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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MERCY MEMORIAL HEALTH CENTER FOUNDATI Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1011 14TH AVENUE NW City or town, state or country, and ZIP + 4 ARDMORE, OK 73401	D Employer identification number 71-0962525 E Telephone number (580) 223-5400
	F Name and address of principal officer JAMES E. NEWMAN 1011 14TH AVENUE NW ARDMORE, OK 73401	G Gross receipts \$ 3,537,596. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	J Website ▶ WWW.MERCYOK.NET K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation 2003 M State of legal domicile OK
	Part I Summary	

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>TO SUPPORT THE ACTIVITIES OF AND RAISE FUNDS FOR MERCY MEMORIAL HEALTH CENTER, INC. HOSPITAL.</u>		
	2	Check this box <input type="checkbox"/> 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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	NONE
	6	Total number of volunteers (estimate if necessary)	6	13
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
7b	Net unrelated business taxable income from Form 990-B, line 34	7b	NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,546,388.	3,193,034.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		NONE
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)	521,178.	344,562.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,067,602.	3,537,596.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,362,709.	6,497,847.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	942.	175,561.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	16b	Total fundraising expenses, Part IX, column (D), line 25 ▶ 93,391.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,930.	15,727.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,365,581.	6,689,135.
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	702,021.	-3,151,539.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	19,622,111.	17,776,611.
22	Net assets or fund balances Subtract line 21 from line 20		50,582.	
			19,622,111.	17,726,029.

Part II Signature Block

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 <i>James E. Newman</i> Date <i>5-15-10</i> Type or print name and title <i>James E. Newman, CFO</i>

Paid Preparer's Use Only	Preparer's signature <i>Anne Adams</i> Date <i>5-12-2010</i> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00887943
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>BKD, LLP</i> EIN <i>44-0160260</i> Phone no <i>405-842-7977</i>

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.

Form 990 (2008)

19617

SCANNED JUL 21 2010

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO SUPPORT THE ACTIVITIES OF AND RAISE FUNDS FOR MERCY MEMORIAL
HEALTH CENTER, INC. HOSPITAL.

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 501(c)(4) organizations and section 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 \$ 6,497,847. including grants of \$ 6,497,847.) (Revenue \$ 3,193,034.)
THE ORGANIZATION SUPPORTS MERCY MEMORIAL HEALTH CENTER, INC.

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

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 6,497,847. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 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		
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
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		X
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		X
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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
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	X	
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		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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		X

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>	28a	X
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>	28b	X
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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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>	32	X
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>	33	X
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>	34	X
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>	35	X
36 Section 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>	36	X
37 Did the organization conduct more than 5% 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>	37	X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	NONE
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	NONE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
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 more than \$75?	7a	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	13
1b	Enter the number of voting members that are independent	1b	10
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	X
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	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
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	X
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	X

Section B. Policies

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization JAMES NEWMAN 1011 14TH AVENUE NW ARDMORE, OK 73401
580-223-5400

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
MITA BATES DIRECTOR	1.	X						NONE	NONE	NONE
BRIDGE COX VICE-CHAIR	1.	X		X				NONE	NONE	NONE
TOMMY CRAIGHEAD DIRECTOR	1.	X						NONE	NONE	NONE
BOB DEXTER SECRETARY	1.	X		X				NONE	NONE	NONE
DR. RON GRAVES DIRECTOR	1.	X						NONE	NONE	NONE
JOHN KRIET DIRECTOR	1.	X						NONE	NONE	NONE
LOVELL MCMILLIN DIRECTOR	1.	X						NONE	NONE	NONE
MARK RIESEN CHAIR	1.	X		X				NONE	NONE	NONE
ALLISON SMALLEY DIRECTOR	1.	X						NONE	NONE	NONE
BOB THOMPSON DIRECTOR	1.	X						NONE	343,876.	95,327.
CURTIS J. DAVIDSON DIRECTOR	1.	X						NONE	NONE	NONE
ANDRE MOORE EXECUTIVE DIRECTOR	40.	X		X				118,865.	NONE	6,045.
MINDY BURDICK EX-OFFICIO	1.	X						NONE	115,318.	2,778.
JAMES NEWMAN TREASURER	1.			X				NONE	313,969.	77,757.

Part VIII Statement of Revenue

71-0962525

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,193,034.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		3,193,034.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT. 1. ▶		344,562.			344,562.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	5	Royalties ▶		NONE			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		NONE			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		NONE			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events ▶		NONE			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities ▶		NONE			
	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 ▶		NONE				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		NONE				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		3,537,596.			344,562.	

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 . . .	6,497,847.	6,497,847.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	118,256.		59,128.	59,128.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	38,150.		19,075.	19,075.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	558.		279.	279.
9 Other employee benefits	8,834.		4,417.	4,417.
10 Payroll taxes	9,763.		4,881.	4,882.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	2,500.		2,500.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	102.		51.	51.
12 Advertising and promotion	NONE			
13 Office expenses	2,733.		1,161.	1,572.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	704.		704.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	NONE			
23 Insurance	NONE			
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 EDUCATION -----	3,517.		3,517.	
b POSTAGE -----	2,817.			2,817.
c BANK CHARGES -----	1,136.		568.	568.
d DUES -----	1,014.		1,014.	
e EMPLOYEE REIMBURSEMENT -----	672.		336.	336.
f All other expenses -----	532.		266.	266.
25 Total functional expenses. Add lines 1 through 24f	6,689,135.	6,497,847.	97,897.	93,391.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,769,107.	1	345,352.
	2 Savings and temporary cash investments	8,054,272.	2	8,681,839.
	3 Pledges and grants receivable, net	9,715,274.	3	8,641,349.
	4 Accounts receivable, net	83,458.	4	NONE
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis 10a			
	b Less accumulated depreciation. Complete Part VI of Schedule D. 10b			10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	108,071.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,622,111.	16	17,776,611.	
Liabilities	17 Accounts payable and accrued expenses		17	9,407.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	41,175.
	26 Total liabilities. Add lines 17 through 25		26	50,582.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,554.	27	1,021,443.
	28 Temporarily restricted net assets	19,617,557.	28	16,704,586.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,622,111.	33	17,726,029.
	34 Total liabilities and net assets/fund balances.	19,622,111.	34	17,776,611.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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	X
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	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

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

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

Employer identification number

71-0962525

Part I Reason for Public Charity Status (All organizations must complete this part.) (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 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? _____

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

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 2									
Total									6,497,847.

Part II **Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 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 lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. 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 <input type="checkbox"/>						

Section C. 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 from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support 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 <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a 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 <input type="checkbox"/>		
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 "fact-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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. 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 from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. 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% support 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% support 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

Employer identification number

71-0962525

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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 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 the arrangement in Part XIV and complete the following table

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				

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

(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.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Total (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value

Total (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO TAX EXEMPT AFFILIATE	41,175.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	41,175.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,537,596.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,689,135.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,151,539.
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	-1,089,616.
9	Total adjustments (net) Add lines 4-8	9	-1,089,616.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,241,155.

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	3,537,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,537,596.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,537,596.

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

1	Total expenses and losses per audited financial statements	1	5,599,519.
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	-1,089,616.
e	Add lines 2a through 2d	2e	-1,089,616.
3	Subtract line 2e from line 1	3	6,689,135.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,689,135.

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 IV, 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

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

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

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

Employer identification number

71-0962525

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | | |
|---|--|------|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 | ▲ |
| 3 | Enter total number of other organizations | NONE | ▲ |

Schedule I (Form 990) 2008

**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

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

Employer identification number

71-0962525

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 of the expenses described above? If "No," complete Part III to explain

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

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.

1SCHEDULE J, PART I, LINE 3THE ORGANIZATION RELIED ON A RELATED ORGANIZATION TO ESTABLISH THE TOPMANAGEMENT OFFICIAL'S COMPENSATION.SISTERS OF MERCY HEALTH SYSTEM USED THE FOLLOWING METHODS TO ESTABLISHEXECUTIVE COMPENSATION FOR THE FISCAL YEAR ENDED JUNE 30, 2009: EXTERNALMARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF ANINDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATIONBY THE EXECUTIVE COMPENSATION COMMITTEE OF THE SISTERS OF MERCY HEALTHSYSTEM BOARD.2SCHEDULE J, PART I, LINE 4BTHE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL MANAGEMENTRETIREMENT PLAN:MINDY BURDICK

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

JAMES NEWMAN

BOB THOMPSON

THE INDIVIDUALS LISTED ABOVE DID NOT RECEIVE PAYMENTS FROM THE
SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN DURING THE YEAR FROM THE FILING
ORGANIZATION OR RELATED ORGANIZATIONS.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

1

FORM 990, PART VI, LINE 6

MERCY MEMORIAL HEALTH CENTER, INC. IS THE SOLE MEMBER OF THE

ORGANIZATION.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

2FORM 990, PART VI, LINE 7THE DIRECTORS OF THE CORPORATION ARE ELECTED BY A MAJORITY VOTE OF THEMERCY MEMORIAL HEALTH CENTER BOARD OF DIRECTORS. MERCY MEMORIAL HEALTHCENTER MAY ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THEORGANIZATION.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

3

FORM 990, PART VI, LINE 10

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE RETURN IS
REVIEWED INTERNALLY AND THEN IS REVIEWED AND APPROVED BY THE BOARD PRIOR
TO FILING WITH THE IRS.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

4

FORM 990, PART VI, LINE 12C

THE BOARD ANNUALLY RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE. THE
ORGANIZATION HAS A COMPLIANCE DEPARTMENT TO MONITOR AND ENFORCE
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

5

FORM 990, PART VI, LINE 15

OFFICER AND TRUSTEE COMPENSATION IS DETERMINED BY RELATED ORGANIZATIONS.

THE SISTERS OF MERCY HEALTH SYSTEM IS RESPONSIBLE FOR SETTING THE

OFFICERS' AND TRUSTEES' COMPENSATION.

SISTERS OF MERCY HEALTH SYSTEM USED THE FOLLOWING METHODS TO ESTABLISH

COMPENSATION OF OFFICERS FOR THE FISCAL YEAR ENDED JUNE 30, 2009:

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 SISTERS OF

MERCY HEALTH SYSTEM BOARD.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

6

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

7FORM 990, PART VIIJAMES NEWMAN DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO RELATEDORGANIZATIONS.BOB THOMPSON DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO RELATEDORGANIZATIONS.MINDY BURDICK DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO RELATEDORGANIZATIONS.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

8

FORM 990, PART V, LINE 2A

THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX, LINE 7 REPRESENT AN
ALLOCATION OF SALARIES AND WAGES FROM A RELATED ORGANIZATION.

EMPLOYEES ARE PAID UNDER A COMMON PAYMASTER ARRANGEMENT BY A RELATED
ORGANIZATION. ALL PAYROLL FILING WAS REPORTED UNDER THE RELATED
ORGANIZATION'S EIN.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

9

FORM 990, SCHEDULE R, PART II

ST. JOHN'S MERCY HEALTH SYSTEM CONSISTS OF ST. JOHN'S MERCY MEDICAL
CENTER, EIN 43-0653493, AND ST. JOHN'S MERCY HOSPITAL, EIN 43-1066883.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

10

FORM 990, SCHEDULE R, PART V

LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF

MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES. THE MAJORITY OF THE

INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH

LAWSON VIA INTERCOMPANY JOURNAL ENTRIES. WITH THE CURRENT DESIGN OF THE

ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION

INFORMATION THAT CAN BE EXTRACTED FROM LAWSON. DUE TO THESE LIMITATIONS,

MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS

BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P.

Name of the organization

Employer identification number

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

71-0962525

11

FORM 990, SCHEDULE R, PART V, QUESTION 2, LINES 1 & 2

MERCY HEALTH SYSTEM, INC.

MERCY HEALTH CENTER, INC.

MERCY HEALTH CENTER FOUNDATION, INC.

MERCY MEMORIAL HEALTH CENTER, INC.

MERCY HEALTH NETWORK, INC.

MERCY HEALTH NETWORK OF THE SOUTHERN REGION, INC.

MERCY HEALTH SERVICES, INC.

MERCY HEALTH CENTER CONDOMINIUM, INC.

SOUTHERN OKLAHOMA DIAGNOSTIC CENTER, LLC

HEALDTON MERCY HOSPITAL CORPORATION

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY MEMORIAL HEALTH CENTER FOUNDATION, INC

Related Organizations and Unrelated Partnerships

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

Employer identification number

71-0962525

OMB No. 1545-0047
2008

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Inspection

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 SCHEDULE R-1					

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

Schedule R (Form 990) 2008

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)

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-f)	(C) Amount involved
(1) REFER TO SCHEDULE O FOR NAME OF ORGANIZATIONS	O	73,247.
(2) REFER TO SCHEDULE O FOR NAME OF ORGANIZATIONS	P	99,000.
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Part II Continuation of 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
ADVANCE CARE HOSPITAL 300 WERNER ST, 3RD FLOOR HOT SPRINGS, AR 71913 71-0816634	HOSPITAL	AR	501(C)(3)	3	N/A
BREECH REGIONAL MEDICAL CENTER 100 HOSPITAL DRIVE LEBANON, MO 65536 43-1767432	HOSPITAL	MO	501(C)(3)	3	N/A
CARROLL HEALTH FOUNDATION 214 CARTER STREET BERRYVILLE, AR 72616 71-0759301	FOUNDATION	AR	501(C)(3)	11A	N/A
CASA DE MISERICORDIA 1602 MCCLELLAND STREET LAREDO, TX 78044 74-2912461	SHELTER	TX	501(C)(3)	7	N/A
HEALDTON MERCY HOSPITAL CORPORATION 918 SOUTH STREET HEALDTON, OK 73438 26-3173902	HOSPITAL	OK	501(C)(3)	3	N/A
LAREDO MEDICAL GROUP 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 74-2764726	INACTIVE	TX	501(C)(3)	9	N/A
MCAULEY PORTFOLIO MANAGEMENT COMPANY 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 26-1708048	PORTFOLIO MGMT	MO	501(C)(3)	11B	N/A
MERCY EMERGENCY MEDICAL SERVICES, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 81-0627035	INACTIVE	OK	501(C)(3)	9	N/A
MERCY FOUNDATION FOR HEALTH INNOVATION 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 20-0901499	FOUNDATION	MO	501(C)(3)	11B	N/A
MERCY HEALTH CENTER FOUNDATION, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1593024	FOUNDATION	OK	501(C)(3)	11A	N/A
MERCY HEALTH CENTER, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-0579285	HOSPITAL	OK	501(C)(3)	3	N/A
MERCY HEALTH CENTER FOUNDATION 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501(C)(3)	11C	N/A
MERCY HEALTH SERVICES, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 14-1838609	CLINIC	OK	501(C)(3)	3	N/A
MERCY HEALTH SYSTEM OF KANSAS, INC. 401 WOODLAND HILLS BLVD. FORT SCOTT, KS 66701 48-0956045	HOSPITAL	KS	501(C)(3)	3	N/A
MERCY HEALTH SYSTEM OF NORTHWEST AR 2710 RIFE MEDICAL DRIVE ROGERS, AR 72758 62-1684203	PHYS. GROUP	AR	501(C)(3)	11B	N/A

Schedule R-1 (Form 990) 2008

Part II Continuation of 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
MERCY HEALTH SYSTEM OF TEXAS, INC. 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 74-2764727	INACTIVE	TX	501(C)(3)	11B	N/A
MERCY HEALTH SYSTEM, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HOLDING CO.	OK	501(C)(3)	11A	N/A
MERCY HOSPITAL FDTN OF INDEPENDENCE, INC. 800 W. MYRTLE INDEPENDENCE, KS 67301 48-1079981	FOUNDATION	KS	501(C)(3)	11A	N/A
MERCY HOSPITAL OF LAREDO 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 74-1189682	INACTIVE	TX	501(C)(3)	3	N/A
MERCY MEDICAL GROUP 645 MARYVILLE CENTRE DRIVE, SU ST. LOUIS, MO 63141 43-1771217	PHYS. GROUP	MO	501(C)(3)	9	N/A
MERCY MEMORIAL HEALTH CENTER, INC. 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501(C)(3)	3	N/A
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX 78043 20-0198462	HEALTHCARE	TX	501(C)(3)	7	N/A
MHM SUPPORT SERVICES 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 20-2553101	CENTR. FUNCT	MO	501(C)(3)	11B	N/A
MISSION CLINICAL SERVICES 300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	CLINIC	AR	501(C)(3)	9	N/A
OZARKS REGIONS HEALTH SYSTEMS, INC. 214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501(C)(3)	3	N/A
SISTERS OF MERCY HEALTH SYSTEM 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 43-1423050	CORP. OFFICE	MO	501(C)(3)	1	N/A
SISTERS OF MERCY MINISTRIES 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017 72-1069468	COUNSELING	MO	501(C)(3)	7	N/A
ST. EDWARD HEALTH FACILITIES OF FRANKLIN 801 W. RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501(C)(3)	3	N/A
ST. EDWARD HEALTH FACILITIES OF LOGAN CO. 500 E. ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501(C)(3)	3	N/A
ST. EDWARD HEALTH FACILITIES OF SCOTT CO. 1341 W. 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501(C)(3)	3	N/A

Schedule R-1 (Form 990) 2008

Part II Continuation of 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
ST. EDWARD MERCY CLINIC, INC. 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	CLINIC	AR	501(C)(3)	9	N/A
ST. EDWARD MERCY HEALTH SYSTEM, INC. 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING CO.	AR	501(C)(3)	11B	N/A
ST. EDWARD MERCY MEDICAL CENTER 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501(C)(3)	3	N/A
ST. FRANCIS HOSPITAL, MOUNTAIN VIEW, MO 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501(C)(3)	3	N/A
ST. JOHN'S AURORA, INC. 500 PORTER AVENUE AURORA, MO 65605 43-1936696	HOSPITAL	MO	501(C)(3)	3	N/A
ST. JOHN'S CASSVILLE, INC. 94 MAIN STREET CASSVILLE, MO 65625 43-1936699	HOSPITAL	MO	501(C)(3)	3	N/A
ST. JOHN'S CHILDREN'S HOSPITAL, INC. 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 N/A	INACTIVE	MO	501(C)(3)	3	N/A
ST. JOHN'S CLINIC, INC. 1965 FREMONT STREET, SUITE 295 SPRINGFIELD, MO 65804 43-1560263	PHYS. GROUP	MO	501(C)(3)	9	N/A
ST. JOHN'S FDTN FOR COMMUNITY HEALTH 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 32-0195818	FOUNDATION	MO	501(C)(3)	11B	N/A
ST. JOHN'S HEALTH SYSTEM, INC. 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 43-1856028	HOLDING CO.	MO	501(C)(3)	11B	N/A
ST. JOHN'S HOME CARE OF BERRYVILLE, INC. 214 CARTER STREET BERRYVILLE, AR 72616 87-0781247	HOME HEALTH	AR	501(C)(3)	11C	N/A
ST. JOHN'S MEDICAL RESEARCH INSTITUTE 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 87-0796305	RESEARCH	MO	501(C)(3)	4	N/A
ST. JOHN'S MERCY FOUNDATION 645 MARYVILLE CENTRE DRIVE, SU ST. LOUIS, MO 63141 56-2410022	FOUNDATION	MO	501(C)(3)	11B	N/A
ST. JOHN'S MERCY HEALTH CARE 645 MARYVILLE CENTRE DRIVE, SU ST. LOUIS, MO 63141 43-1718408	HEALTH SYSTEM	MO	501(C)(3)	11B	N/A
ST. JOHN'S MERCY HEALTH SYSTEM 645 MARYVILLE CENTRE DRIVE, SU ST. LOUIS, MO 63141 43-0653493	HOSPITAL	MO	501(C)(3)	3	N/A

Schedule R-1 (Form 990) 2008

Part II Continuation of 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
ST. JOHN'S MERCY HOSPITAL FOUNDATION 901 E. FIFTH STREET WASHINGTON, MO 63090	FOUNDATION	MO	501(C)(3)	11B	N/A
ST. JOHN'S MERCY SUPPORT SERVICES 615 S. NEW BALLAS ROAD ST. LOUIS, MO 63141	INACTIVE	MO	501(C)(3)	11C	N/A
ST. JOHN'S REGIONAL HEALTH CENTER 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	HOSPITAL	MO	501(C)(3)	3	N/A
ST. JOSEPH'S MERCY CLINIC, INC. 1 MERCY LANE HOT SPRINGS, AR 71913	CLINIC	AR	501(C)(3)	9	N/A
ST. JOSEPH'S MERCY HEALTH CENTER 300 WERNER STREET HOT SPRINGS, AR 71913	HOSPITAL	AR	501(C)(3)	3	N/A
ST. JOSEPH'S MERCY HEALTH FOUNDATION 300 WERNER STREET HOT SPRINGS, AR 71913	FOUNDATION	AR	501(C)(3)	11B	N/A
ST. JOSEPH'S MERCY HEALTH SYSTEM, INC. 300 WERNER STREET HOT SPRINGS, AR 71913	HOLDING CO.	AR	501(C)(3)	11B	N/A
ST. MARY-ROGERS MEMORIAL HOSPITAL, INC. 2710 RIFE MEDICAL LANE ROGERS, AR 72758	HOSPITAL	AR	501(C)(3)	3	N/A
ST. MARY'S HOSPITAL FOUNDATION 2710 RIFE MEDICAL LANE ROGERS, AR 72758	FOUNDATION	AR	501(C)(3)	11C	N/A
ST. MARY'S HOSPITAL OF ENID, OKLAHOMA 14528 S. OUTER FORTY, SUITE 10 CHESTERFIELD, MO 63017	INACTIVE	OK	501(C)(3)	3	N/A
THE SISTER M. CORNELIA BLASKO FOUNDATION 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548	FOUNDATION	MO	501(C)(3)	11A	N/A
UNITY AMBULATORY CARE 645 MARYVILLE CENTRE DRIVE, SU ST. LOUIS, MO 63141	INACTIVE	MO	501(C)(3)	11C	N/A

Schedule R-1 (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(7)	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2008

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	344,562.			344,562.
TOTALS	344,562.			344,562.

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
MERCY MEMORIAL HEALTH CENTER	73-1500629	03	X		X		X		6,497,847.

TOTAL AMOUNT OF SUPPORT									6,497,847.
									=====