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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 11/01, 2009, and ending 06/30, 20 10

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

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

C Name of organization MERCY HEALTH OF JOPLIN, INC.
Doing Business As ST. JOHN'S REGIONAL MEDICAL CENTER
Number and street (or P O box if mail is not delivered to street address) 2727 MCCLELLAND BLVD.
Room/suite
City or town, state or country, and ZIP + 4 JOPLIN, MO 64804

D Employer identification number 27-0814858

E Telephone number (417) 781-2727

G Gross receipts $ 166,533,583.

F Name and address of principal officer GARY PULSIPHER, CEO
2727 MCCLELLAND BLVD JOPLIN, MO 64804

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW.STJ.COM

K Form of organization: X Corporation Trust Association Other ▶

L Year of formation 2009 M State of legal domicile MO

Part I Summary

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 ▶ ☐ 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	8
4	Number of independent voting members of the governing body (Part VI line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	1,956
6	Total number of volunteers (estimate if necessary)	6	237
7a	Total gross unrelated business revenue from Part VIII column (C), line 12	7a	707,041.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	160,944

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	162,342.
9	Program service revenue (Part VIII, line 2g)	0.	162,227,475.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	379,476.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	3,753,110.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	166,522,703.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	246,391.
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.	61,310,527.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0	86,987,433.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	148,544,351
19	Revenue less expenses Subtract line 18 from line 12	0.	17,978,349.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	0.	65,808,820.
21	Total liabilities (Part X, line 26)	0	37,328,173.
22	Net assets or fund balances Subtract line 21 from line 20	0.	28,480,647.

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 — Date 5-5-11

▶ Shelly Hunter, C.F.O
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 5/9/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00366526

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP
[illegible] — FIN ▶ 34-6565596
Phone no ▶ 314-290-1000

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

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

Form 990 (2009)

JSA
9F1010 3 000
6132BC 2256

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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 ☒ 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 $ 109,023,399 including grants of $ 246,394) (Revenue $ 164,463,378.)
ST. JOHN'S REGIONAL MEDICAL CENTER IS A NOT-FOR-PROFIT HOSPITAL SERVING 19 COUNTIES IN MISSOURI, KANSAS, ARKANSAS, AND OKLAHOMA. ST. JOHN'S IS A 367-BED REGIONAL TERRITORY CARE FACILITY WHICH SERVES ALL PERSONS IN THE COMMUNITY ON A NON-DISCRIMINATORY BASES. ST. JOHN'S OPERATES A 24-HOUR EMERGENCY ROOM 365 DAYS A YEAR THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. ST. JOHN'S PARTICIPATES IN MEDICARE AND MEDICAID HAVE AN ACTIVE CHARITY CARE PROGRAM. COMMUNITY SERVICES HAVE ALWAYS BEEN AT THE CORE OF ST. JOHN'S.

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 ▶ 109,023,399.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	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*	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		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10		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*	11	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-securitiesin 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		X
12 A	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* — Yes: X, No:	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		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*	15		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*	16		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*	17		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*	18		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*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	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? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25*	24a		X
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		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 71		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a 1,956		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**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 line 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	8		
b	Enter the number of voting members that are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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*	9a			X

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		X
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	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, 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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JULIE EICHENBERGER 2727 MCCLELLAND BLVD. JOPLIN, MO 64804
417-625-2217

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(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			
JOSEPH GRAHAM TRUSTEE	1.00	X						5,328.	0.	0.
GARY PULSIPHER TRUSTEE & CEO	60.00	X		X				0.	110,523.	6,710.
DANNY THOMAS CHAIRMAN & TRUSTEE	1.00	X		X				0.	0.	0.
DR. BRIAN CURTIS TRUSTEE	1.00	X						0.	0.	0.
DR. STEPHEN BAZZANO TRUSTEE	1.00	X						0.	0.	0.
RICK BROWN TREASURER & TRUSTEE	1.00	X		X				0.	0.	0.
SR. ANNERENE BRAU, RSM TRUSTEE	1.00	X						0.	0.	0.
SR. VICTORIA INCRIVAGLIA, RSM TRUSTEE	1.00	X						0.	0.	0.
GARY W JORDAN CHIEF OPERATING OFFICER	60.00				X			0.	201,101.	27,729.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								5,328.	311,624.	34,439.

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? *If "Yes," complete Schedule J for such individual*		X
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? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

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
ATTACHMENT 2		

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 27-0814858

			(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 162,342.				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		162,342			
Program Service Revenue		Business Code				
	2a PATIENT SERVICES	622110	95,704,563	95,704,563		
	b DME	900099	1,592,414	1,373,491	218,923	
	c LAB SERVICES	621500	64,702,044	64,441,780	260,264	
	d MERCY DISCOVERY DAYCARE	624410	228,454		228,454	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		162,227,475			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0.			
		(i) Real / (ii) Personal				
	6a Gross Rents 809,866					
	b Less rental expenses					
	c Rental income or (loss) 809,866					
	d Net rental income or (loss)		809,866.			809,866
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	390,356				
	b Less cost or other basis and sales expenses	10,880				
	c Gain or (loss)	379,476				
	d Net gain or (loss)		379,476.			379,476
	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 COLLECTION, TUITION, TRANSCRIPTION SRVCS	561110	1,801,151.	1,801,151		
	b CAFETERIA	722210	568,684	568,684		
	c MISCELLANEOUS INCOME	900099	573,709	573,709		
	d All other revenue					
	e Total. Add lines 11a-11d		2,943,544			
	12 Total Revenue. See instructions		166,522,703.	164,463,378.	707,641	1,189,342

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	164,911.	164,911.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	81,483.	81,483.		
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	47,433,935.	39,644,006.	7,789,929.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,548,398.		1,548,398.	
9 Other employee benefits	8,916,623.	4,672,207.	4,244,416.	
10 Payroll taxes	3,411,571.	645,753.	2,765,818.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	19,925.		19,925.	
c Accounting	81,314.	9,564.	71,750.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	6,028,327.	5,151,715.	876,612.	
12 Advertising and promotion	736,867.	24,709.	712,158.	
13 Office expenses	37,113,015.	34,689,181.	2,423,834.	
14 Information technology	6,653,118.	33,602.	6,619,516.	
15 Royalties	0.			
16 Occupancy	3,942,576.	205,792.	3,736,784.	
17 Travel	236,190.	210,176.	26,014.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	6,659.	2,890.	3,769.	
20 Interest	-11,823.		-11,823.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,046,131.	623,235.	422,896.	
23 Insurance	1,575,387.		1,575,387.	
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 BAD DEBT	21,357,106.	21,342,441.	14,665.	
b SYSTEM FEES	5,771,717.	153.	5,771,564.	
c PHYSICIAN PURCHASED SERVICES	2,007,363.	1,143,870.	863,493.	
d MISC EXPENSES/ADJUSTMENTS	423,561.	377,711.	45,850.	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	148,544,354.	109,023,399.	39,520,955.	0.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0.	4	35,594,363.
	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	0.	7	306,907.
	8	Inventories for sale or use	0.	8	4,873,875.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 12,073,638.			
	b	Less accumulated depreciation — 10b: 1,038,178.	0.	10c	11,035,460.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	1,014,320.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0.	15	12,983,895.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0.	16	65,808,820.
Liabilities	17	Accounts payable and accrued expenses	0.	17	36,116,713.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	174,297.
	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	1,037,163.
	26	**Total liabilities.** Add lines 17 through 25	0.	26	37,328,173.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	0.	27	28,442,906.
	28	Temporarily restricted net assets	0.	28	37,741.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0.	33	28,480,647.
	34	Total liabilities and net assets/fund balances	0.	34	65,808,820.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
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?	3a		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

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	**Employer identification number**
MERCY HEALTH OF JOPLIN, INC.	27-0814858

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)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the 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	
Total									

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** . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
MERCY HEALTH OF JOPLIN, INC.	27-0814858

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		27,830.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total Add lines 1c through 1i			27,830.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C - PART II-BF

THE FILING ORGANIZATION IS A MEMBER AND PAYS DUE TO THE FOLLOWING HOSPITAL ASSOCIATIONS. AMERICAN HOSPITAL ASSOCIATION AND THE MISSOURI HOSPITAL ASSOCIATION. FOR THE YEAR ENDED JUNE 30, 2010 DUES WERE $30,301 AND $54,290 RESPECTIVELY. APPROXIMATELY 23.78% OF AMERICAN HOSPITAL ASSOCIATION DUES AND 38% OF MISSOURI HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITY PERFORMED BY THESE ASSOCIATIONS.

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 HEALTH OF JOPLIN, INC.

Employer identification number

27-0814858

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

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

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

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, acces sion, 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 solici t 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, custo dian 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

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

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 y ear end balance held as

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

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

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

4 Describe in Part XIV the intended uses of t he 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		2,295,597.		2,295,597.
b Buildings		3,333,889.	255,434.	3,078,455.
c Leasehold improvements		0.	0.	0.
d Equipment		5,475,688.	745,929.	4,729,759.
e Other		968,464.	36,815.	931,649.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				11,035,460.

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

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

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

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

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	12,983,895.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	12,983,895.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
PROFESSIONAL/GENERAL LIABILITY RESV	1,037,163.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,037,163.

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

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

UNCERTAIN TAX POSITIONS UNDER FIN 48

FORM 990, SCHEDULE D, PART X

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)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MERCY HEALTH OF JOPLIN, INC.

Employer identification number

27-0814858

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		1501	2,971,446.	0.	2,971,446.	2.34
b Unreimbursed Medicaid (from Worksheet 3, column a)			24,105,973.	29,505,640.	-5,399,667.	-4.25
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		1501	27,077,419.	29,505,640.	-2,428,221.	-1.91
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	39	16217	1,037,763.	29,734.	1,008,029.	.79
f Health professions education (from Worksheet 5)	9	3181	317,503.	464.	317,039.	.25
g Subsidized health services (from Worksheet 6)	1	0	533,540.	342,278.	191,262.	.15
h Research (from Worksheet 7)	1	0	140,559.	23,463.	117,096.	.09
i Cash and in-kind contributions to community groups (from Worksheet 8)	15	16473	565,751.	0.	565,751.	.44
j **Total.** Other Benefits	65	35871	2,595,116.	395,939.	2,199,177.	1.72
k **Total.** Add lines 7d and 7j	65	37372	29,672,535.	29,901,579.	-229,044.	-.19

Part II Community Building Activities Complete this table if the organization conducted any community building activities

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		289.		289.	
3 Community support	9	213	204,018.	139,679.	64,339.	.05
4 Environmental improvements	1		23,673.		23,673.	.02
5 Leadership development and training for community members						
6 Coalition building	3		12,958.		12,958.	.01
7 Community health improvement advocacy	4	20	48,665.		48,665.	.04
8 Workforce development	1		107,334.		107,334.	.08
9 Other						
10 Total	19	233	396,937.	139,679.	257,258.	.20

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
2	Enter the amount of the organization's bad debt expense (at cost) 2 5,151,128.			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3 0.			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	67,964,523.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	62,839,785.
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	5,124,738.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	HEALTHFIRST	PHO	50.00000		
2	METS	AMBULANCE SERVICES	50.00000		
3	LANDMARK HOSPITAL	LONG-TERM ACUTE CARE FACILITY			
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST. JOHN'S REGIONAL MEDICAL CENTER 2727 MCCLELLAND BLVD JOPLIN MO 64804	X	X					X		

JSA

9E1286 1 000

6132BC 2256

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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

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

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

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

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

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

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

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PART I, LINE 3C:

THE FEDERAL POVERTY GUIDELINES FOR INCOME ARE THE BASIS FOR DETERMINING ELIGIBILITY FOR CHARITY CARE DISCOUNTS. FOR EXAMPLE, INDIVIDUALS WITH INCOMES BELOW 100% OF THE FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR FREE CARE. INDIVIDUALS WITH INCOMES GREATER THAN 100% OF THE FEDERAL POVERTY GUIDELINES MAY BE ELIGIBLE FOR CARE AT DISCOUNTED RATES DEPENDING ON THEIR INCOME LEVEL AND/OR THE AMOUNT DUE TO THE HOSPITAL.

CHARITY/MEDICAL INDIGENCE PARAMETERS.

CHARITY/MEDICAL INDIGENCE PARAMETERS ARE BASED ON FEDERAL INCOME POVERTY (FPL) GUIDELINES WHICH ARE UPDATED ANNUALLY. GENERALLY, NO PATIENT'S FINANCIAL RESPONSIBILITY SHALL BE GREATER THAN 10% OF THE HOUSEHOLD ADJUSTED GROSS INCOME, SUBJECT TO AN ASSET TEST. THIS DETERMINATION SHALL BE MADE PER EPISODE OF CARE WHERE INCOME EXCEEDS 300% OF THE FPL, AND, WHEN WARRANTED, IN AGGREGATE FOR MULTIPLE EPISODES. THE PARAMETERS WILL BE REVIEWED ANNUALLY WITH THE FPL UPDATES. THE REVIEW WILL INCLUDE ASSESSMENT OF THE SLIDING SCALE

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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

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

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

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

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

RANGES, MAXIMUM OUT OF POCKETS, AND OVERALL IMPACT TO THE FACILITIES AND SYSTEM. REVISIONS WILL BE COMPLETED AS WARRANTED.

PART I, LINE 6A:

N/A

PART I, LINE 7G:

N/A

PART I, LINE 7, COLUMN F:

OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS $148,544,354. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $21,357,106. THIS LEFT A TOTAL EXPENSE OF $127,187,248 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F).

PART I, LINE 7:

N/A

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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

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

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

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

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

PART III, LINE 4:

THE TEXT OF THE FOOTNOTE THAT IS INCLUDED IN THE SISTERS OF MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE FOLLOWS:

"PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTIONS POLICIES OF THE HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET THE HEALTH SYSTEM'S CHARITY CARE POLICY. THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESS THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES BASED UPON THE PAYOR COMPOSITION AND AGING OF RECEIVABLES AS OF THE REPORTING DATE WITH CONSIDERATION OF THE HISTORICAL PAYMENT AND WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR

Part VI Supplemental Information

Complete this part to provide the following information

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UNCOLLECTIBLE RECEIVABLES TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING PAST-DUE BALANCES WITH COLLECTION AGENCIES."

TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE, AT COST, BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENT ACCOUNTS WAS MULTIPLIED BY A RATIO OF COST TO CHARGES. THE RATIO OF COST TO CHARGES USED WAS BASED ON DETAILED COST ACCOUNTING, WHERE AVAILABLE. WHERE COST ACCOUNTING IS NOT AVAILABLE, COST REPORT COST TO CHARGE RATIOS WERE UTILIZED.

THE FILING ORGANIZATION DETERMINED THAT THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS $0. ALTHOUGH THE CHARITY CARE POLICY REQUIRES THE PARTICIPATION OF THE PATIENT REQUESTING ASSISTANCE, WE HAVE A PROCESS UNDER PRESUMPTIVE CHARITY (REFER TO DISCLOSURE FOR PART III, #9B) TO ADDRESS ACCOUNTS FOR PATIENTS WHO DO NOT PROVIDE THE INFORMATION. WE BELIEVE THAT OUR CHARITY POLICY IS COMPREHENSIVE ENOUGH TO CAPTURE ALMOST ALL PATIENTS WHO QUALIFY FOR

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CHARITY CARE.

PART III, LINE 8:

UNREIMBURSED COSTS OF MEDICARE ARE CALCULATED BY THE GROSS CHARGES NET OF THE COST TO CHARGE RATIO LESS ANY PAYMENTS, DEDUCTIONS OR REIMBURSEMENTS. IT IS THE POSITION OF MERCY HEALTH OF JOPLIN THAT 100% OF THE SHORT FALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS AMOUNT REPRESENTS COST OF PROVIDING SERVICES THAT REMAIN UNCOMPENSATED TO THE PROVIDER.

PART III, LINE 9B:

ST. JOHN'S REGIONAL MEDICAL CENTER'S ("SJRMC") DEBT COLLECTION POLICY PROVIDES THAT SJRMC WILL PERFORM A REASONABLE REVIEW OF EACH INPATIENT ACCOUNT PRIOR TO TURNING AN ACCOUNT FOR TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT, TO ASSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (E.G. MEDICAID) AND DO NOT QUALIFY FOR COVERAGE THROUGH SJRMC'S COMMUNITY ASSISTANCE POLICY. AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY

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PATIENT ACCOUNT THAT IS SUBSEQUENTLY DETERMINED TO MEET THE SJRMC COMMUNITY ASSISTANCE POLICY IS REQUIRED TO BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION AGENT TO SJRMC FOR APPROPRIATE FOLLOW-UP. SJRMC REQUIRES ITS THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS INDICATING THAT IF A PATIENT OR PATIENT GUARANTOR MEETS CERTAIN STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART V:

N/A

NEEDS ASSESSMENT:

ST. JOHN'S REGIONAL MEDICAL CENTER'S COMMUNITY BENEFIT PLAN IS BASED ON OUR UNDERSTANDING OF UNIQUE COMMUNITIES' NEEDS DERIVED FROM COLLABORATIVE NEEDS ASSESSMENTS, FOCUS GROUPS, AND SURVEYS CONDUCTED WITH OUR COMMUNITY PARTNERS.

THE JASPER AND NEWTON COUNTIES COMMUNITY HEALTH COLLABORATIVE (CHC) WAS FORMED IN 1999 AS A COLLABORATIVE ENTITY OF HEALTH AND HUMAN

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SERVICE PROVIDERS WITH A GENERAL DESIRE TO REDUCE DUPLICATION OF EFFORTS, THEREBY PROVIDING A MORE EFFICIENT USE OF LIMITED RESOURCES. ADDITIONALLY, IT WAS GENERALLY RECOGNIZED THAT THE HEALTH OF THE COMMUNITY WAS NOT THE RESPONSIBILITY OF ANY ONE ENTITY, BUT RATHER REQUIRED THE COORDINATED EFFORTS OF MANY ENTITIES - PUBLIC AND PRIVATE - TO REALIZE AN IMPROVED HEALTH STATUS OF A COMMUNITY. THE CHC HAS BEEN WORKING FOR SEVERAL YEARS TO MEASURE AND IMPROVE THE HEALTH STATUS OF THE COMMUNITY.

THE JASPER AND NEWTON COUNTIES COMMUNITY HEALTH COLLABORATIVE COMPLETED AN IN-DEPTH COMMUNITY HEALTH STATUS REPORT IN JANUARY 2006 AND A NEW COMMUNITY ASSESSMENT IS NEARLY COMPLETED. THE REPORT REFLECTS THE COMPILATION AND ANALYSIS OF EXTENSIVE DATA SOURCES TO IDENTIFY ISSUES HAVING A SIGNIFICANT IMPACT ON THE HEALTH AND GENERAL WELL BEING OF AREA RESIDENTS.

SUMMARY OF ASSESSMENT FINDINGS

THE TEN ISSUES WERE THEN PRIORITIZED THROUGH A GROUP PRIORITIZATION PROCESS. COMMUNITY STAKEHOLDERS WERE INVITED TO PRIORITIZE THE ISSUES OF MOST IMPORTANCE TO THEM, KEEPING IN MIND HOW AWARE THE COMMUNITY

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WAS OF EACH ISSUE AND HOW DIFFICULT THE ISSUE WAS TO CHANGE. AS A

RESULT, THE ISSUES FELL INTO THE FOLLOWING ORDER OF PRIORITY.

1. HEALTHY BEHAVIORS

2. CHILD AND MATERNAL HEALTH

3. SMOKING AND TOBACCO

4. ACCESS TO HEALTH CARE SERVICES

5. DISEASE AND MORTALITY

6. UNINTENTIONAL INJURIES

7. ENVIRONMENT

8. PERSONAL AND FAMILY SAFETY

9. INCOME, EMPLOYMENT, AND EDUCATION

10. ALCOHOL AND DRUGS

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

THE FILING ORGANIZATION HAS PRINTED MATERIAL AVAILABLE AT EACH POINT

OF REGISTRATION IN OUR FACILITY, IN ADDITION TO ELECTRONICALLY

AVAILABILITY AT OUR WEB SITE. SPECIFIC INFORMATION PROVIDED:

FINANCIAL ASSISTANCE INFORMATION

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AS A PART OF OUR HEALING MINISTRY, THE FILING ORGANIZATION IS COMMITTED TO PROVIDING QUALITY HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR FINANCIAL SITUATION. WE OFFER PAYMENT ASSISTANCE FOR THOSE WHO DO NOT HAVE INSURANCE OR WHO ARE IN FINANCIAL NEED.

UNINSURED PATIENT DISCOUNTS

A DISCOUNT FROM THE HOSPITAL'S REGULAR BILLED CHARGES WILL BE PROVIDED TO PATIENTS WHO DO NOT HAVE INSURANCE. THIS INCLUDES PATIENTS WHOSE FINANCIAL SITUATION NORMALLY WOULD NOT OTHERWISE QUALIFY THEM FOR CHARITY CARE DISCOUNTS.

PATIENTS WITHOUT INSURANCE WHOSE FINANCIAL SITUATION QUALIFIES THEM FOR CHARITY CARE DISCOUNTS (SEE ELIGIBILITY GUIDELINES BELOW) MUST FIRST FIND OUT IF THEY ARE ELIGIBLE FOR MEDICAID BEFORE APPLYING FOR FINANCIAL ASSISTANCE. PATIENTS DENIED MEDICAID ELIGIBILITY THEN MUST PROVIDE CERTAIN INFORMATION TO SHOW FINANCIAL NEED.

APPLICATIONS FOR CHARITY CARE DISCOUNTS WILL BE REVIEWED FOR ELIGIBILITY BASED ON THE APPLICANT'S INCOME, FAMILY SIZE, AMOUNT OF

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PAYMENT DUE AND AVAILABILITY OF OTHER ASSETS OR RESOURCES. PLEASE NOTE THAT CARE MUST BE MEDICALLY NECESSARY TO BE CONSIDERED ELIGIBLE FOR UNINSURED PATIENT DISCOUNTS.

ELIGIBILITY GUIDELINES FOR CHARITY CARE DISCOUNTS

THE FEDERAL POVERTY GUIDELINES FOR INCOME ARE THE BASIS FOR DETERMINING ELIGIBILITY FOR CHARITY CARE DISCOUNTS. FOR EXAMPLE, INDIVIDUALS WITH INCOMES BELOW 100% OF THE FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR FREE CARE. INDIVIDUALS WITH INCOMES GREATER THAN 100% OF THE FEDERAL POVERTY GUIDELINES MAY BE ELIGIBLE FOR CARE AT DISCOUNTED RATES DEPENDING ON THEIR INCOME LEVEL AND/OR THE AMOUNT DUE TO THE HOSPITAL.

ADDITIONAL FINANCIAL ASSISTANCE

AFTER APPROPRIATE DISCOUNTS HAVE BEEN APPLIED, ARRANGEMENTS MAY BE MADE FOR AN INTEREST-FREE MONTHLY PAYMENT PLAN. GENERALLY, NO PATIENT'S FINANCIAL RESPONSIBILITY WILL BE GREATER THAN 10% OF ANNUAL HOUSEHOLD INCOME, ADJUSTED TO CONSIDER AVAILABILITY OF OTHER ASSETS THAT COULD BE USED TOWARD MAKING PAYMENTS.

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COMMUNITY INFORMATION:

MERCY HEALTH OF JOPLIN INCORPORATED, DBA ST. JOHN'S REGIONAL MEDICAL CENTER, IS A NOT-FOR-PROFIT MAJOR-REFERRAL HOSPITAL SERVING 19 COUNTIES IN MISSOURI, KANSAS, ARKANSAS AND OKLAHOMA. AS THE FIRST CATHOLIC HOSPITAL TO SERVE THE COMMUNITY, ST. JOHN'S EMBRACED THE MISSION OF THE FOUNDING RELIGIOUS CONGREGATION.

FROM THE MERCY SISTERS WHO FOUNDED OUR HOSPITAL IN 1896 AS A 10-BED HOSPITAL TO THE PRESENT-DAY 367-BED REGIONAL TERTIARY CARE FACILITY, ST. JOHN'S CONTINUES ITS MISSION OF PROVIDING HEALTHCARE TO THE FOUR-STATE REGION WITH COMPASSION AND A DEEP DESIRE TO HELP THE PEOPLE IN OUR COMMUNITY. WE SERVE ALL PERSONS IN THE COMMUNITY ON A NON-DISCRIMINATORY BASIS AND OPERATE A 24-HOUR EMERGENCY ROOM 365 DAYS PER YEAR THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. ST. JOHN'S PARTICIPATES IN MEDICARE AND MEDICAID AND HAS AN ACTIVE CHARITY CARE PROGRAM.

COMMUNITY BUILDING ACTIVITIES:

ECONOMIC DEVELOPMENT

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-CITY PLANNING COMMITTEE: THE CITY OF JOPLIN'S PLANNING COMMITTEE IS RESPONSIBLE FOR ADMINISTERING THE POLICIES, PROGRAMS AND REGULATIONS THAT MANAGE THE GROWTH AND DEVELOPMENT OF JOPLIN. AS AN ACTIVE MEMBER, ST. JOHN'S EMPLOYEES WORK ON ISSUES SUCH AS TRANSPORTATION, THE ENVIRONMENT, LONG RANGE PLANNING, ZONING CODE COMPLIANCE, AND THE REVIEW OF DEVELOPMENT PROPOSALS AND PERMITS.

COMMUNITY SUPPORT

-CHILDCARE SUBSIDY: SUPPORT FUNDING IS PROVIDED TO ST. JOHN'S MERCY DISCOVERY DAYCARE TO ASSIST IN PROVIDING A SAFE, HEALTHY AND EDUCATIONAL DAYCARE ENVIRONMENT FOR BOTH ST. JOHN'S EMPLOYEE'S CHILDREN AND CHILDREN OF OUR COMMUNITY. COMMUNITY BENEFIT EXPENSES ARE CALCULATED BASED ON THE PERCENT OF EXPENSES FOR COMMUNITY CHILDREN ONLY.

-CHRISTMAS IN AUGUST: STAFF MEMBERS COORDINATE AND DISTRIBUTE BACK TO SCHOOL CLOTHES, SCHOOL SUPPLIES AND MONEY TO HELP IDENTIFIED ECONOMICALLY DISADVANTAGED FAMILIES IN THE JOPLIN COMMUNITY. SCHOOL SUPPLIES WERE PROVIDED FOR THE 217 CHILDREN AT WEST CENTRAL SCHOOL IN JOPLIN.

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-HOLIDAY FOOD BASKETS: ST. JOHN'S COORDINATES AND DISTRIBUTES FOOD AND GIFT BASKETS FOR IDENTIFIED ECONOMICALLY DISADVANTAGED FAMILIES THROUGHOUT THE YEAR, INCLUDING THANKSGIVING AND CHRISTMAS. MANY DEPARTMENTS ACROSS THE ENTIRE ORGANIZATION PREPARE GIFTS OF FOOD, CLOTHING, AND TOYS FOR AREA FAMILIES DURING ST. JOHNS HOLIDAY OUTREACH PROJECT THAT IS DONE IN COOPERATION WITH OUR CHAMBER BUSINESS PARTNER, JOPLIN HIGH SCHOOL.

COALITION BUILDING

-HOMELESS COALITION: EMPLOYEES OF ST. JOHN'S ASSIST WITH THE HOMELESS COALITION AND THE RESPONSIBILITY OF FINDING RESOURCES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS.

-UNITED WAY BOARD: STAFF SERVES ON THE UNITED WAY BOARD OF DIRECTORS AND VARIOUS COMMITTEES. THE UNITED WAY ASSISTS MANY OF THE NON-PROFIT ORGANIZATIONS IN THE SURROUNDING COMMUNITIES AND HAS A NEW FOCUS OF ADVANCING THE COMMON GOOD IN HEALTHCARE, EDUCATION AND INCOME.

ENVIRONMENTAL IMPROVEMENTS:

-PAR COURSE: SJRMC CONSTRUCTED AND MAINTAINS AN EXTENSIVE EXERCISE

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AND FITNESS TRAIL LOCATED ON THE EAST SIDE OF ITS CAMPUS. THE COURSE

IS FREE, OPEN TO AREA RESIDENTS AND LIGHTED FOR RESIDENTS WHO WALK AT

NIGHT.

-ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS: HEALTHY AND ACTIVE

COMMUNITY INITIATIVE-THE MISSION IS TO PREVENT CHRONIC DISEASE BY

ENCOURAGING HEALTHY EATING AND ADEQUATE EXERCISE FOR ALL PEOPLE IN

JASPER AND NEWTON COUNTIES. ST. JOHN'S SERVES AS THE LEAD AGENCY ON

THIS COLLABORATIVE EFFORT FUNDED IN PART BY A GRANT FROM THE MISSOURI

FOUNDATION FOR HEALTH.

-WORKFORCE DEVELOPMENT: RECRUITMENT OF PHYSICIANS AND OTHER HEALTH

PROFESSIONALS-ST. JOHN'S SERVICE AREA HAS BEEN IDENTIFIED BY THE

GOVERNMENT AS MEDICALLY UNDERSERVED (MUA). WE ACTIVELY RECRUIT

PHYSICIANS AND OTHER HEALTH PROFESSIONALS TO INCREASE ACCESS TO HIGH

QUALITY HEALTHCARE FOR ALL.

OTHER INFORMATION:

ST. JOHN'S REGIONAL MEDICAL CENTER STRIVES TO BE A LEADER IN

INITIATIVES DESIGNED TO BENEFIT THE COMMUNITY AS A WHOLE. SEVERAL

EXAMPLES INCLUDE: COMMUNITY HEALTH EDUCATION (VARIOUS SUPPORT GROUPS,

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CAREER DAY FAIRS, CAREER PATH GUIDANCE, COMMUNITY HEALTH FAIRS, SCHOOL HEALTH EDUCATION PROGRAMS, ETC.).

AFFILIATED HEALTH CARE SYSTEM ROLES:

THE FILING ORGANIZATION IS PART OF THE SISTERS OF MERCY HEALTH SYSTEM ("MERCY"). MERCY IS A MISSOURI NON-PROFIT CORPORATION WITH ITS HEADQUARTERS ("MINISTRY OFFICE") IN ST. LOUIS, MISSOURI. MERCY PROVIDES HEALTH CARE SERVICES IN FOUR STATES - ARKANSAS, KANSAS, MISSOURI, AND OKLAHOMA - AND HAS OUTREACH MINISTRIES LOCATED IN LOUISIANA, MISSISSIPPI, AND TEXAS. MERCY'S MISSION IS "AS THE SISTERS OF MERCY BEFORE US, WE BRING LIFE TO THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE."

AS OF JUNE 30, 2010, MERCY FACILITIES INCLUDED 28 HOSPITALS WITH 3,718 ACUTE LICENSED BEDS (3,300 ACUTE AVAILABLE BEDS). MERCY FACILITIES OFFER A WIDE RANGE OF HEALTH CARE SERVICES ACROSS THE SYSTEM, INCLUDING INPATIENT AND OUTPATIENT CARE, REHABILITATION SERVICES, CANCER CARE, TRAUMA CARE, BURN CARE, SKILLED NURSING, HOME HEALTH AND HOSPICE, SPORTS MEDICINE, AND NEONATAL AND PEDIATRIC

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Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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

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

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

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

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

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

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

INTENSIVE CARE. FOR THE FISCAL YEAR ENDED JUNE 30, 2010, MERCY HAD MORE THAN 6.3 MILLION OUTPATIENT VISITS, MORE THAN 1,200 EMPLOYED PHYSICIANS, AND APPROXIMATELY 28,000 EMPLOYEES, MAKING MERCY THE EIGHTH LARGEST CATHOLIC HEALTH SYSTEM IN THE UNITED STATES BASED ON NET PATIENT SERVICE REVENUE. MERCY IS SPONSORED BY MERCY HEALTH MINISTRY, WHICH IS GOVERNED BY MEMBERS THAT INCLUDE SISTERS OF MERCY.

MANY SERVICES THAT ARE ESSENTIAL TO FULFILLING MERCY'S MISSION ARE CENTRALIZED AT THE MINISTRY OFFICE. SUCH CENTRALIZED SERVICES INCLUDE TREASURY, INFORMATION TECHNOLOGY, CLINICAL QUALITY MANAGEMENT, LEGAL AND COMPLIANCE COUNSEL, COMPENSATION AND BENEFITS, CONSULTING, PERFORMANCE MANAGEMENT, REVENUE MANAGEMENT, CAPITAL MANAGEMENT, CLINICAL ENGINEERING, AND CLINICAL SAFETY. THE CENTRALIZATION OF SUCH SUPPORT SERVICES ENABLES MERCY TO ENSURE THAT EACH OF ITS COMMUNITIES, WHETHER LARGE OR SMALL, HAS THE SERVICES IT NEEDS.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

AR,MO,OK,

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
MERCY HEALTH OF JOPLIN, INC.

Employer identification number
27-0814858

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? . . . . . [X] 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 . . . . . ▶[ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY DISTRICT 5110 11616 S FULTON AVE TULSA, OK 74130	73-1507085	501(C)(3)	157,795				MED SUPPLIES THIRD WORLD COUNTRIES

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use 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
TRANSPORTATION SERVICES FOR THE INDIGENT	375		20,391	COST	TRANSPORTATION SVCS
PHARMACEUTICAL SERVICES FOR THE INDIGENT	3,247		44,044	COST	PHARMACEUTICAL SVCS
MEDICAL EQUIPMENT FOR THE INDIGENT	55		17,128	COST	MEDICAL EQUIPMENT

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

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

THE GRANT MANAGER OVERSEES THE GRANT INCOME AND EXPENSES MONITORING THEM MONTHLY. THE GRANT MANAGER ALSO PREPARED AND SUBMITS ALL REQUIRED DOCUMENTS TO THE GRANTING ORGANIZATIONS.

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 HEALTH OF JOPLIN, INC.

Employer identification number

27-0814858

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
GARY W JORDAN	(ii)	153,746.	29,926.	17,429.	15,292.	12,437.	228,830.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, QUESTION 3

MERCY HEALTH OF JOPLIN, INC. 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 BRADLEY (KIM) DAY AND GARY PULSIPHER. NO PAYMENTS WERE MADE 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

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 HEALTH OF JOPLIN, INC.

Employer identification number

27-0814858

ATTACHMENT 1

SUPPLEMENTAL INFORMATION

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, QUESTION 6, 7A & 7B

THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH SYSTEM-JOPLIN, INC.

THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED SOLELY TO THE CORPORATE MEMBER:

-TO APPROVE THE MISSION AND ESTABLISH THE PHILOSOPHY ACCORDING TO WHICH THE CORPORATION, AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION, SHALL OPERATE;

-TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION, AND TO AMEND THE ORGANIZATIONAL AND GOVERNANCE DOCUMENTS OF EACH ORGANIZATION CONTROLLED BY THE CORPORATION;

-TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD;

-TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHIEF EXECUTIVE OFFICER OF THE SSU WHO SHALL SERVE AS THE PRESIDENT OF THE CORPORATION;

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

Name of the organization: MERCY HEALTH OF JOPLIN, INC.

Employer identification number: 27-0814858

ATTACHMENT 1 (CONT'D)

-TO APPROVE OR AMEND THE OPERATING, CAPITAL, AND ALL OTHER BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION;

-TO ASSIGN, TRANSFER, LEASE OR SELL ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER;

-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 THAT ARE ACQUIRED 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;

-TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION; AND

-TO APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION.

Name of the organization: MERCY HEALTH OF JOPLIN, INC.
Employer identification number: 27-0814858

ATTACHMENT 1 (CONT'D)

DESCRIBE THE PROCESS 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 FINANCE TEAM, INCLUDING THE DIRECTOR OF ACCOUNTING AND THE VICE-PRESIDENT OF FINANCE. 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 ORGANIZATION'S 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 APPOROVED BY THE FILING ORGAZATION'S LEADERSHIP TEAM, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW; IT IS THEN SIGNED AND FILED WITH THE IRS.

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

ALL BOARD MEMBERS ANNUALLY COMPLETE THE CONFLICT OF INTEREST (COI) STATEMENT. THE COI IS REVIEWED BY THE CRO AND ANY DISCREPANCY IS DISCUSSED WITH THE BOARD MEMBER AND RECTIFIED. BEFORE EACH BOARD MEETING, THE BOARD MEMBERS ARE ASKED IF THEY HAVE ANY CONFLICTS WITH RESPECT TO ANY TOPICS TO BE DISCUSSED. IF THERE IS A CONFLICT, THAT BOARD MEMBER WILL NOT PARTICIPATE IN THAT PART OF THE MEETING. MANAGERS, DIRECTORS AND ABOVE ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST

Name of the organization: MERCY HEALTH OF JOPLIN, INC.
Employer identification number: 27-0814858

ATTACHMENT 1 (CONT'D)

AND DISCLOSE ANY SITUTATIONS THAT COULD BECOME A CONFLICT OF INTEREST ANNUALLY. THE ORGANIZATION HAS A MONTHLY COMPLIANCE MEETING WHERE POTENTIAL CONFLICTS ARE ADDRESSED.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTIONS 15A & 15B

FOR THOSE CLASSIFED 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 STMTS 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

Name of the organization: MERCY HEALTH OF JOPLIN, INC.

Employer identification number: 27-0814858

ATTACHMENT 1 (CONT'D)

PUBLISHED PUBLICLY.

PART VII, SECTION A, COLUMN B

AVERAGE HOURS PER WEEK

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.

AUDITED FINANCIAL STATEMENTS

FORM 990, PART XI, LINE 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 COMMITTEE.

Name of the organization: MERCY HEALTH OF JOPLIN, INC.

Employer identification number: 27-0814858

ATTACHMENT 1 (CONT'D)

SCHEDULE R

TRANSACTIONS WITH RELATED ORGANIZATIONS

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

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DICTATION SERVICES 990 HAMMOND DRIVE NE, SUITE 120, ATLANTA, GA 30328	DICTATION	150,630.
TOTAL COMPENSATION		150,630.

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 HEALTH OF JOPLIN, INC.

Employer identification number
27-0814858

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
ADVANCE CARE HOSPITAL 71-0816634						
300 WERNER ST, 3RD FLOOR	HOT SPRINGS, AR 71913	HOSPITAL	AR	501(C)(3)	3	SMHS
BREECH REGIONAL MEDICAL CENTER 43-1767432						
100 HOSPITAL DRIVE	LEBANON, MO 65536	HOSPITAL	MO	501(C)(3)	3	ST JOHNS HS
CARROLL HEALTH FOUNDATION 71-0759301						
214 CARTER STREET	BERRYVILLE, AR 72616	FOUNDATION	AR	501(C)(3)	11A	OZARK RG HS
CASA DE MISERICORDIA 74-2912461						
1602 MCCLELLAND STREET	LAREDO, TX 78044	SHELTER	TX	501(C)(3)	7	MM LAREDO
HEALDTON MERCY HOSPITAL CORPORATION 26-3173902						
918 SOUTH STREET	HEALDTON, OK 73438	HOSPITAL	OK	501(C)(3)	3	MMHC
LAREDO MEDICAL GROUP 74-2764726						
14528 S OUTER FORTY, STE 100	CHESTERFIELD, MO 63017	INACTIVE	TX	501(C)(3)	9	MHS-TX
MCAULEY PORTFOLIO MANAGEMENT COMPANY 26-1708048						
14528 S OUTER FORTY, STE 100	CHESTERFIELD, MO 63017	INVST MGMT	MO	501(C)(3)	11B	SMHS

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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 43-1971232 1011 14TH NW ARDMORE, OK 73401	MRI SERVICES	OK	N/A								
FORTSMITH E MED SER 71-0416615 1701 GRWOOD FORTSMITH AR 72901	EMERGENCY MED SEV	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. 71-0474406 2710 RIFE MEDICAL LANE ROGERS, AR 72758	DISSOLVED 8/4/09	AR	N/A	C-CORP			
FRONTENAC PROPERTIES, INC 52-1914421 14528 S. OUTER FORTY, SUITE 100 CHESTERFIELD, MO 63017	HOLDING COMP	DE	N/A	C-CORP			
INVENO HEALTH, INC 26-4509571 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804	IT SERVICES	MO	N/A	C-CORP			
MERCY COMMUNITY SERVICES, INC 48-1078101 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701	CATERING	KS	N/A	C-CORP			
MERCY HEALTH CENTER CONDOMINIUM, INC 68-0640970 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120	REAL ESTATE	OK	N/A	C-CORP			
MERCY HEALTH NETWORK OF THE SOUTHERN REG 73-1580607 1011 14TH AVENUE NW ARDMORE, OK 73401	HEALTH CARE	OK	N/A	C-CORP			
MERCY HEALTH NETWORK, INC 73-1381689 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.)

			Yes	No
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?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	MHM SUPPORT SERVICES	O	12,609,920.
(2)	SISTERS OF MERCY HEALTH SYSTEM	O	527,336.
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization

MERCY HEALTH OF JOPLIN, INC.

Employer identification number

27-0814858

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **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 73-6617948 2115 PARKVIEW DRIVE EL RENO, OK 73036	LEASED HOSPT	OK	501(C)(3)	3	MHS
MERCY EMERGENCY MEDICAL SERVICES, INC. 81-0627035 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	INACTIVE	OK	501(C)(3)	9	MHC
MERCY FOUNDATION FOR HEALTH INNOVATION 20-0901499 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	FOUNDATION	MO	501(C)(3)	11B	SMHS
MERCY HEALTH CENTER FOUNDATION 48-1077073 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701	FOUNDATION	KS	501(C)(3)	11C	MHS-KS
MERCY HEALTH CENTER FOUNDATION, INC. 73-1593024 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	FOUNDATION	OK	501(C)(3)	11A	MHC
MERCY HEALTH CENTER, INC. 73-0579285 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HOSPITAL	OK	501(C)(3)	3	MHS
MERCY HEALTH MHMCH, INC. 27-0842031 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725	HOSPITAL	MO	501(C)(3)	9	MHS-JOPLIN
MERCY HEALTH OF JOPLIN FOUNDATION 27-0906136 2727 MCCLELLAND BLVD. JOPLIN, MO 64804	FOUNDATION	MO	501(C)(3)	11A	MHS-JOPLIN
MERCY HEALTH SERVICES, INC. 14-1838609 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	DISV 6/30/10	OK	501(C)(3)	9	MHC
MERCY HEALTH SYSTEM-JOPLIN, INC. 30-0584463 2727 MCCLELLAND BLVD. JOPLIN, MO 64804	HLTH SYSTEM	MO	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM OF KANSAS, INC. 48-0956045 401 WOODLAND HILLS BLVD. FT. SCOTT, KS 66701	HOSPITAL	KS	501(C)(3)	3	MHS-JOPLIN
MERCY HEALTH SYSTEM NORTHWEST ARKANSAS 62-1684203 2710 RIFE MEDICAL DRIVE ROGERS, AR 72758	PHYS GROUP	AR	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM OF TEXAS, INC. 74-2764727 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	INACTIVE	TX	501(C)(3)	11B	SMHS
MERCY HEALTH SYSTEM, INC. 73-1453048 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HOLDING CO.	OK	501(C)(3)	11B	SMHS
MERCY HOSP. FOUNDATION OF INDEPENDENCE 48-1079981 800 W. MYRTLE INDEPENDENCE, KS 67301	FOUNDATION	KS	501(C)(3)	11A	MHS-KS
MERCY HOSPITAL OF LAREDO 74-1189682 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017	INACTIVE	TX	501(C)(3)	3	MHS-TX
MERCY MEDICAL GROUP 43-1771217 645 MARYVILLE CENTRE DR ST 100 ST. LOUIS, MO 63141	PHYS GROUP	MO	501(C)(3)	9	ST JOHN MHC
MERCY MEMORIAL HEALTH CENTER FOUNDATION 71-0962525 1011 14TH AVENUE NW ARDMORE, OK 73401	FOUNDATION	OK	501(C)(3)	11A	MMHC

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

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. JOHN'S CHILDREN'S HOSPITAL, INC. N/A 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

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

27-0814858

Part III Continuation of 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? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
HORIZONTAL PROPERTY 71-0554050 7301 ROGERS FT SMITH AR 72903	OFFICE BUILDING	AR	N/A								

Part IV Continuation of 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
MERCY MANAGED CARE CORPORATI 73-1441665 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120	HOLDING COMP	OK	N/A	C-CORP			
MERCY MEDICAL SERVICES, INC. 71-0641246 14528 S OUTER FORTY, SUITE 300 CHESTERFIELD, MO 63017	DISSOLVED 7/1/09	MO	N/A	C-CORP			
MHP, INC 43-1697084 14528 S OUTER FORTY, SUITE 300 CHESTERFIELD, MO 63017	HOLDING COMP	DE	N/A	C-CORP			
ST. EDWARD MEDICAL SERVICES, 20-2965518 7301 ROGERS AVENUE FORT SMITH, AR 72903	DISSOLVED 5/5/10	AR	N/A	C-CORP			
UH L CORP , INC 74-2499535 645 MARYVILLE CENTRE DRIVE, SUITE 100 ST LOUIS, MO 63141	HOLDING COMP	MO	N/A	C-CORP			
UNITY SUPPORT SERVICES, INC 43-1797042 645 MARYVILLE CENTRE DRIVE, SUITE 100 ST LOUIS, MO 63141	MANAGEMENT	MO	N/A	C-CORP			

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

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

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No