALTH SYSTEMS, INC ST FRANCIS HOSPITAL, MOUNTAIN VIEW, MISSOURI ST JOHN'S CASSVILLE, INC ST JOHN'S CLINIC, INC ST JOHN'S MEDICAL RESEARCH INSTITUTE, INC

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST MARY - ROGERS MEMORIAL HOSPITAL

Employer identification number
71-0294390

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

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

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

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

Part V Transactions with Related Organizations

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

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 71-0294390
Name: ST MARY - ROGERS MEMORIAL HOSPITAL

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ST EDWARD MERCY FOUNDATION PO BOX 17000 FORT SMITH, AR72917 23-7330425	RAISE INCOME FOR THE BENEFIT OF ST EDWARD MERCY HEALTH INSTITUTION	AR	501(C)(3)	11C	N/A
ST EDWARD MERCY MEDICAL CENTER PO BOX 17000 FORT SMITH, AR72917 71-0240352	HOSPITAL	AR	501(C)(3)	3	STEDWARD MERCY HEALTH SYSTEM INC
ST EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY 801 W RIVER STREET OZARK, AR72949 71-0689680	HOSPITAL	AR	501(C)(3)	3	STEDWARD MERCY MEDICAL CENTER
ST EDWARD HEALTH FACILITIES OF SCOTT COUNTY 1341 WEST 6TH STREET WALDRON, AR72958 71-0557895	HOSPITAL	AR	501(C)(3)	3	STEDWARD MERCY MEDICAL CENTER
ST EDWARD HEALTH FACILITIES OF LOGAN COUNTY 500 EAST ACADEMY PARIS, AR72855 71-0655753	HOSPITAL	AR	501(C)(3)	3	STEDWARD MERCY MEDICAL CENTER
ST EDWARD MERCY CLINIC INC 7301 ROGERS AVENUE FORT SMITH, AR72917 26-1318597	PHYSICIAN CLINIC	AR	501(C)(3)	9	STEDWARD MERCY HEALTH SYSTEM INC
ST EDWARD MERCY HEALTH SYSTEM INC 7301 ROGERS AVENUE FORT SMITH, AR72917 26-1318515	HOLDING COMPANY	AR	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS INC 2710 RIFE MEDICAL LANE ROGERS, AR72758 62-1684203	PHYSICIAN GROUP	AR	501(C)(3)	11B	N/A
ST MARY'S HOSPITAL FOUNDATION 2710 RIFE MEDICAL LANE ROGERS, AR72758 71-0601687	FOUNDATION	AR	501(C)(3)	11C	SMHS
ADVANCE CARE HOSPITAL 300 WERNER STREET 3RD FLOOR HOT SPRINGS, AR71913 71-0816634	LONG TERM ACUTE-CARE HOSPITAL	AR	501(C)(3)	3	SMHS
ST JOSEPH'S MERCY HEALTH FOUNDATION 300 WERNER STREET 3RD FLOOR HOT SPRINGS, AR71913 71-0804718	FOUNDATION	AR	501(C)(3)	11B	ST JOSEPH'S MERCY HEALTH SYSTEM INC
ST JOSEPH'S MERCY HEALTH SYSTEM INC 300 WERNER STREET 3RD FLOOR HOT SPRINGS, AR71913 26-1125064	HOLDING COMPANY	AR	501(C)(3)	11B	N/A
ST JOSEPH'S MERCY CLINIC INC 1 MERCY LANE HOT SPRINGS, AR71913 26-1125131	PHYSICIAN CLINIC	AR	501(C)(3)	9	ST JOSEPH'S MERCY HEALTH SYSTEM INC
ST JOSEPH'S MERCY HEALTH CENTER 300 WERNER STREET 3RD FLOOR HOT SPRINGS, AR71913 71-0236913	HOSPITAL	AR	501(C)(3)	3	ST JOSEPH'S MERCY HEALTH SYSTEM INC
MISSION CLINIC SERVICES 300 WERNER STREET 3RD FLOOR HOT SPRINGS, AR71913 13-4239691	PHYSICIAN CLINIC	AR	501(C)(3)	9	ST JOSEPH'S MERCY HEALTH SYSTEM INC
MERCY HEALTH CENTER FOUNDATION 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-1077073	FOUNDATION	KS	501(C)(3)	11C	MERCY HEALTH SYSTEM OF KANSAS INC
MERCY HOSPITAL FOUNDATION OF INDEPENDENCE INC 800 W MYRTLE INDEPENDENCE, KS67301 48-1079981	FOUNDATION	KS	501(C)(3)	11A	MERCY HEALTH SYSTEM OF KANSAS INC
MERCY HEALTH SYSTEM OF KANSAS INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-0956045	HOSPITAL	KS	501(C)(3)	3	SMHS
SISTERS OF MERCY HEALTH SYSTEM 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 43-1423050	HEALTH SYSTEM - CORPORATE OFFICE	MO	501(C)(3)	1	N/A
MCAULEY PORTFOLIO MANAGEMENT COMPANY 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 26-1708048	PORTFOLIO MANAGEMENT	MO	501(C)(3)	11B	SMHS
MERCY FOUNDATION FOR HEALTH INNOVATION 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 20-0901499	FOUNDATION	MO	501(C)(3)	11B	SMHS
MHM SUPPORT SERVICES 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 20-2553101	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MO	501(C)(3)	11B	SMHS
SISTERS OF MERCY MINISTRIES 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 72-1069468	FAMILY COUNSELING SERVICE IN NEW ORLEANS AND SOCIAL JUSTICE ADVOCACY PROGRAM	MO	501(C)(3)	7	SMHS
LAREDO MEDICAL GROUP 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 74-2764726	INACTIVE - NO OPERATIONS	MO	501(C)(3)	9	MERCY HEALTH SYSTEM OF TEXASINC
MERCY HOSPITAL OF LAREDO 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 74-1189682	INACTIVE - NO OPERATIONS	MO	501(C)(3)	3	MERCY HEALTH SYSTEM OF TEXASINC
MERCY HEALTH SYSTEM OF TEXAS INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 74-2764727	INACTIVE - NO OPERATIONS	MO	501(C)(3)	11B	SMHS
CASA DE MISERICORDIA 1602 MCCELLAND STREET LAREDO, TX78044 74-2912461	WOMEN'S DOMESTIC VIOLENCE SHELTER	TX	501(C)(3)	7	MERCY MINISTRIES OF LAREDO
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX78043 20-0198462	PRIMARY HEALTHCARE PROGRAM, OUTREACH EDUCATION PROGRAM AND FOOD PANTRY	TX	501(C)(3)	7	SMHS
ST JOHN'S HEALTH SYSTEM INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 43-1856028	HOLDING COMPANY	MO	501(C)(3)	11B	SMHS
OZARKS REGIONS HEALTH SYSTEM INC 214 CARTER STREET BERRYVILLE, AR72616 71-0759299	HOSPITAL	AR	501(C)(3)	3	ST JOHN'S HEALTH SYSTEM INC

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 71-0759301	FOUNDATION	AR	501(C)(3)	11A	OZARK REGIONS HEALTH SYSTEMS
ST JOHN'S HOME CARE OF BERRYVILLE INC 214 CARTER STREET BERRYVILLE, AR72616 87-0781247	HOME HEALTH AND HOSPICE OPERATIONS	AR	501(C)(3)	11C	ST JOHN'S HEALTH SYSTEM INC
THE SISTER OF M CORNELIA BLASKO FOUNDATION INC 100 W HIGHWAY 60 MOUNTAIN VIEW, MO65548 43-1873914	FOUNDATION	MO	501(C)(3)	11A	ST FRANCIS HOSPITAL
BREECH REGIONAL MEDICAL CENTER 100 HOSPITAL DRIVE LEBANON, MO65536 43-1767432	HOSPITAL	MO	501(C)(3)	3	ST JOHN'S HEALTH SYSTEM INC
ST FRANCIS HOSPITAL MOUNTAIN VIEW MISSOURI 100 W HIGHWAY 60 MOUNTAIN VIEW, MO65548 44-0607149	HOSPITAL	ME	501(C)(3)	3	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S AURORA INC 500 PORTER AVENUE AURORA, MO65605 43-1936696	OPERATING COMPANY FOR LEASED HOSPITAL	MO	501(C)(3)	3	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S CASSVILLE INC 94 MAIN STREET CASSVILLE, MO65625 43-1936699	OPERATING COMPANY FOR LEASED HOSPITAL	MO	501(C)(3)	3	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S CHILDREN'S HOSPITAL INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804	INACTIVE - NO OPERATIONS	MO	501(C)(3)	3	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S CLINIC INC 1965 FREEMONT STREET SUITE 2950 SPRINGFIELD, MO65804 43-1560263	PHYSICIAN GROUP	MO	501(C)(3)	9	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 32-0195818	FOUNDATION	MO	501(C)(3)	11B	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S MEDICAL RESEARCH INSTITUTE INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 87-0796305	RESEARCH - CLINICAL TRIALS	MO	501(C)(3)	4	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S REGIONAL HEALTH CENTER 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 44-0552485	HOSPITAL	MO	501(C)(3)	3	ST JOHN'S HEALTH SYSTEM INC
ST JOHN'S MERCY HEALTH CARE 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 43-1718408	HEALTH SYSTEM	MO	501(C)(3)	3	SMHS
MERCY MEDICAL GROUP 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 43-1771217	PHYSICIAN GROUP	MO	501(C)(3)	9	ST JOHN'S MERCY HEALTH CARE
ST JOHN'S MERCY FOUNDATION 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 56-2410022	FOUNDATION	MO	501(C)(3)	11B	ST JOHN'S MERCY HEALTH CARE
ST JOHN'S MERCY HEALTH SYSTEM 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 43-0653493	HOSPITAL	MO	501(C)(3)	3	ST JOHN'S MERCY HEALTH CAREMERCY HEALTH SYSTEM OF KANSAS INC
ST JOHN'S MERCY HOSPITAL 901 E FIFTH STREET WASHINGTON, MO63090 43-1066883	HOSPITAL	MO	501(C)(3)	3	ST JOHN'S MERCY HEALTH CARE
ST JOHN'S MERCY HOSPITAL FOUNDATION 901 E FIFTH STREET WASHINGTON, MO63090 56-2410020	FOUNDATION	MO	501(C)(3)	11B	ST JOHN'S MERCY HEALTH CARE
UNITY AMBULATORY CARE 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 43-1861745	INACTIVE - NO OPERATIONS	MO	501(C)(3)	11C	ST JOHN'S MERCY HEALTH CARE
ST JOHN'S MERCY SUPPORT SERVICES 615 S NEW BALLAS ROAD ST LOUIS, MO63141 43-1677952	INACTIVE - NO OPERATIONS	MO	501(C)(3)	11C	ST JOHN'S MERCY HEALTH CARE
MERCY EMERGENCY MEDICAL SERVICES INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 81-0627035	INACTIVE - NO OPERATIONS	OK	501(C)(3)	9	MERCY HEALTH CENTER INC
MERCY HEALTH CENTER FOUNDATION INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1593024	FOUNDATION	OK	501(C)(3)	11A	MERCY HEALTH CENTER INC
MERCY HEALTH SERVICES INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 14-1838609	URGENT CARE CLINICS	OK	501(C)(3)	9	MERCY HEALTH CENTER INC
MERCY HEALTH CENTER INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-0579285	HOSPITAL	OK	501(C)(3)	3	MERCY HEALTH SYSTEM INC
MERCY MEMORIAL HEALTH CENTER INC 1011 14TH AVENUE NW ARDMORE, OK73401 73-1500629	HOSPITAL	OK	501(C)(3)	3	MERCY HEALTH SYSTEM INC
MERCY PHYSICIAN OF OKLAHOMA INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 27-0473057	PHYSICIAN CLINIC	OK	501(C)(3)	9	MERCY HEALTH SYSTEM INC
ST MARY'S HOSPITAL OF ENID OKLAHOMA INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 73-0614655	INACTIVE - NO OPERATIONS	MO	501(C)(3)	3	MERCY HEALTH SYSTEM INC
HEALDTON MERCY HOSPITAL CORPORATION 918 SOUTH STREET HEALDTON, OK73438 26-3173902	OPERATING COMPANY FOR LEASED HOSPITAL	OK	501(C)(3)	3	MERCY MEMORIAL HEALTH CENTER INC
MERCY MEMORIAL HEALTH CENTER FOUNDATION 1011 14TH AVENUE NW ARDMORE, OK73401 71-0962525	FOUNDATION	OK	501(C)(3)	11A	MERCY MEMORIAL HEALTH CENTER INC
MERCY HEALTH SYSTEM INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1453048	HOLDING COMPANY	OK	501(C)(3)	11B	SMHS

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
LEBANON WOMEN'S HEALTH CENTER INC 100 HOSPITAL DRIVE LEBANON, MO65536 02-0569599	WOMEN'S OBSTETRICAL SERVICES	MO	501(C)(3)	9	BREECH REGIONAL MEDICAL CENTER

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
SOUTHERN OKLAHOMA DIAGNOSTIC CENTER LLC 1011 FOURTEETH AVENUE NW ARDMORE, OK73401 43-1971232	MRI SERVICES	OK	N/A					No			No
RESOURCE OPTIMIZATION & INNOVATION LLC 645 MARYVILLE CENTRE DRIVE SUITE 20 ST LOUIS, MO63141 46-0468368	CENTRAL DISTRIBUTION CENTER	MO	N/A					No			No
MERCY AMBULATORY SURGERY CENTER LLC 7301 ROGERS AVENUE FORT SMITH, AR72917 71-0827721	AMBULATORY SURGERY CENTER	AR	N/A					No			No
HOT SPRINGS EQUIPMENT LEASING LLC 300 WERNER STREET HOT SPRINGS, AR71913 20-4340915	TO ACQUIRE AND LEASE DIAGNOSTIC IMAGING EQUIPMENT	AR	N/A					No			No
HOT SPRINGS MRI PARTNERSHIP 100 RIDGEWAY PLACE HOT SPRINGS, AR71913 71-0675196	MRI CENTER	AR	N/A					No			No
FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR72901 71-0416615	EMERGENCY MEDICAL SERVICES	AR	N/A					No			No
SOUTHERN OKLAHOMA PHYSICIAN HOSPITAL ORGANIZATION LLC 1011 FOURTEETH AVENUE NW ARDMORE, OK73401 73-1462104	PHYSICIAN GROUP	OK	N/A					No			No
ST JOSEPH'S PET CENTER LLC 300 WERNER STREET HOT SPRINGS, AR72901 47-0886845	PET/MRI CENTER	AR	N/A					No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
ST EDWARD MERCY MEDICAL SERVICES INC 7301 ROGERS AVENUE FORT SMITH, AR72903 20-2965518	PROVIDE/SUPPORT PROFESSIONAL MEDICAL SERVICES	AR	N/A	C			
CONSOLIDATED LOGISTICS INC 2710 RIFE MEDICAL LANE ROGERS, AR72758 71-0474406	HOLDING COMPANY	AR	N/A	C			
MERCY COMMUNITY SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-1078101	CATERING OPERATIONS	KS	N/A	C			
FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 52-1914421	HOLDS ANCILLARY ASSETS & OWNS AIRCRAFTS	DE	N/A	C			
MHP INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 43-1697084	HOLDING COMPANY	DE	N/A	C			
MERCY MEDICAL SERVICES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 71-0641246	MERCY DISEASE MANAGEMENT/CARE MANAGEMENT PROGRAMS & HMO OPERATIONS	MO	N/A	C			
INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 26-4509571	TECHNOLOGY TRANSFER COMPANY	MO	N/A	C			
UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 43-1797042	PRACTICE MANAGEMENT SERVICES FOR EMPLOYED UNITY PHYSICIANS, SUPPORT SERVICES	MO	N/A	C			
UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO63141 74-2499535	HOLDING COMPANY	MO	N/A	C			
MERCY HEALTH NETWORK OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK73401 73-1580607	EMPLOYED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONER	OK	N/A	C			
MERCY HEALTH CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK73120 68-0640970	ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS	OK	N/A	C			
MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL RD OKLAHOMA CITY, OK73120 73-1441665	HOLDING COMPANY	OK	N/A	C			
MERCY HEALTH NETWORK INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK73120 73-1381689	EMPLOYED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONER	OK	N/A	C			

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	ST JOHN'S REGIONAL HEALTH CENTER	N	96,386
(2)	MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS INC	N	510,579
(3)	MERCY HEALTH PLANS	P	241,615
(4)	MERCY HEALTH PLANS	O	1,225,579
(5)	Refer to Schedule O for name of other organizations	O	8,632,589
(6)	Refer to Schedule O for name of other organizations	P	13,923,581
(7)	Refer to Schedule O for name of other organizations	O	17,397,037
(8)	Refer to Schedule O for name of other organizations	O	69,559
(9)	Refer to Schedule O for name of other organizations	P	160,450

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
ST MARY - ROGERS MEMORIAL HOSPITAL	Form 990 Page 10	71-0294390

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	11,931,926
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property		60,899	3 0	HY	S/L	4,326
b 5-year property		38,616	5 0	HY	S/L	3,441
c 7-year property		156,658	7 0	HY	S/L	4,225
d 10-year property		102,890	10 0	HY	S/L	3,976
e 15-year property		20,006	15 0	HY	S/L	333
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	11,948,227
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	