



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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, 20 10

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization MERCY FOUNDATION FOR HEALTH INNOVATION
Doing Business As _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
14528 S OUTER FORTY 100
City or town, state or country, and ZIP + 4
CHESTERFIELD, MO 63017

D Employer identification number 20-0901499

E Telephone number (314) 579-6100

F Name and address of principal officer: MR. SHANNON SOCK
14528 S OUTER FORTY, SUITE 100 CHESTERFIELD, MO 63017

G Gross receipts \$ 313,037.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No" attach a list (see instructions)

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

J Website: N/A

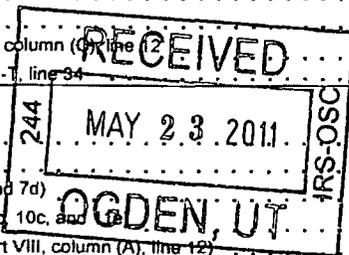
H(c) Group exemption number 0928

K Form of organization Corporation Trust Association Other

L Year of formation 2003 **M State of legal domicile** MO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE.		
	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	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (D), line 7a	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	166,462.	312,506.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11b)	1,762.	531.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,224.	313,037.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	107,361.	306,402.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses, Part IX, column (D), line 25	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,622.	3,402.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	109,983.	309,804.
19	Revenue less expenses Subtract line 18 from line 12	58,241.	3,233.	
Not Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	239,206.	258,512.
	22	Net assets or fund balances Subtract line 21 from line 20	46,920.	65,698.
			192,286.	192,814.



Part II Signature Block

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

Sign Here
Signature of officer: *James R. Jacks* Date: 5/5/11
Type or print name and title: JAMES R. JACKS, TREASURER

Paid Preparer's Use Only
Preparer's signature: *Joseph Richter* Date: 5/9/11 Check if self-employed:
Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG U.S. LLP, 190 CARONDELLE PLAZA, SUITE 1300 CLAYTON, MO 63105
Preparer's identifying number (see instructions): 34-6565596
EIN: 34-6565596
Phone no: 314-290-1000

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 (2009)

SCANNED JUN 2 1 2011

9E10103 000

917-19

15

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE.

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 [X] 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 [X] 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 \$ 309,804 including grants of \$ 306,402) (Revenue \$ 0)

THE MERCY FOUNDATION FOR HEALTH INNOVATION HELPS US LIVE MERCY'S MISSION TO PROVIDE CARE TO EVERYONE WHO NEEDS IT, BY SUPPORTING CHARITY CARE AND COMMUNITY OUTREACH SERVICES. THE FOUNDATION ALSO IS FOCUSED ON FUNDING MERCY'S CENTER FOR INNOVATIVE CARE, WHICH WILL EXPAND MERCY'S REACH BEYOND THE WALLS OF DOCTOR'S OFFICES, HOSPITAL CAMPUSES AND OTHER TRADITIONAL CARE FACILITIES. DONATIONS SUPPORT THE PROVISION OF CHARITY CARE AT MERCY FACILITIES, CAPITAL NEEDS, AND PROGRAMS IDENTIFIED TO BENEFIT PATIENTS CARED FOR AT MERCY HOSPITALS AND OUTREACH LOCATIONS.

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 309,804.

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 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		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
	• 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.		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	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 United States?		X
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		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 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		X
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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	X	
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>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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>	X	
24 a	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 lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		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?		
25 a	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>		X
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>		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? <i>If "Yes," complete Schedule L, Part II.</i>		X
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>		X
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>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		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>		X
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>		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>	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>	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>		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>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, and 12a-12b.

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2-6, 7a-7b, 8a-8b, and 9a.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-10b, 11, 11A, 12a-12c, 13, 14, 15a-15b, 16a-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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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

Part VIII Statement of Revenue

20-0901499

				(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	312,506				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		312,506.				
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		531.			531	
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		0.				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		0				
	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		0.				
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		0					
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		0					
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0.				
12	Total Revenue. See instructions			313,037.	0.	0	531	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	306,402.	306,402.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
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	0.			
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	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	3,402.	3,402.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	0.			
23 Insurance	0.			
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 -----				
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	309,804.	309,804.	0.	0.
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	158,010.	1	185,166.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	78,648.	3	73,346.
	4	Accounts receivable, net		4	
	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	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b	Less accumulated depreciation	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	2,548.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	239,206.	16	258,512.	
Liabilities	17	Accounts payable and accrued expenses	46,920.	17	64,698.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	0.	25	1,000.
	26	Total liabilities. Add lines 17 through 25	46,920.	26	65,698.
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	21,784.	27	21,579.
	28	Temporarily restricted net assets	170,502.	28	171,235.
	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	192,286.	33	192,814.	
34	Total liabilities and net assets/fund balances	239,206.	34	258,512.	

Part XI Financial Statements and Reporting

1. Accounting method used to prepare the Form 990 Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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

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
 Separate basis Consolidated basis Both consolidated and separate 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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization MERCY FOUNDATION FOR HEALTH INNOVATION	Employer identification number 20-0901499
--	--

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 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).
- 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?

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

h Provide the following information about the supported organization(s)

(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	
ATTACHMENT 1									
Total									0.

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) 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")						
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						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 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 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
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	<input type="checkbox"/>		
b 33 1/3 % support test - 2008. 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 - 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	<input type="checkbox"/>		
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	<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) 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")						
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19 a 33 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 ►

b 33 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 ►

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

ATTACHMENT 1

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	
ST EDWARD MERCY MEDICAL CENTER	71-0240352	03	X		X		X		0.
ST JOHN'S MERCY HEALTH SYSTEM	43-0653493	03	X		X		X		0
ST. JOHN'S REGIONAL HEALTH CENTER	44-0552485	03	X		X		X		0.
ST JOSEPH'S MERCY HEALTH CENTER, INC	71-0236913	03	X		X		X		0.
ST MARY-ROGERS MEMORIAL HOSPITAL, INC.	71-0294390	03	X		X		X		0.
MERCY HEALTH CENTER, INC	73-0579285	03	X		X		X		0.
MERCY MEMORIAL HEALTH CENTER, INC.	73-1500629	03	X		X		X		0.
MERCY HEALTH SYSTEM OF KANSAS, INC	48-0956045	03	X		X		X		0.
MERCY HEALTH OF JOPLIN, INC	27-0814858	03	X		X		X		0
TOTAL AMOUNT OF SUPPORT									<u>0.</u>

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

Employer identification number

MERCY FOUNDATION FOR HEALTH INNOVATION

20-0901499

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 can 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)

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

2 Complete lines 2a through 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 tax 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 ▶ \$ _____

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

3 Using the organization's acquisition, access, 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 XI V and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

b If "Yes," explain the arrangement in Part XI V

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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

Table with 3 columns: Question, Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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

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

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2e
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
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		4c
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 must equal Form 990, Part I, line 12)		5

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		2e
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		4c
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 must equal Form 990, Part I, line 18)		5

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, line 2, 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

FIN 48 FOOTNOTE

SCHEDULE D, PART XIV

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.

Part XIV Supplemental Information *(continued)*

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

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

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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
 FORM 990, SCHEDULE I, PART I, LINE 2

1. APPLICANTS FOR THE GRANT DOLLARS MUST COMPLETE AN APPLICATION (TYPICALLY DUE IN FEBRUARY)
2. THE APPLICATIONS ARE REVIEWED BY A GRANTS COMMITTEE (MADE UP OF MERCY CO-WORKERS) (TYPICALLY IN MARCH)
3. THE SELECTION BY THE GRANTS COMMITTEE IS THEN SUBMITTED FOR FINAL APPROVAL TO THE SMHS CEO (TYPICALLY IN MARCH)
4. AWARDEES ARE NOTIFIED (TYPICALLY IN APRIL)
5. 1ST HALF OF THE GRANT AWARD GIVEN (IN JULY)

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

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

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

6. MID-YEAR SUMMARY REPORT SENT TO AWARDEE(S) (TYPICALLY IN OCTOBER)

7. MID-YEAR SUMMARY REPORTS DUE (IN DECEMBER)

8. IF THE AWARDEE IS DOING WHAT THEY SAID THEY WOULD DO WITH THE FUNDS THEN THE 2ND HALF OF THE GRANT AWARD IS GIVEN (IN JANUARY)

9. IF THE AWARDEE APPLIES FOR THE GRANT AGAIN, THEY MUST SHOW WHAT HAS BEEN DONE WITH ANY FUNDS PREVIOUSLY RECEIVED FROM MERCY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY FOUNDATION FOR HEALTH INNOVATION

Employer identification number
20-0901499

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 any of the boxes on 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, with respect to the filing organization or a related organization:

- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-5(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, QUESTION 3

MERCY FOUNDATION FOR HEALTH INNOVATION RELIES ON A RELATED ORGANIZATION;

REFER TO SCHEDULE O, PART VI, QUESTION 15A AND 15B FOR THE PROCESS THE

RELATED ORGANIZATION FOLLOWS.

SCHEDULE J, PART I, QUESTION 4B

SISTERS OF MERCY HEALTH SYSTEM OFFERS SUPPLEMENTAL RETIREMENT PLANS TO

CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON RETIREMENT BASED ON

COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE

WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN.

THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE

SUPPLEMENTAL RETIREMENT PLANS INCLUDE JAMES BRITTON, JAMES JAACKS,

SHANNON SOCK, AND PHILIP WHEELER. NO PERSONS RECEIVED PAYMENT UNDER THE

PLANS DURING THE TAX YEAR. THE AMOUNT OF ALL ACCRUED BENEFITS ARE

INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN

(C).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY FOUNDATION FOR HEALTH INNOVATION

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**

Employer identification number

20-0901499

ATTACHMENT 2

SUPPLEMENTAL INFORMATION

FORM 990, PART V, QUESTION 1A

VENDORS FOR THE FILING ORGANIZATION ARE PAID BY THE SISTERS OF MERCY
HEALTH SYSTEM (EIN 43-1423050). AS SUCH, ALL REQUIRED FORM 1099 AND FORM
1096 REPORTING IS MADE FOR THE ENTIRE HEALTH SYSTEM (WITH LIMITED
EXCEPTIONS) UNDER THE SMHS EIN.

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 AND
W-3'S) WAS REPORTED UNDER THE RELATED ORGANIZATION'S EIN.

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, QUESTIONS 6, 7A AND 7B

THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, THE SISTERS OF MERCY
HEALTH SYSTEM. THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES ARE
RESERVED SOLELY FOR THE SOLE CORPORATE MEMBER:

-TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH

Name of the organization MERCY FOUNDATION FOR HEALTH INNOVATION	Employer identification number 20-0901499
--	--

ATTACHMENT 2 (CONT'D)

THE CORPORATION AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION SHALL OPERATE;

-TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BYLAWS AND TO AMEND THE ORGANIZATIONAL DOCUMENTS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

-TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION;

-TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

-TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, BUSINESS PLANS, GOALS, AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

-TO APPROVE OR AMEND THE CONSOLIDATED OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY;

-TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS

Name of the organization MERCY FOUNDATION FOR HEALTH INNOVATION	Employer identification number 20-0901499
<u>ATTACHMENT 2 (CONT'D)</u>	

OF ANY AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY;

-TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

-TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT; AND,

-TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO THE MISSOURI NONPROFIT CORPORATION ACT.

DESCRIPTION OF PRACTICES RE: DOCUMENTATION OF MTGS & ACTION OF COMMITTEE
FORM 990, PART VI, QUESTION 8B

THE BYLAWS PROVIDE THE BOARD WITH THE OPTION OF CREATING COMMITTEES, INCLUDING AN EXECUTIVE COMMITTEE, A NOMINATING COMMITTEE, AND ADDITIONAL COMMITTEES. HOWEVER, FOR THE TAX YEAR ENDING 6/30/10, THERE WERE NO COMMITTEES OPERATING ON BEHALF OF THE GOVERNING BODY.

Name of the organization MERCY FOUNDATION FOR HEALTH INNOVATION	Employer identification number 20-0901499
<u>ATTACHMENT 2 (CONT'D)</u>	

DSCR THE PRCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990
FORM 990, PART VI, QUESTION 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 TAX COMPLIANCE TEAM; MEMBERS OF
THIS TEAM ARE FROM VARIOUS DEPARTMENTS, INCLUDING FINANCE, LEGAL, AND
HUMAN RESOURCES. THE DRAFT FORM 990 IS ALSO REVIEWED BY THE SISTERS OF
MERCY HEALTH SYSTEM'S 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, THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, QUESTION 12C

CONSISTENT WITH THE CONFLICT OF INTEREST POLICY, 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 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

Name of the organization MERCY FOUNDATION FOR HEALTH INNOVATION	Employer identification number 20-0901499
<u>ATTACHMENT 2 (CONT'D)</u>	

FINANCIAL INTEREST.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, QUESTIONS 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 THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF THE SISTERS 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 STMT TO GEN PUBLIC
FORM 990, PART VI, QUESTION 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY.

Name of the organization MERCY FOUNDATION FOR HEALTH INNOVATION	Employer identification number 20-0901499
<u>ATTACHMENT 2 (CONT'D)</u>	

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.

FORM 990, PART XI, QUESTION 2B

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 SEPARATE 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

Name of the organization MERCY FOUNDATION FOR HEALTH INNOVATION	Employer identification number 20-0901499
<u>ATTACHMENT 2 (CONT'D)</u>	

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 B.

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
HOT SPRINGS EQUIP 20-4340915											
300 WERNER HOT SP AR 71913	DISSOLVED 9/30/09	AR	N/A								
HOT SPRINGS MRI 71-0675196											
100 RWAY P HOT SPRING AR 72901	DISSOLVED 8/5/09	AR	N/A								
MERC AMBU SURG CTR 71-0827721											
7301 ROGERS FORTSMITH AR 72917	AMBULATORY S CTR	AR	N/A								
RES OPT & INNOV 46-0468368											
645 MARYVILLE STL MO 63141	CENTRAL DIST CTR	MO	N/A								
SO OK DIAG CTR 43-1071232											
1011 14TH NW ARDMORE, OK 73401	MRI SERVICES	OK	N/A								
FORTSMITH E MED SER 71-0416615											
1701 GRWOOD FORTSMITH AR 72901	EMERGENCY MED SER	AR	N/A								
SOUTH OK PHY HP ORG 73-1462104											
1011 14 NW ARDMORE OK 73401	DISSLV 12/31/09	OK	N/A								

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
CONSOLIDATED LOGISTICS, INC							
2710 RIFE MEDICAL LANE ROGERS, AR 72758	DISSOLVED 8/4/09	AR	N/A	C-CORP			
FRONTENAC PROPERTIES, INC							
14528 S OUTER FORTY, SUITE 100 CHESTERFIELD, MO 63017	HOLDING COMP	DE	N/A	C-CORP			
INVENO HEALTH, INC							
1235 E CHEROKEE STREET SPRINGFIELD, MO 65804	IT SERVICES	MO	N/A	C-CORP			
MERCY COMMUNITY SERVICES, INC							
401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701	CATERING	KS	N/A	C-CORP			
MERCY HEALTH CENTER CONDOMINIUM, INC							
4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120	REAL ESTATE	OK	N/A	C-CORP			
MERCY HEALTH NETWORK OF THE SOUTHERN REG							
1011 14TH AVENUE NW ARDMORE, OK 73401	HEALTH CARE	OK	N/A	C-CORP			
MERCY HEALTH NETWORK, INC							
4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HEALTH CARE	OK	N/A	C-CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2	(a) Name of other organization	(b) Transaction type (e-r)	(c) Amount involved
(1)	MERCY MEMORIAL HEALTH CENTER FOUNDATION	B	85,600.
(2)	ST. JOHN'S FOUNDATION FOR COMMUNITY HEALTH	B	150,000.
(3)			
(4)			
(5)			
(6)			

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 EL RENO HOSPITAL CORPORATION 2115 PARKVIEW DRIVE EL RENO, OK 73036 73-6617948	LEASED HOSPT	OK	501(C)(3)	3	MHS
MERCY EMERGENCY MEDICAL SERVICES, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 81-0627035	INACTIVE	OK	501(C)(3)	9	MHC
MERCY HEALTH CENTER FOUNDATION 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501(C)(3)	11C	MHS-KS
MERCY HEALTH CENTER FOUNDATION, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1593024	FOUNDATION	OK	501(C)(3)	11A	MHC
MERCY HEALTH CENTER, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-0579285	HOSPITAL	OK	501(C)(3)	3	MHS
MERCY HEALTH MHMCH, INC. 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 27-0842031	HOSPITAL	MO	501(C)(3)	9	MHS-JOPLIN
MERCY HEALTH OF JOPLIN FOUNDATION 2727 MCCLELLAND BLVD. JOPLIN, MO 64804 27-0906136	FOUNDATION	MO	501(C)(3)	11A	MHS-JOPLIN
MERCY HEALTH OF JOPLIN, INC. 2727 MCCLELLAND BLVD. JOPLIN, MO 64804 27-0814858	HOSPITAL	MO	501(C)(3)	9	MHS-JOPLIN
MERCY HEALTH SERVICES, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 14-1838609	DISV 6/30/10	OK	501(C)(3)	9	MHC
MERCY HEALTH SYSTEM-JOPLIN, INC. 2727 MCCLELLAND BLVD. JOPLIN, MO 64804 30-0584463	HLTH SYSTEM	MO	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM OF KANSAS, INC. 401 WOODLAND HILLS BLVD. FT. SCOTT, KS 66701 48-0956045	HOSPITAL	KS	501(C)(3)	3	MHS-JOPLIN
MERCY HEALTH SYSTEM NORTHWEST ARKANSAS 2710 RIFE MEDICAL DRIVE ROGERS, AR 72758 62-1684203	PHYS GROUP	AR	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM OF TEXAS, INC. 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 74-2764727	INACTIVE	TX	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HOLDING CO.	OK	501(C)(3)	11B	SMHS
MERCY HOSP. FOUNDATION OF INDEPENDENCE 800 W. MYRTLE INDEPENDENCE, KS 67301 48-1079981	FOUNDATION	KS	501(C)(3)	11A	MHS-KS
MERCY HOSPITAL OF LAREDO 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 74-1189682	INACTIVE	TX	501(C)(3)	3	MHS-TX
MERCY MEDICAL GROUP 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141 43-1771217	PHYS GROUP	MO	501(C)(3)	9	ST JOHN MHC
MERCY MEMORIAL HEALTH CENTER FOUNDATION 1011 14TH AVENUE NW ARDMORE, OK 73401 71-0962525	FOUNDATION	OK	501(C)(3)	11A	MMHC

Schedule R-1 (Form 990) 2009

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 MEMORIAL HEALTH CENTER, INC. 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501(C)(3)	3	MHS
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX 78043 20-0198462	OUTREACH	TX	501(C)(3)	7	SMHS
MERCY PHYSICIANS OF OKLAHOMA, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 27-0473057	PHYS GROUP	OK	501(C)(3)	9	MHS
MHM SUPPORT SERVICES 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 20-2553101	SUP HLTH SYS	MO	501(C)(3)	11B	SMHS
MISSION CLINICAL SERVICES 300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	PHYS GROUP	AR	501(C)(3)	9	ST JOS MHS
OZARKS REGIONS HEALTH SYSTEMS, INC. 214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501(C)(3)	3	ST JOHNS HS
SISTERS OF MERCY HEALTH SYSTEM 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 43-1423050	SUP HLTH SYS	MO	501(C)(3)	1	N/A
SISTERS OF MERCY MINISTRIES 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 72-1069468	OUTREACH	MO	501(C)(3)	7	SMHS
ST EDWARD HLTH FAC-FRANKLIN CO 801 W. RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501(C)(3)	3	SEMMC
ST EDWARD HLTH FAC-LOGAN CO 500 E. ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501(C)(3)	3	SEMMC
ST EDWARD HLTH FAC-SCOTT CO 1341 W. 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501(C)(3)	3	SEMMC
ST. EDWARD MERCY CLINIC, INC. 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	PHYS CLINIC	AR	501(C)(3)	9	SEMHS
ST. EDWARD MERCY FOUNDATION PO BOX 17000 FORT SMITH, AR 72917 23-7330425	FOUNDATION	AR	501(C)(3)	7	SEMMC
ST. EDWARD MERCY HEALTH SYSTEM, INC. 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING CO.	AR	501(C)(3)	11B	SMHS
ST. EDWARD MERCY MEDICAL CENTER 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501(C)(3)	3	SEMHS
ST. FRANCIS HOSPITAL 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501(C)(3)	3	ST JOHNS HS
ST. JOHN'S AURORA, INC. 500 PORTER AVENUE AURORA, MO 65605 43-1936696	LEASE HOSP	MO	501(C)(3)	3	ST JOHNS HS
ST. JOHN'S CASSVILLE, INC. 94 MAIN STREET CASSVILLE, MO 65625 43-1936699	LEASE HOSP	MO	501(C)(3)	3	ST JOHNS HS

Schedule R-1 (Form 990) 2009

Part III 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 CHILDREN'S HOSPITAL, INC. 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	INACTIVE	MO	501(C)(3)	3	ST JOHNS HS
ST. JOHN'S CLINIC, INC. 43-1560263 1965 FREMONT STREET, STE 2950 SPRINGFIELD, MO 65804	PHYS GROUP	MO	501(C)(3)	9	ST JOHNS HS
ST. JOHN'S FOUNDATION FOR COMMUNITY HLTH 32-0195818 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	FOUNDATION	MO	501(C)(3)	11B	ST JOHNS HS
ST. JOHN'S HEALTH SYSTEM, INC. 43-1856028 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	HOLDING CO	MO	501(C)(3)	11B	SMHS
ST. JOHN'S HOME CARE OF BERRYVILLE, INC. 87-0781247 214 CARTER STREET BERRYVILLE, AR 72616	HOME HEALTH	AR	501(C)(3)	11C	ST JOHN RHC
ST. JOHN'S MEDICAL RESEARCH INSTITUTE 87-0796305 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	RESEARCH	MO	501(C)(3)	4	ST JOHNS HS
ST. JOHN'S MERCY FOUNDATION 56-2410020 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	FOUNDATION	MO	501(C)(3)	11B	ST JOHN MHC
ST. JOHN'S MERCY HEALTH CARE 43-1718408 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	HLTH SYSTEM	MO	501(C)(3)	11B	SMHS
ST. JOHN'S MERCY HEALTH SYSTEM 43-0653493 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	HOSPITAL	MO	501(C)(3)	3	ST JOHN MHC
ST. JOHN'S MERCY HOSPITAL FOUNDATION 56-2410022 901 E. FIFTH STREET WASHINGTON, MO 63090	FOUNDATION	MO	501(C)(3)	11B	ST JOHN MHC
ST. JOHN'S MERCY SUPPORT SERVICES 43-1677952 615 S. NEW BALLAS ROAD ST. LOUIS, MO 63141	INACTIVE	MO	501(C)(3)	11C	ST JOHN MHS
ST. JOHN'S REGIONAL HEALTH CENTER 44-0552485 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804	HOSPITAL	MO	501(C)(3)	3	ST JOHNS HS
ST. JOSEPH'S MERCY CLINIC, INC. 26-1125131 1 MERCY LANE HOT SPRINGS, AR 71913	PHYS CLINIC	AR	501(C)(3)	9	ST JOS MHS
ST. JOSEPH'S MERCY HEALTH CENTER 71-0236913 300 WERNER STREET HOT SPRINGS, AR 71913	HOSPITAL	AR	501(C)(3)	3	ST JOS MHS
ST. JOSEPH'S MERCY HEALTH FOUNDATION 71-0804718 300 WERNER STREET HOT SPRINGS, AR 71913	FOUNDATION	AR	501(C)(3)	11B	ST JOS MHC
ST. JOSEPH'S MERCY HEALTH SYSTEM, INC. 26-1125064 300 WERNER STREET HOT SPRINGS, AR 71913	HOLDING CO	AR	501(C)(3)	11B	SMHS
ST. MARY-ROGERS MEMORIAL HOSPITAL, INC. 71-0294390 2710 RIFE MEDICAL LANE ROGERS, AR 72758	HOSPITAL	AR	501(C)(3)	3	MHS-NWA
ST. MARY'S HOSPITAL FOUNDATION 71-0601687 2710 RIFE MEDICAL LANE ROGERS, AR 72858	FOUNDATION	AR	501(C)(3)	11C	ST MARY RMC

Schedule R-1 (Form 990) 2009

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. MARY'S HOSPITAL OF ENID, OKLAHOMA, I 73-0614655 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	INACTIVE	OK	501 (C) (3)	3	MHS
THE SISTER M. CORNELIA BLASKO FOUNDATION 43-1873914 100 W. HIGHWAY 60 MOUNTAIN VIEW, MO 65548	FOUNDATION	MO	501 (C) (3)	11A	ST FRAN HOS
UNITY AMBULATORY CARE 43-1861745 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	INACTIVE	MO	501 (C) (3)	11C	ST JOHN MHC

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)			

