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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MERCY MINISTRIES OF LAREDO		D Employer identification number 20-0198462	
		Doing Business As		E Telephone number (956) 718-6810	
		Number and street (or P O box if mail is not delivered to street address) 2500 Zacatecas St PO BOX 430169	Room/suite	G Gross receipts \$ 25,708,125	
		City or town, state or country, and ZIP + 4 Laredo, TX 78043			
	F Name and address of principal officer Sister Maria Luisa Vera RSM 2500 Zacatecas St Laredo, TX 78046		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) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 0928			
J Website: ▶ www.mercylaredo.com					
K Form 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 TX

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	1
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	4
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,027,117	1,308,683
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	326,674	300,962
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,841,043	2,989,318
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,621	12,217
		-474,631	4,611,180
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,165	109,974
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,638,412	1,585,617
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>165,598</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,288,269	1,001,872
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,935,846	2,697,463
	19 Revenue less expenses Subtract line 18 from line 12	-3,410,477	1,913,717
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	19,605,323	22,294,645
	21 Total liabilities (Part X, line 26)	708,572	663,513
	22 Net assets or fund balances Subtract line 21 from line 20	18,896,751	21,631,132

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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-05-05</div> </div> <div>Date</div>	
	<div> <div></div> <div>SR MARIA LUISA VERA RSM president</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div>Preparer's signature</div> <div></div>		Date	<div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div>	Preparer's identifying number (see instructions)
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>ERNST & YOUNG US LLP</div> <div>190 CARONDELET PLAZA SUITE 1300</div> <div>CLAYTON, MO 63105</div> </div>		<div>EIN</div> <div></div>		
			<div>Phone no</div> <div>(314) 290-1000</div>		

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission:

SEE SCHEDULE O

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 \$ 1,095,753 including grants of \$ 72,281) (Revenue \$ 161,464)
SEE SCHEDULE O	

4b	(Code) (Expenses \$ 579,071 including grants of \$ 23,679) (Revenue \$ 119,887)
SEE SCHEDULE O	









4c	(Code) (Expenses \$ 209,425 including grants of \$ 0) (Revenue \$ 0)
SEE SCHEDULE O	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 196,018 including grants of \$ 14,014) (Revenue \$ 19,611)

4e	Total program service expenses \$ 2,080,267
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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		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school 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 United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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>	34	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>	35	Yes	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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	1a	35	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0	
	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)			
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: <input type="text"/> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 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

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	18	
b	Enter the number of voting members that are independent	1b	17	
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ ELIZABETH CASSO 2500 ZACATECAS ST LAREDO, TX 78046 (956) 721-7411

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

• 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

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

Form **990** (2009)

1b	Total	0	166,367	34,034
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

		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>		No
4	For any individual listed on line 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>		No
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>		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
LAREDO MEDICAL CENTER 1700 SAUNDERS LAREDO, TX 78041		LAB & DIAGNOSTIC	510,738
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1		

Part VIII

Statement of Revenue

				(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	50,000				
	e	Government grants (contributions)	1e	150,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,108,683				
	g	Noncash contributions included in lines 1a-1f \$ 0						
	h	Total. Add lines 1a-1f			1,308,683			
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	621,399	300,962	300,962			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			300,962			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		296,922			296,922	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
		Gross Rents		4,500				
		b	Less rental expenses	0				
		c	Rental income or (loss)	4,500				
	d	Net rental income or (loss)		4,500			4,500	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		23,668,752	117,969			
		b	Less cost or other basis and sales expenses	21,041,656	52,669			
		c	Gain or (loss)	2,627,096	65,300			
	d	Net gain or (loss)		2,692,396			2,692,396	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18						
		a	10,148					
		b	Less direct expenses	2,620				
	c	Net income or (loss) from fundraising events . .		7,528			7,528	
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses					
c	Net income or (loss) from gaming activities . .		0					
10a	Gross sales of inventory, less returns and allowances							
	a							
	b	Less cost of goods sold . . .						
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	COPYING FEES		561,110	189			189	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			189				
12	Total revenue. See Instructions			4,611,180	300,962		3,001,535	

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	109,974	109,974		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	533,568	177,529	325,654	30,385
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	857,528	712,099	44,509	100,920
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,307	24,926	1,647	3,734
9	Other employee benefits	105,746	90,851	9,393	5,502
10	Payroll taxes	58,468	47,700	3,162	7,606
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	23,000		23,000	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	570,368	569,318		1,050
12	Advertising and promotion	0			
13	Office expenses	105,625	92,610	6,835	6,180
14	Information technology	6,871	5,497	1,168	206
15	Royalties	0			
16	Occupancy	94,251	85,769	7,539	943
17	Travel	23,031	17,360	2,261	3,410
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	113	113		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	129,250	117,617	10,341	1,292
23	Insurance	33,410	25,683	5,790	1,937
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	All other expenses	15,953	3,221	10,299	2,433
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,697,463	2,080,267	451,598	165,598
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			335	1	407
	2	Savings and temporary cash investments			2,446,466	2	408,603
	3	Pledges and grants receivable, net			297,783	3	489,671
	4	Accounts receivable, net			41,825	4	45,102
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	3,245,327			
	b	Less accumulated depreciation	10b	2,076,710	1,325,968	10c	1,168,617
	11	Investments—publicly traded securities			15,492,646	11	20,181,945
	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			300	15	300
	16	Total assets. Add lines 1 through 15 (must equal line 34)			19,605,323	16	22,294,645
Liabilities	17	Accounts payable and accrued expenses			543,572	17	360,104
	18	Grants payable				18	
	19	Deferred revenue			165,000	19	303,409
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial 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 to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			708,572	26	663,513
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			18,823,228	27	21,515,690
	28	Temporarily restricted net assets			73,523	28	115,442
	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			18,896,751	33	21,631,132
	34	Total liabilities and net assets/fund balances			19,605,323	34	22,294,645

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a	No
b Were the organization's financial statements audited by an independent accountant? 	2b	Yes
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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	Yes
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization MERCY MINISTRIES OF LAREDO	Employer identification number 20-0198462
--	--

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 (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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).**
- 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 supported organization(s)

	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	888,277	630,549	847,284	1,027,117	1,308,683	4,701,910
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 through 3	888,277	630,549	847,284	1,027,117	1,308,683	4,701,910
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)						166,635
6 Public Support. Subtract line 5 from line 4						4,535,275

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	888,277	1,589,184	847,284	1,027,117	1,308,683	4,701,910
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,861,894	1,589,184	1,383,562	585,676	301,422	5,721,738
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	8,701	135	142	229	189	9,396
11 Total support (Add lines 7 through 10)						10,433,044

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

121,656,066

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	43 470 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	35 260 %

16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private 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. 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

Explanation
OTHER INCOME INCLUDES FEES RECEIVED FOR COPYING MEDICAL RECORDS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MERCY MINISTRIES OF LAREDO

Employer identification number
20-0198462

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 for any other purpose conferring 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)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

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

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 the arrangement 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

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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) Accumulated depreciation	(d) Book value
1a Land		269,235		269,235
b Buildings		2,253,714	1,769,469	484,245
c Leasehold improvements				
d Equipment		722,378	307,241	415,137
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,168,617

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	4,611,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,697,463
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,913,717
4	Net unrealized gains (losses) on investments	4	819,363
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	1,301
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	820,664
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,734,381

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	5,529,055
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	819,363
b	Donated services and use of facilities	2b	98,512
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	917,875
3	Subtract line 2e from line 1	3	4,611,180
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	4,611,180

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,795,975
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	98,512
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	98,512
3	Subtract line 2e from line 1	3	2,697,463
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	2,697,463

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES DO NOT INCLUDE A FOOTNOTE TO REPORT THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48, AS THEY ARE DEEMED IMMATERIAL FOR DISCLOSURE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY MINISTRIES OF LAREDO

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
20-0198462

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" to 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 ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

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

3

Enter total number of other organizations ▶

Additional Data

Software ID:
Software Version:
EIN: 20-0198462
Name: MERCY MINISTRIES OF LAREDO

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493133009341
SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009 Open to Public Inspection
Name of the organization MERCY MINISTRIES OF LAREDO			Employer identification number 20-0198462

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART I & PART III, LINE 1	FOUNDED IN THE TRADITION OF THE SISTERS OF MERCY AND FOLLOWING THE EXAMPLE OF JESUS, MERCY MINISTRIES OF LAREDO PROVIDES PRIMARY HEALTHCARE, HEALTHCARE EDUCATION AND SOCIAL SERVICES IN LAREDO AND THE SURROUNDING AREA WE WILL STRIVE TO ADDRESS THE NEEDS OF ALL PERSONS, ESPECIALLY THOSE WHO ARE ECONOMICALLY POOR AND MARGINAL MERCY MINISTRIES OF LAREDO WILL DEMONSTRATE SPECIAL CONCERN FOR THE NEEDS OF WOMEN AND CHILDREN WHILE PROMOTING FAMILY VALUES WE WILL COLLABORATE WITH OTHER PROVIDERS AND PARTNERS WHO SHARE IN OUR MISSION AND VALUES PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4A MERCY MINISTRIES OF LAREDO'S PRIMARY EXEMPT FUNCTION IS TO PROVIDE PRIMARY HEALTHCARE SERVICE INCLUDING HEALTHCARE EDUCATION TO FAMILIES IN WEBB COUNTY WHO ARE UNINSURED, INDIGENT AND RESIDE IN MEDICALLY UNDERSERVED AREAS THESE SERVICES ARE RENDERED THROUGH MERCY CLINIC AT 2500 ZACATECAS STREET AND THROUGH THE MERCY MEDICAL MOBILE CLINIC, WHICH DELIVERS SERVICES TO COLONIAS (UNINCORPORATED AREAS), INNER CITY AND OUTLYING AREAS WHERE MEDICAL HELP IS INACCESSIBLE THE PRIMARY PROGRAMS ARE GENERAL MEDICINE INCLUDING PREVENTION AND CONTROL OF DIABETES, CANCER SCREENING AND EDUCATION AND OUTREACH PROGRAM OTHER SERVICES INCLUDE DENTAL PROGRAM, MEDICATION ASSISTANCE, AND NUTRITION PROGRAMS GENERAL MEDICINE GENERAL MEDICINE INCLUDES REGULAR PHYSICAL AND WELLNESS EXAMS SUCH AS SCREENINGS FOR DIABETES, BLOOD PRESSURE AND HEART DISEASE A TOTAL OF 1,401 PATIENTS WERE SEEN THROUGH THE GENERAL MEDICINE PROGRAM THE PROGRAM ALSO INCLUDES VISITS FROM COMPLIANT PATIENTS FOR COMMON ILLNESS SUCH AS COLDS, HEADACHES AND STOMACH AILMENTS PATIENTS ARE SEEN BY MID LEVEL PRACTITIONERS AND ARE REFERRED TO PHYSICIANS AND OR SPECIALTY PHYSICIANS WHEN NECESSARY CASE MANAGERS AND THE SOCIAL WORKER ALSO PLAY A CRITICAL ROLE IN THE GENERAL MEDICINE PROGRAM THEY GUIDE PATIENTS THROUGH THE MEDICAL SYSTEM AND MAKE SPECIALTY AND FOLLOW UP REFERRALS OVER 425 PATIENTS WERE REFERRED TO MEDICAL SPECIALISTS FOR CARE DIABETIC AND PRE-DIABETIC PATIENTS ARE MONITORED CLOSELY BY THE CLINIC EDUCATION, NUTRITION AND EXERCISE CLASSES ARE PROVIDED IN AN EFFORT TO AID PATIENTS CONTROL THE DISEASE IN ADDITION, A CHRONIC ILLNESS MANAGER WORKS CLOSELY WITH PATIENTS WHO REQUIRE ONE-ON-ONE MONITORING PATIENTS ARE ASSISTED IN ACQUIRING GLUCOSE MONITORING EQUIPMENT, SUPPLIES AND MEDICATIONS PATIENTS ARE ALSO PROVIDED WITH EYE AND FOOT EXAMS BY SPECIALTY PHYSICIANS A TOTAL OF 222 UNDUPLICATED DIABETIC PATIENTS WERE SEEN THROUGH THE PROGRAM

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4B	CANCER SCREENING AND EDUCATION THE CANCER PROGRAM'S GOAL IS TO EDUCATE PATIENTS ON THE IMPORTANCE OF EARLY DETECTION AND REGULAR SCREENINGS FOR BREAST, CERVICAL, COLON AND PROSTATE CANCER THE PROGRAM RESULTED IN 3,183 ENCOUNTERS AND 3,308 SCREENINGS THE ENCOUNTERS COME IN THE FORM OF PLATICAS (INFORMAL TALKS IN PATIENTS' HOMES OR NEIGHBORHOOD RECREATION CENTERS), HEALTH FAIRS AND ONE ON ONE MEETINGS WITH PATIENTS IN ADDITION, MERCY MINISTRIES PROMOTES A PEER-TO-PEER EDUCATION AND REFERRAL PROGRAM TO INCREASE THE NUMBER OF PATIENTS WHO COME FOR SCREENINGS 8 PATIENTS WERE DIAGNOSED WITH SOME FORM OF CANCER AND REFERRED TO SPECIALISTS FOR TREATMENT MERCY CLINIC COLLABORATES WITH LOCAL ONCOLOGISTS AND DIAGNOSTICIANS TO ASSIST PATIENTS WITH EXPENSES PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4C OUTREACH EFFORTS A CRITICAL PART OF OUR PROGRAM IS REACHING OUT TO PEOPLE WHO LIVE IN REMOTE AREAS THE OUTREACH PROGRAM SEEKS TO EDUCATE PATIENTS ON THE NEED FOR A MEDICAL HOME AND REGULAR PHYSICAL EXAMS OUTREACH SEEKS TO TAKE SERVICES TO NEIGHBORHOODS VIA THE MERCY MEDICAL MOBILE CLINIC, TO PATIENTS' HOMES AND TO NEIGHBORHOOD RECREATION CETNERS THE MOBILE CLINIC VISITS 12 LOCATIONS THROUGHOUT WEBB COUNTY COMMUNITY HEALTHCARE WORKERS PLAY THE GREATEST ROLE IN THE EDUCATION COMPONENT OF THESE EFFORTS OUTREACH EFFORTS INCLUDED 1,318 HOME VISITS AND 245 PLATICAS IN FISCAL YEAR 2010 IN ADDITION THERE WERE 1,868 MEDICAL OUTREACH ENCOUNTERS AND 3,142 EDUCATION ENCOUNTERS DESCRIPTION OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4D MERCY CLINIC'S OTHER PROGRAMS INCLUDE MEDICATION ASSISTANCE, DENTAL AND NUTRITION THE MEDICATION ASSISTANCE PROGRAM GUIDES PATIENTS THROUGH THE PROCESS OF SECURING FREE OR LOW-COST MEDICATION THROUGH THE PHARMACEUTICAL COMPANIES THE PROGRAM PROVIDED \$1,805,641 OF MEDICATION FOR PATIENTS THE DENTAL PROGRAM PROVIDES SERVICES TO ADULT PATIENTS WHO ARE COMPLIANT WITH THEIR MEDICAL REGIMEN AND SCREENINGS REGULAR SERVICES INCLUDE CLEANINGS, FILLINGS AND EXTRACTIONS OTHER SERVICES INCLUDE ROOT CANALS, DENTURES AND CROWNS THE CLINIC IS STAFFED ONE DAY PER WEEK BY LOCAL VOLUNTEER DENTISTS DURING FISCAL YEAR 2010 DENTISTS PERFORMED 1,297 PROCEDURES VALUED AT \$152,370 OVER 200 PATIENTS WERE PROVIDED SERVICES ACCOUNTING FOR 514 DENTAL VISITS THE NUTRITION PROGRAM ADDRESSES THE GENERAL WELLNESS OF PATIENTS BY TEACHING THE IMPORTANCE OF HEALTHY EATING THE PROGRAM TEACHES PARTICIPANTS TO READ LABELS, SHOP WISELY, PORTION CONTROL, AND PROVIDES RECIPES 429 PATIENTS PARTICIPATED IN THE NUTRITION PROGRAM W3-FILING FORM 990, PART V, QUESTION 2A EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDING W-2, W-3's) WAS REPORTED UNDER THE RELATED ORGANIZATION'S EIN DESCRIPTION OF RELATIONSHIPS FORM 990, PART VI, LINE 2 DIRECTORS MINERVA RAMIERZ AND CARMEN RATHMELL-FAMILY RELATIONSHIP DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6, 7A, 7B THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, THE SISTERS OF MERCY HEALTH SYSTEM THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED UNTO THE CORPORATE MEMBER APPROVAL OF THE ADOPTION OF AND ANY REVISIONS TO THE MISSION, VISION AND OPERATING VALUES PURSUANT TO WHICH THE CORPORATION WILL OPERATE, APPROVAL OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION AND THESE BYLAWS AND ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AND BYLAWS OF ANY AFFILIATE OF THE CORPORATION, APPOINTMENT AND REMOVAL OF MEMBERS OF THE BOARD, APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, ADOPTION OF BUDGETS FOR THE CORPORATION, TO LEASE OR SELL ANY OF THE ASSETS OF THE CORPORATION, OR ANY AFFILIATE OF THE CORPORATION, IN EXCESS OF ONE MILLION DOLLARS(\$1,000,000), AUTHORIZATION AND APPROVAL OF ANY INCURRENCE OF DEBT BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS OR SERVICES ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) OR THE GRANT OF SECURITY INTERESTS, PLACEMENT OF ENCUMBRANCES, ENTERING INTO COVENANTS, EXECUTION OF ANY DOCUMENTS AND TAKING OF ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY CORPORATION CONTROLLED BY THE CORPORATION DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11A THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S FINANCE TEAM THE DRAFT FORM 990 IS ALSO REVIEWED BY THE SISTERS OF MERCY HEALTH SYSTEMS TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990s AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CFO AND CEO, FOR REVIEW ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, IT IS THEN SIGNED AND FILED WITH THE IRS

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12	OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER DISQUALIFIED PERSONS WERE REQUESTED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE FOR FISCAL YEAR 2010 QUESTIONNAIRES ARE REVIEWED BY THE LAREDO LEADERSHIP TEAM, AS WELL AS THE SISTERS OF MERCY HEALTH SYSTEM LEGAL DEPARTMENT, AND POTENTIAL CONFLICTS ARE ADDRESSED DIRECTORS, OFFICERS, AND MEMBERS OF COMMITTEES ARE REQUIRED TO REMOVE THEMSELVES FROM THAT PORTION OF ANY MEETING WHEREIN A DISCUSSION IS TAKING PLACE ABOUT A TRANSACTION OR ARRANGEMENT IN WHICH THEY HAVE A FINANCIAL INTEREST OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, LINES 15A & 15B FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON SISTERS OF MERCY HEALTH SYSTEM, WHICH USES THE FOLLOWING TO ESTABLISH 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 SISTER OF MERCY HEALTH SYSTEM 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 COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY Average hours per week Form 990, Part VII, Section A, Column B Several individuals listed in Part VII are disclosed as trustees, directors, officers, and key employees on multiple Form 990s of entities included within the Sisters of Mercy Health System The average hours per week disclosed in Part VII is an estimate of the hours per week that the listed individual spends on both the filing organization and all related organizations AUDIT OF FINANCIAL STATEMENTS FORM 990, PART XI, QUESTION 2B IN ADDITION TO BEING INCLUDED IN THE CONSOLIDATED MERCY MINISTRIES OF LAREDO ANNUAL FINANCIAL STATEMENT AUDIT, THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT THE SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2010(THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPERATE AUDIT OPINION IS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE FINANCE, AUDIT, AND COMPLIANCE COMMITTEE OF THE SISTERS OF MERCY HEALTH SYSTEM BOARD OF DIRECTORS AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE 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 LINE O

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF LAREDO

Employer identification number
20-0198462

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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

Yes	No
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- | | | |
|-----------|------------|-----------|
| 1a | | No |
| 1b | | No |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |

- | | | |
|----|-----|----|
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | Yes | |
| | | |
| 1o | Yes | |
| 1p | | No |
| | | |
| 1q | | No |
| 1r | | No |

2

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
1) MHM SUPPORT SERVICES	C	50,000
2) MHM SUPPORT SERVICES	N	2,094,682
3) MHP INC	O	83,296
4)		
5)		
6)		

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
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	Hospital	AR	501(C)(3)	3	SMHS
Breech Regional Medical Center 100 Hospital Drive Lebanon, MO65536 43-1767432	Hospital	MO	501(C)(3)	3	St Johns HS
Carroll Health Foundation 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501(C)(3)	11a	Ozark RG HS
Casa de Misericordia 1602 McClelland Street Laredo, TX78044 74-2912461	Shelter	TX	501(C)(3)	7	MM Laredo
Healdton Mercy Hospital Corporation 918 South Street Healdton, OK73438 26-3173902	Hospital	OK	501(C)(3)	3	MMHC
Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764726	Inactive	TX	501(C)(3)	9	MHS-TX
McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO63017 26-1708048	Invst Mgmt	MO	501(C)(3)	11b	SMHS
Mercy El Reno Hospital Corporation 2115 Parkview Drive El Reno, OK73036 73-6617948	LEASED HOSPT	OK	501(C)(3)	3	MHS
Mercy Emergency Medical Services Inc 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive	OK	501(C)(3)	9	MHC
Mercy Foundation for Health Innovation 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-0901499	Foundation	MO	501(C)(3)	11b	SMHS
Mercy Health Center Foundation 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501(C)(3)	11c	MHS-KS
Mercy Health Center Foundation Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501(C)(3)	11a	MHC
Mercy Health Center Inc 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501(C)(3)	3	MHS
Mercy Health MHMCH Inc 220 Pennsylvania Avenue Columbus, KS66725 27-0842031	Hospital	MO	501(C)(3)	9	MHS-Joplin
Mercy Health of Joplin Foundation 2727 McClelland Blvd Joplin, MO64804 27-0906136	Foundation	MO	501(C)(3)	11a	MHS-Joplin
Mercy Health of Joplin Inc 2727 McClelland Blvd Joplin, MO64804 27-0814858	Hospital	MO	501(C)(3)	9	MHS-Joplin
Mercy Health Services Inc 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	DISV 6/30/10	OK	501(C)(3)	9	MHC
Mercy Health System-Joplin Inc 2727 McClelland Blvd Joplin, MO64804 30-0584463	Hlth System	MO	501(C)(3)	11b	SMHS
Mercy Health System of Kansas Inc 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	Hospital	KS	501(C)(3)	3	MHS-JOPLIN
Mercy Health System Northwest Arkansas 2710 Rife Medical Drive Rogers, AR72758 62-1684203	Phys Group	AR	501(C)(3)	11b	SMHS
Mercy Health System of Texas Inc 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764727	Inactive	TX	501(C)(3)	11b	SMHS
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding co	OK	501(C)(3)	11b	SMHS
Mercy Hosp Foundation of Independence 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501(C)(3)	11a	MHS-KS
Mercy Hospital of Laredo 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-1189682	Inactive	TX	501(C)(3)	3	MHS-TX
Mercy Medical Group 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1771217	Phys Group	MO	501(C)(3)	9	ST JOHN MHC
Mercy Memorial Health Center Foundation 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501(C)(3)	11a	MMHC
Mercy Memorial Health Center Inc 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501(C)(3)	3	MHS
Mercy Physicians of Oklahoma Inc 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Phys Group	OK	501(C)(3)	9	MHS
MHM Support Services 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-2553101	Sup Hlth Sys	MO	501(C)(3)	11b	SMHS
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	Phys Group	AR	501(C)(3)	9	ST JOS MHS

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
Ozarks Regions Health Systems Inc 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501(C)(3)	3	ST JOHNS HS
Sisters of Mercy Health System 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-1423050	Sup Hlth Sys	MO	501(C)(3)	1	NA
Sisters of Mercy Ministries 14528 S Outer Forty Ste 100 Chesterfield, MO63017 72-1069468	Outreach	MO	501(C)(3)	7	SMHS
St Edward Hlth Fac-Franklin Co 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501(C)(3)	3	SEMMC
St Edward Hlth Fac-Logan Co 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501(C)(3)	3	SEMMC
St Edward Hlth Fac-Scott Co 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501(C)(3)	3	SEMMC
St Edward Mercy Clinic Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Phys Clinic	AR	501(C)(3)	9	SEMHS
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR72917 23-7330425	Foundation	AR	501(C)(3)	7	SEMMC
St Edward Mercy Health System Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Co	AR	501(C)(3)	11b	SMHS
St Edward Mercy Medical Center 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501(C)(3)	3	SEMHS
St Francis Hospital 100 W Highway 60 Mountain View, MO65548 44-0607149	Hospital	MO	501(C)(3)	3	ST JOHNS HS
St John's Aurora Inc 500 Porter Avenue Aurora, MO65605 43-1936696	Lease Hosp	MO	501(C)(3)	3	St Johns HS
St John's Cassville Inc 94 Main Street Cassville, MO65625 43-1936699	Lease Hosp	MO	501(C)(3)	3	St Johns HS
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO65804	Inactive	MO	501(C)(3)	3	St Johns HS
St John's Clinic Inc 1965 Fremont Street Ste 2950 Springfield, MO65804 43-1560263	Phys Group	MO	501(C)(3)	9	St Johns HS
St John's Foundation for Community Hlth 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	MO	501(C)(3)	11b	St Johns HS
St John's Health System Inc 1235 E Cherokee Street Springfield, MO65804 43-1856028	Holding Co	MO	501(C)(3)	11b	SMHS
St John's Home Care of Berryville Inc 214 Carter Street Berryville, AR72616 87-0781247	Home Health	AR	501(C)(3)	11c	ST JOHN RHC
St John's Medical Research Institute 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research	MO	501(C)(3)	4	ST JOHNS HS
St John's Mercy Foundation 645 Maryville Centre Dr St 100 St Louis, MO63141 56-2410020	Foundation	MO	501(C)(3)	11b	ST JOHN MHC
St John's Mercy Health Care 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1718408	Hlth System	MO	501(C)(3)	11b	SMHS
St John's Mercy Health System 645 Maryville Centre Dr St 100 St Louis, MO63141 43-0653493	Hospital	MO	501(C)(3)	3	ST JOHN MHC
St John's Mercy Hospital Foundation 901 E Fifth Street Washington, MO63090 56-2410022	Foundation	MO	501(C)(3)	11b	ST JOHN MHC
St John's Mercy Support Services 615 S New Ballas Road St Louis, MO63141 43-1677952	Inactive	MO	501(C)(3)	11c	ST JOHN MHS
St John's Regional Health Center 1235 E Cherokee Street Springfield, MO65804 44-0552485	Hospital	MO	501(C)(3)	3	St Johns HS
St Joseph's Mercy Clinic Inc 1 Mercy Lane Hot Springs, AR71913 26-1125131	Phys Clinic	AR	501(C)(3)	9	ST JOS MHS
St Joseph's Mercy Health Center 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501(C)(3)	3	ST JOS MHS
St Joseph's Mercy Health Foundation 300 Werner Street Hot Springs, AR71913 71-0804718	Foundation	AR	501(C)(3)	11b	ST JOS MHC
St Joseph's Mercy Health System Inc 300 Werner Street Hot Springs, AR71913 26-1125064	Holding Co	AR	501(C)(3)	11b	SMHS
St Mary-Rogers Memorial Hospital Inc 2710 Rife Medical Lane Rogers, AR72758 71-0294390	Hospital	AR	501(C)(3)	3	MHS-NWA

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 Mary's Hospital Foundation 2710 Rife Medical Lane Rogers, AR72858 71-0601687	Foundation	AR	501(C)(3)	11c	ST MARY RMC
St Mary's Hospital of Enid Oklahoma I 14528 S Outer Forty Ste 100 Chesterfield, MO63017 73-0614655	Inactive	OK	501(C)(3)	3	MHS
The Sister M Cornelia Blasko Foundation 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	MO	501(C)(3)	11a	ST FRAN HOS
Unity Ambulatory Care 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1861745	Inactive	MO	501(C)(3)	11c	ST JOHN MHC

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
HOT SPRINGS EQUIP 300 Werner Street Hot Springs, AR71913 20-4340915	DISSOLVED 9/30/09	AR	NA								
Hot Springs MRI 100 Ridgeway Place Hot Springs, AR72901 71-0675196	DISSOLVED 8/5/09	AR	NA								
Merc Ambu Surg CTR 7301 Rogers Avenue Fort Smith, AR72903 71-0827721	AMBULATORY S CTR	AR	NA								
RES OPT & INNOV 645 Maryville Centre Drive Suite St Louis, MO63141 46-0468368	CENTRAL DIST CTR	MO	NA								
SO OK DIAG CTR 1011 Fourteenth Avenue NW Ardmore, OK73401 43-1971232	MRI Services	OK	NA								
Fort Smith Emergency Medical Services 1701 South Greenwood Fort Smith, AR72901 71-0416615	Emergency Med SEV	AR	NA								
Southern Oklahoma PHO LLC 1011 Fourteenth Avenue NW Ardmore, OK73401 73-1462104	DISSLV 12/31/09	OK	NA								
HORIZONTAL PROPERTY 7301 Rogers Avenue Fort Smith, AR72903 71-0554050	Office Building	AR	NA								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Consolidated Logistics Inc 2710 Rife Medical Lane Rogers, AR72758 71-0474406	DISSOLVED 8/4/09	AR		C-Corp			
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 52-1914421	HOLDING COMP	DE		C-Corp			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO65804 26-4509571	IT SERVICES	MO		C-Corp			
Mercy Community Services Inc 401 Woodland Hills Blvd Fort SCOTT, KS66701 48-1078101	CATERING	KS		C-Corp			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	REAL ESTATE	OK		C-Corp			
Mercy Health Network of the Southern Reg 1011 14th Avenue NW Ardmore, OK73401 73-1580607	HEALTH CARE	OK		C-Corp			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	HEALTH CARE	OK		C-Corp			
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK73120 73-1441665	HOLDING COMP	OK		C-Corp			
Mercy Medical Services Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 71-0641246	DISSOLVED 7/1/09	MO		C-Corp			
MHP Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 43-1697084	HOLDING COMP	DE		C-Corp			
St Edward Medical Services Inc 7301 Rogers Avenue Fort Smith, AR72903 20-2965518	DISSOLVED 5/5/10	AR		C-Corp			
UH L Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 74-2499535	HOLDING COMP	MO		C-Corp			
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 43-1797042	MANAGEMENT	MO		C-Corp			

Additional Data

Software ID:

Software Version:

EIN: 20-0198462

Name: MERCY MINISTRIES OF LAREDO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
NEDIL A ANTONINI BOARD DIRECTOR	1 0	X						0	0	0
MARGARITA ARAIZA BOARD DIRECTOR	1 0	X						0	0	0
SR CAROL ANN CALLAHAN RSM BOARD DIRECTOR	1 0	X						0	0	0
NANCY DE ANDA BOARD DIRECTOR	1 0	X						0	0	0
EDNA DE LA GARZA BOARD DIRECTOR	1 0	X						0	0	0
SR SARAH DUCEY RSM BOARD DIRECTOR	1 0	X						0	0	0
JORGE GONZALEZ BOARD VICE-CHAIRMAN	1 0	X						0	0	0
JOSE MANUAL GONZALEZ JR BOARD DIRECTOR	1 0	X						0	0	0
JUDITH GUTIERREZ BOARD CHAIRMAN	1 0	X						0	0	0
SR REBECCA HENDRICKS RSM BOARD DIRECTOR	1 0	X						0	0	0
GREG MORGENSEN BOARD DIRECTOR	1 0	X						0	0	0
CLEMA OWEN BOARD DIRECTOR	1 0	X						0	0	0
ROGER B PERALES BOARD DIRECTOR	1 0	X						0	0	0
CARMEN RATHMELL BOARD DIRECTOR	1 0	X						0	0	0
MINERVA G RAMIREZ BOARD DIRECTOR	1 0	X						0	0	0
GILBERT SERNA BOARD DIRECTOR	1 0	X						0	0	0
TAMMY TREVINO BOARD DIRECTOR	1 0	X						0	0	0
SR MARIA LUISA VERA RSM CEO/PRESIDENT	40 0	X		X				0	0	0
ELIZABETH CASSO CFO	40 0			X				0	69,492	10,952
SR ROSEMARY WELSH RSM VICE PRESIDENT/TREASURER	40 0			X				0	0	0
MARTHA MARTINEZ SECRETARY	40 0			X				0	96,875	23,082