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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 EDWARD HEALTH FACILITY FRANKLIN COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

801 WEST RIVER ST

Room/suite

City or town, state or country, and ZIP + 4

OZARK, AR 72949

D Employer identification number

71-0689680

E Telephone number

(479) 314-6000

G Gross receipts \$ 14,599,010

F Name and address of Principal Officer

GRETA WILCHER

801 WEST RIVER ST

OZARK, AR 72949

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

H(c) Group Exemption Number

0928

I Tax-exempt status

☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site:

HTTP //WWW.STEDWARDMERCY.COM

K Type of organization

☐ Corporation☐ trust☐ association☒ other ☐ HOSPITAL

L Year of Formation

1990

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 7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 6
	5	Total number of employees (Part V, line 2a)	5 90
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 312 Current Year 12,111
	9	Program service revenue (Part VIII, line 2g)	14,141,987 14,216,455
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-45,162 3,319
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	469,592 367,125
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,566,729 14,599,010
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	300
	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)	3,508,449 4,364,318
	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)	11,688,836 11,747,598
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	15,197,285 16,112,216
	19	Revenue less expenses Subtract line 18 from line 12	-630,556 -1,513,206
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 2,808,777 End of Year 2,248,812
	21	Total liabilities (Part X, line 26)	3,427,169 4,380,410
	22	Net assets or fund balances Subtract line 21 from line 20	-618,392 -2,131,598

Part II Signature Block

Please Sign Here

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

Signature of officer

2010-05-17

Date

GRETA WILCHER CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ☐ Letitia S Talkington

Date

Check if self-employed ☐

Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4

BEALL BARCLAY & COMPANY PLC

PO 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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

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 \$ 273,640 including grants of \$) (Revenue \$ 1,568,761)

CRITICAL ACCESS HOSPITAL EMERGENCY SERVICE --- ACCESS TO EMERGENCY CARE IN RURAL COMMUNITIES IS ESSENTIAL TO THE HEALTH OF THE COMMUNITY THE HOSPITAL FURNISHES 24-HOUR EMERGENCY CARE SERVICES USING EITHER ON-SITE OR ON-CALL PHYSICIAN STAFF THE COMMUNITY NEED IS REPRESENTED BY THE APPROXIMATELY 6,200 ER VISITS TO MERCY HOSPITAL TURNER MEMORIAL

4b

(Code) (Expenses \$ 498,041 including grants of \$) (Revenue \$ 1,782,706)

CRITICAL ACCESS HOSPITAL ACUTE CARE SERVICE --- ACCESS TO SHORT-STAY INPATIENT CARE IN RURAL COMMUNITIES IS ESSENTIAL TO THE HEALTH OF THE COMMUNITY THE HOSPITAL FURNISHES SHORT-TERM INPATIENT ACUTE CARE THROUGH LOCAL PRIVATE PHYSICIAN ADMISSIONS THE COMMUNITY NEED IS REPRESENTED BY THE APPROXIMATELY 500 ADMISSIONS TO MERCY HOSPITAL TURNER MEMORIAL

4c

(Code) (Expenses \$ 498,040 including grants of \$) (Revenue \$ 513,088)

CRITICAL ACCESS HOSPITAL SWING BED SERVICE --- ACCESS TO SWING-BED INPATIENT CARE IN RURAL COMMUNITIES IS ESSENTIAL TO THE HEALTH OF THE COMMUNITY THE HOSPITAL FURNISHES SWING-BED INPATIENT CARE THROUGH LOCAL PRIVATE PHYSICIAN ADMISSIONS THE COMMUNITY NEED IS REPRESENTED BY THE APPROXIMATELY 100 ADMISSIONS TO MERCY HOSPITAL TURNER MEMORIAL

(Code) (Expenses \$ 12,228,272 including grants of \$) (Revenue \$ 10,351,900)

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 13,497,993

Must equal Part IX, Line 25, column (B).

Form 990 (2008)

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	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
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	No
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)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a90	Yes	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
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, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		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		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

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

7

1b

Enter the number of voting members that are independent

1b

6

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

7b

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

8a

the governing body?

8a

Yes

8b

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

9b

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

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

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

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

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

Yes

16b

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

Yes

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.
GRETA WILCHER CFO
7301 ROGERS AVENUE
FORT SMITH, AR 72903
(479) 314-6104

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

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

[illegible]

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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								406,560	4,935,084	826,879

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
FS Physical Therapy 4008 Colton Drive Ft Smith, AR 72903	Physical Therapy	252,846
PRN Med Staffing 4500 Rogers Avenue Ft Smith, AR 72903	Temp Staffing	164,388
CPP Wound Care 14 LLC 3017 N Causeway Blvd Metairie, LA 70002	Wound Care Services	101,800
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		3

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		12,111				
	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 12,111 1f						
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total (Add lines 1a-1f) 12,111						
	Program Service Revenue	2a	PATIENT SERVICES RENDE					Business Code 624,100
b		RECOVERIES OF BAD DEBT	624,100	152,652	152,652			
c		OTHER PROGRAM RELATED	624,100	220	220			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f \$ 14,216,455						
Other Revenue		3	Investment income (including dividends, interest other similar amounts) 3,319		3,319			3,319
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
	b	Less direct expenses b						
	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 a						
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances . a							
b	Less cost of goods sold . . . b							
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	TAX REVENUE	624,100	350,000	350,000				
b	MISCELLANEOUS	624,100	17,125	17,125				
c								
d	All other revenue							
e	Total. Add lines 11a-11d \$ 367,125							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 14,599,010			14,599,010	14,583,580	0	3,319	

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	300	300		
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	3,724,047	3,443,547		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	110,246	101,942	8,304	
9	Other employee benefits	319,229	295,184	24,045	
10	Payroll taxes	210,796	194,919	15,877	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	1,200	200	1,000	
d	Lobbying	1,259	1,259		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	453,982	418,338	35,644	
12	Advertising and promotion	12,413	2,572	9,841	
13	Office expenses	2,537,918	891,296	1,646,622	
14	Information technology	296,341		296,341	
15	Royalties				
16	Occupancy	108,286	1,356	106,930	
17	Travel	27,389	21,044	6,345	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	4,053	4,053		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	138,352	113,513	24,839	
23	Insurance	153,438	43,784	109,654	
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	6,305,139	6,305,139		
b	PROVISION FOR BAD DEBT	1,658,925	1,658,925		
c	REPAIR & MAINTENANCE	56,273	8,014	48,259	
d	OTHER TAXES	106	106		
e	REFUNDS AND REBATES	-7,476	-7,498	22	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	16,112,216	13,497,993	2,614,223	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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	113,419	1	38,439
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,548,815	4	1,046,853
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	67,304	9	43,223
	10a Land, buildings, and equipment cost basis	10a 1,950,187		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 1,307,411	678,935	10c 642,776
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	400,304	15	477,521
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,808,777	16	2,248,812	
Liabilities	17 Accounts payable and accrued expenses	392,207	17	365,497
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	3,034,962	25	4,014,913
	26 Total liabilities. Add lines 17 through 25	3,427,169	26	4,380,410
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		27	
	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	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	-618,392	32	-2,131,598
	33 Total net assets or fund balances	-618,392	33	-2,131,598
	34 Total liabilities and net assets/fund balances	2,808,777	34	2,248,812

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		

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 EDWARD HEALTH FACILITY FRANKLIN COUNTY	Employer identification number 71-0689680
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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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

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

(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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First 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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization ST EDWARD HEALTH FACILITY FRANKLIN COUNTY	Employer identification number 71-0689680
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$ _____
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$ _____
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$ _____
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$ _____
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is: 20% of the amount on line 1e			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		1,259
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
	i Other activities If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			1,259
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
	b If "Yes" enter the amount of any tax incurred under section 4912			
	c If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (<i>do not include amounts of political expenses for which the section 527(f) tax was paid</i>).	
a	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	AMERICAN HOSPITAL, ARKANSAS HOSPITAL AND CATHOLIC HEALTH ASSOC DUES WERE \$1,244, \$5,178, AND \$1,190, RESPECTIVELY APPROXIMATELY 26% OF AMERICAN HOSPITAL DUES, 17% OF ARKANSAS HOSPITAL DUES, AND 5% OF CATHOLIC HOSPITAL DUES WERE USED FOR LOBBYING PURPOSES

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST EDWARD HEALTH FACILITY FRANKLIN COUNTY

Employer identification number
71-0689680

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

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		31,189		31,189
b Buildings				
c Leasehold improvements		316,621	214,402	102,219
d Equipment		1,602,377	1,093,009	509,368
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				642,776

(a) Description of security or category (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)		

(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)		

(a) Description	(b) Book value
NET OCCUPANCY RIGHTS	136,357
MEDICARE SETTLEMENTS	341,164
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	477,521

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	4,014,913
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,014,913

Schedule D (Form 990) 2008

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	14,599,010
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,112,216
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,513,206
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,513,206

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	8,141,219
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,141,219
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	6,457,791
c	Add lines 4a and 4b	4c	6,457,791
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,599,010

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,654,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,654,423
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	6,457,793
c	Add lines 4a and 4b	4c	6,457,793
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,112,216

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 XII, Line 4b - Other Adjustments		RECOVERIES OF BAD DEBT 152652 PATIENT REVENUE DEDUCTIONS 6305139
Part XIII, Line 4b - Other Adjustments		RECOVERIES OF BAD DEBT 152652 PATIENT REVENUE DEDUCTIONS 6305139 ROUNDING 2

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ST EDWARD HEALTH FACILITY FRANKLIN COUNTY

Employer identification number
71-0689680

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	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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 ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most 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 30000 0000000000 %	3a	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
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 eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
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)			395,086	0	395,086	2 450 %
b Unreimbursed Medicaid (from worksheet 3, column a)			55,927	0	55,927	0 350 %
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)						
d Total Charity Care and Means-Tested Programs			451,013		451,013	2 800 %
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)			451,013		451,013	2 800 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	510,627	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	74,197	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	3,406,413	
6Enter Medicare allowable costs of care relating to payments on line 5	6	4,050,986	
7Enter line 5 less line 6—surplus or (shortfall)	7	-644,573	
8Describe 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

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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	Yes	

Part IVManagement 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				

[illegible]

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

Part I, Line 3c The Federal Poverty Guidelines for income are the basis for determining eligibility for charity care discounts For example, individuals with incomes below 100% of the Federal Poverty Guidelines will be eligible for free care Individuals with incomes greater than 100% of the Federal Poverty Guidelines may be eligible for care at discounted rates depending on their income level and/or the amount due to the hospital Charity/Medical Indigence parameters are based on Federal Income Poverty (FPL) Guidelines which are updated annually Generally, no patient's financial responsibility shall be greater than 20% of the household adjusted gross income, subject to an asset test This determination shall be made per episode of care where income exceeds 300% of the FPL, and, when warranted, in aggregate for multiple episodes The parameters will be reviewed annually with the FPL updates The review will include assessment of the sliding scale ranges, maximum out of pockets, and overall impact to the facilities and system Revisions will be completed as warranted

Part III, Line 4 FOOTNOTE TO THE FINANCIAL STATEMENT PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET THE HEALTH SYSTEM'S CHARITY CARE POLICY THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES IS BASED ON UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES BASED UPON THE PAYOR COMPOSITION AND AGING OF RECEIVABLES AS OF THE REPORTING DATE WITH CONSIDERATION OF THE HISTORICAL PAYMENT AND WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING PAST-DUE BALANCES WITH COLLECTION AGENCIES COSTING METHODOLOGY USED ON LINES 2 AND 3 Accounts active in accounts receivable and active with collections agencies are adjusted to charity when patients or guarantors met the guidelines outlined in our policy Accounts previously written off to bad debt as uncollectible and later returned are not adjusted to charity, unless additional information has been collected by the collection agency Subsequent events and additional information that would lead to consideration of charity vs bad debt include bankruptcy filing, or death notice with no surviving spouse or estate Credit reporting agencies will be notified for any changes to account balances that have been previously listed on the patient guarantor credit reports

Part III, Line 8 The Medicare shortfall was computed using the annual prepared Medicare Cost Report, CMS Form 2552-96 It is the position of St Edward that 100% of the short fall should be treated as community benefit This amount represents cost of providing services that remain uncompensated to the provider

Part III, Line 9b Presumptive CharityMercy will utilize the Search America tool to enhance our ability to determine charity qualification Presumptive charity will be granted in situations where we have been unable to obtain information from our patients or the information provided is not complete enough to make a charity determination Mercy will utilize presumptive charity prior to bad debt placement for charity adjustments in excess of \$10,000 In these cases, Mercy will utilize the Search American report status of "probable charity" as the basis for the assigning the charity level Mercy will pursue appropriate means in the collection of delinquent accounts from patients with an established ability to pay or an unwillingness to cooperate in validating eligibility for financial assistance, including legal action consistent with Mercy mission and values, which may include liens upon real property and reasonable wage garnishments Legal actions will generally not include bank garnishment, repossession of assets or foreclosures to enforce satisfaction of lien Mercy has policies and procedures established to address the initiation of legal action Mercy annually reviews collection agency compliance with all policies

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

Part VI, Line 2 St Edward Mercy Health Network's objectives of community needs assessment are to identify health needs in Fort Smith and surrounding communities, and involve the community in the health planning efforts The information gathered is used to plan strategically, and better meet the health and human service needs of these communities St Edward looks at community needs assessment as an opportunity to build relationships, educate the community and identify resources that are available to meet identified needs Basic discussion forums have been utilized to foster conversation with key stakeholders Examples of forums include an advisory board, specific focus groups, opinion surveys, and community round table discussions Stakeholder participates include board members, community/civic leaders, local employers, other health care providers, former patients, and co-workers

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

Part VI, Line 3 St Edward has printed material available at each point of registration in our facility, in addition to electronically availability at our web site www.stedwardmercy.com

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

Part VI, Line 4 The service area is made up of 13 counties in Western Arkansas and Eastern Oklahoma including Latimer, LeFlore, Haskell, Sequoyah, and Adair in Oklahoma, and Crawford, Franklin, Johnson, Logan, Yell, Scott, Polk and Sebastian in Arkansas The total population serviced is 441,782 based on 2008 Thomson Reuters Key demographic indicators for the population, 76,562 females of child bearing age, 62,376 individuals in excess of 65 years of age, 356,983 white, 12,469 black and 31,601 Hispanic The unemployment rate as of March 2009, based on Arkansas and Oklahoma Department of Labor was 7 3%, with 19% of households earning income of less than \$15,000

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

Part VI, Line 5 NO SPECIFIC REPORTING OF COMMUNITY BUILDING ACTIVITIES DURING THIS FISCAL YEAR

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)

Part VI, Line 6 ST EDWARD MERCY HEALTH SYSTEM INCLUDES ST EDWARD MERCY MEDICAL CENTER, HOME HEALTH, HOSPICE, THREE CENTERS OF EXCELLENCE (SURGERY, HEART, WOMENS CENTER), CANCER TREATMENT CENTER AND RELATED DIAGNOSTIC AND CLINICAL PROGRAMS IN ADDITION, THE SYSTEM HAS THREE CRITICAL ACCESS HOSPITALS IN SURROUNDING COMMUNITIES, TWO RURAL HEALTH CLINICS AND MULTIPLE PHYSICIAN CLINIC AND PHYSICIAN SUPPORT SERVICES IN MULTIPLE LOCATIONS WITHIN THE REGION

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 communities served

Part VI, Line 7 As a member of the Sisters of Mercy Health System, since 1905 St Edward Mercy has served the health care needs of Fort Smith and surrounding communities We offer advanced technologies and the highest caliber of physicians and nurses to deliver a broad range of services, with dedication to providing care with compassion and Christian values St Edward Mercy is a general acute care hospital licensed for 336 beds In addition to acute care, St Edward provides comprehensive outpatient services, including home health, hospice, cancer treatment, and complete diagnostic testing services In addition to the main facility in Fort Smith, the network includes three critical access hospitals Mercy Hospital/Turner Memorial in Ozark AR, North Logan Mercy Hospital in Paris AR, and Mercy Hospital of Scott County in Waldron AR Our rural communities are supported by medical clinics located in Charleston, Mansfield, Paris and Waldron AR Fundamental to the service provided in all our community, St Edward Mercy Clinic is an integrated physician clinic with specialties in Emergency Medicine, Hospitalist, Pulmonary / Critical Care and Family Medicine

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

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 EDWARD HEALTH FACILITY FRANKLIN COUNTY

Employer identification number
71-0689680

Part I		Questions Regarding Compensation	
		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First class or charter travel		
	☐ Travel for companions		
	☐ Tax idemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☐ Compensation survey or study		
	☐ 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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				
JEFFREY A JOHNSTON	(i)							
	(ii)	216,132	41,360	46,449	60,774	14,172	378,887	113,073
NATHAN BENNETT DO MS	(i)							
	(ii)	265,324	114,910	66,062	22,826	9,781	478,903	167,796
GRETA WILCHER	(i)							
	(ii)	176,461	20,256	1,492	12,280	5,908	216,397	87,446
WILLIAM E GENTRY	(i)							
	(ii)	100,147	9,307	17,607	20,755	5,108	152,924	58,133
JOHN LACHOWSKY	(i)	158,736		48,727	8,668	13,418	229,549	90,638
	(ii)							
DANILO SULIT	(i)	168,899		30,198	17,470	9,519	226,086	87,168
	(ii)							
JERRY STEVENSON	(i)							
	(ii)	355,448	107,957	3,005,646	496,846	10,968	3,976,865	631,487
BILL SENNEFF	(i)							
	(ii)	187,916	37,100	10,646	68,461	8,562	312,685	132,215
JIMMY MADDOX	(i)							
	(ii)	110,711	21,718	22,435	31,932	9,431	196,227	65,905
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							

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.

[illegible]

Software ID:

Software Version:

EIN: 71-0689680

Name: ST EDWARD HEALTH FACILITY FRANKLIN COUNTY

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				
JEFFREY A JOHNSTON	(i) (ii)	216,132	41,360	46,449	60,774	14,172	378,887	113,073
NATHAN BENNETT DO MS	(i) (ii)	265,324	114,910	66,062	22,826	9,781	478,903	167,796
GRETA WILCHER	(i) (ii)	176,461	20,256	1,492	12,280	5,908	216,397	87,446
WILLIAM E GENTRY	(i) (ii)	100,147	9,307	17,607	20,755	5,108	152,924	58,133
JOHN LACHOWSKY	(i) (ii)	158,736		48,727	8,668	13,418	229,549	90,638
DANILO SULIT	(i) (ii)	168,899		30,198	17,470	9,519	226,086	87,168
JERRY STEVENSON	(i) (ii)	355,448	107,957	3,005,646	496,846	10,968	3,976,865	631,487
BILL SENNEFF	(i) (ii)	187,916	37,100	10,646	68,461	8,562	312,685	132,215
JIMMY MADDOX	(i) (ii)	110,711	21,718	22,435	31,932	9,431	196,227	65,905

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 EDWARD HEALTH FACILITY FRANKLIN COUNTY	Employer identification number 71-0689680
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Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	OTHER HEALTHCARE PROGRAMS Expenses \$ 12228272 including grants of \$ 0 Revenue \$ 10351900

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE MAJORITY OF THE BOARD IS COMPOSED OF LOCAL INDEPENDENT REPRESENTATIVES THE CEO AND CFO ARE PRIMARILY DEFAULT MEMBERS ALONG WITH A MINIMUM OF TWO RELIGIOUS SISTERS OF MERCY ALL POSITIONS, EXCEPT CEO AND CFO, ARE VOLUNTARY AND NONPAID

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		FIRST REVIEW IS COMPLETED BY THE GENERAL LEDGER ACCOUNTANT THAT PREPARES THE MONTHLY FINANCIAL STATEMENT THE SECOND REVIEW IS COMPLETED BY SEMHS CORPORATE CONTROLLER THEN, IT IS SENT TO THE CFO FOR FINAL REVIEW AND SIGNING Also, the Form 990 was reviewed in detail by members of the organization's tax compliance team Members of this team are from various departments including finance, legal and human resources In addition, the Form 990 was reviewed at a higher level by certain members of the organizations governing body constituting the Executive Committee

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 DECISIONS 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		ST EDWARD HEALTH SYSTEM PUBLISHES A YEARLY COMMUNITY BENEFITS REPORT FOR THE PUBLIC IN ADDITION, ST EDWARD HAS MADE AVAILABLE TO THE GENERAL PUBLIC THE FINANCIAL STATEMENTS, MEDICARE COST REPORTS AND TAX RETURNS THROUGH FREEDOM OF INFORMATION REQUESTS CONFLICT OF INTEREST INFORMATION IS KEPT IN ADMINISTRATION

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	SR MARY ANNRENE BRAU, RSM - P O BOX 388 INDEPENDENCE, KS 67301 SR MARY KATHRYN SLAUGHTER, RSM - 2039 NORTH GEYER ROAD ST LOUIS, MO 63131 SR DIANE KOORIE, RSM - 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120

Identifier	Return Reference	Explanation
FORM 990 PART XI LINE 2C	CHANGE OF 990 REVIEW PROCESS	THIS YEAR, BECAUSE OF THE ADDITION FORMS AND OTHER CHANGES, THE MERCY HEALTH MINISTRY IN ST LOUIS HAS REQUESTED A REVIEW OF OUR TAX RETURNS TO MAKE SURE WE ARE BEING CONSISTENT IN THE WAY WE ARE FILING ACROSS ALL FACILITIES WITHIN THE MERCY HEALTH MINISTRY

Identifier	Return Reference	Explanation
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 3 AND 4		ST EDWARD MEDICAL SERVICES, INC (20-2965518) ST EDWARD MERCY CLINIC, INC (26-1318597) ST EDWARD MERCY FOUNDATION (23-7330425) ST EDWARD MERCY MEDICAL CENTER (71-0240352) ST EDWARD FACILITIES OF SCOTT COUNTY (71-0557895) ST EDWARD HEALTH FACILITIES OF LOGAN COUNTY (71-0655753)

Identifier	Return Reference	Explanation
SCHEDULE R PART V, QUESTION 2 LINE 5		SISTERS OF MERCY HEALTH SYSTEM (43-1423050) MCAULEY PORTFOLIO MANAGEMENT COMPANY (26-1708048) MERCY FOUNDATION FOR HEALTH INNOVATION (20-0901499) FRONTENAC PROPERTIES, INC (52-1914421) SISTERS OF MERCY MINISTRIES (72-1069468) RESOURCE OPTIMIZATION & INNOVATION, LLC (46-0468368) MHM SUPPORT SERVICES (20-2553101)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST EDWARD HEALTH FACILITY FRANKLIN COUNTY

Employer identification number
71-0689680

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) Disproporionate 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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) ST EDWARD MERCY FOUNDATION	C	9,500
(2) ST EDWARD MERCY FOUNDATION	P	2,611
(3) SEE SCHEDULE O	O	2,174,226
(4) SEE SCHEDULE O	P	7,050,553
(5) SEE SCHEDULE O	O	275,446
(6)		

Schedule R (Form 990) 2008

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

[illegible]

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 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
ST MARY-ROGERS MEMORIAL HOSPITAL INC 2710 RIFE MEDICAL LANE ROGERS, AR72758 71-0294390	HOSPITAL D/B/A MERCY MEDICAL CENTER D/B/A MERCY HOME HEALTH	AR	501(C)(3)	3	MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS INC
MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS INC 2710 RIFE MEDICAL LANE ROGERS, AR72758 62-1684203	PHYSICIAN GROUP	AR	501(C)(3)	3	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)	11A	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 WHIGHWAY 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	PHYSISICIAN 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 CARE MERCY 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, MO 65536 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	ST EDWARD MERCY MEDICAL CENTER					No			No
SOUTHERN OKLHOMA PHYSICIAN HOSPITAL ORGANIZATION LLC 1011 Fourteenth 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 D/B/A AMERICAN CLASSIC CATERING, RETAIL PHARMACY, ETC	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 **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 ST EDWARD HEALTH FACILITY FRANKLIN COUNTY	Business or activity to which this form relates Form 990 Page 10	Identifying number 71-0689680
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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	131,347
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						
b 5-year property		55,630	5 0	S/L	S/L	5,478
c 7-year property						
d 10-year property		45,800	10 0	S/L	S/L	1,527
e 15-year property						
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	138,352
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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization 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	

Additional Data

Software ID:

Software Version:

EIN: 71-0689680

Name: ST EDWARD HEALTH FACILITY FRANKLIN COUNTY

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA KUYKENDALL , TRUSTEE	1 00	X						0	0	0
BILL MURRAY , TRUSTEE	1 00	X						0	0	0
JEFFREY A JOHNSTON , PRESIDENT & CEO	40 00	X		X				0	303,941	74,946
SR MARY ANNRENE BRAU R , BOARD MEMBER	1 00	X						0	0	0
SR MARY KATHRYN SLAUGHT , BOARD MEMBER	1 00	X						0	0	0
JOHN T WOMACK , BOARD MEMBER	1 00	X						0	0	0
RICHARD R HAHN , BOARD MEMBER	1 00	X						0	0	0
SR DIANE KOORIE RSM , BOARD MEMBER	1 00	X						0	0	0
NATHAN BENNETT DO MS , BOARD MEMBER	1 00	X						0	446,296	32,607
JON HENDRICKSON MD , BOARD MEMBER	1 00	X						0	0	0
SUSAN GROBMYER , BOARD MEMBER	1 00	X						0	0	0
SISTER REBECCA HENDRICKS , CHAIR, REGIONAL BOT	1 00	X						0	0	0
GRETA WILCHER , CFO	40 00			X				0	198,209	18,188
WILLIAM E GENTRY , CONTROLLER	40 00				X			0	127,061	25,863
JOHN LACHOWSKY , PHYSICIAN	40 00					X		207,463	0	22,086
DANILO SULIT , PHYSICIAN	40 00					X		199,097	0	26,989
JERRY STEVENSON , FORMER PRESIDENT & CEO	40 00						X	0	3,469,051	507,814
BILL SENNEFF , FORMER COO	40 00						X	0	235,662	77,023
JIMMY MADDOX , FORMER ADMIN RURAL FACIL	40 00						X	0	154,864	41,363

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 MCAULEY'S SERVICE TRADITION MARKED BY JUSTICE, EXCELLENCE, STEWARDSHIP AND RESPECT FOR THE DIGNITY OF EACH PERSON, THE SISTERS OF MERCY HEALTH SYSTEM IMPLEMENTS AND ADVOCATES FOR INNOVATIVE HEALTH AND SOCIAL SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF COMMUNITIES SERVED, WITH PARTICULAR CONCERN FOR PEOPLE WHO ARE ECONOMICALLY POOR. IN DOING SO, WE MAKE A DIFFERENCE BY TOUCHING THE LIVES OF THOSE WE SERVE WITH COMPASSION AND EXCEPTIONAL MERCY SERVICE.

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 MCAULEY'S SERVICE TRADITION MARKED BY JUSTICE, EXCELLENCE, STEWARDSHIP AND RESPECT FOR THE DIGNITY OF EACH PERSON, THE SISTERS OF MERCY HEALTH SYSTEM IMPLEMENTS AND ADVOCATES FOR INNOVATIVE HEALTH AND SOCIAL SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF COMMUNITIES SERVED, WITH PARTICULAR CONCERN FOR PEOPLE WHO ARE ECONOMICALLY POOR. IN DOING SO, WE MAKE A DIFFERENCE BY TOUCHING THE LIVES OF THOSE WE SERVE WITH COMPASSION AND EXCEPTIONAL MERCY SERVICE.