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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

2009Open 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Form filed <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MERCY HEALTH OF JOPLIN FOUNDATION |
| | D Employer identification number 27-0906136 |
| | E Telephone number (417) 781-2127 |
| | G Gross receipts \$ 270,236. |
| F Name and address of principal officer TREVA D. KENNEDY 2721 MCCLELLAND BLVD. JOPLIN, MO 64804 | |
| H (a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no.) 4947(a)(1) or 527 | |
| J Website: WWW.STJ.COM | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | |
| L Year of formation 2009 M State of legal domicile MO | |

Part I Summary

| | | | |
|------------------------------------|---|-------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities THE PRIMARY PURPOSE OF ST. JOHN'S MERCY REGIONAL FOUNDATION IS TO ASSIST ORGANIZATIONS WHICH SERVE THE HEALTH CARE NEEDS OF THE COMMUNITY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 21 |
| Revenue | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 3 | 7b | 0. |
| | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 270,236. |
| | 10 Investment income (Part VIII, column (A), lines 8, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0. | 270,236. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 62,375. |
| | 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. | 127,018. |
| Expenses | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses, Part IX, column (D), line 25 ▶ 148,160. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 0. | 29,532. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 0. | 218,925. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | 0. | 51,311. |
| | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 0. | 2,211,067. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 0. | 2,005,661. |

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 *Shelly Hunter* Date 5-5-11
Type or print name and title *Shelly Hunter, CFO*

| | | | | |
|---------------------------------|--|----------------|---|--|
| Paid Preparer's Use Only | Preparer's signature <i>Ernst & Young U.S. LLP</i> | Date 5/9/11 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) P00366526 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG U.S. LLP 190 CAMDENVIEW PLAZA, SUITE 1300 CAMDEN, MO 63804 | FIN 34-6565596 | Phone no 314-290-1000 | |

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

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

Form 990 (2009)

JSA
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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

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 \$ 70,765. including grants of \$ 62,375.) (Revenue \$ _____)

DONATIONS TO THE FOUNDATION SUPPORT MANY PROGRAMS (INCLUDING THE OPERATING AND CAPITAL NEEDS OF THE HOSPITAL, WHICH BENEFIT ALL PATIENTS), HEALTH SERVICES AND EQUIPMENT FOR PEOPLE OF THE FOUR-STATE AREA. THE FOUNDATION SERVES TO SUPPORT THOSE IN NEED FROM BIRTH TO END OF LIFE. PROJECTS EXTEND BEYOND ST. JOHN'S REGIONAL MEDICAL CENTER TO INCLUDE OTHER HEALTHCARE PROVIDERS LIKE HOSPITALS, EMERGENCY FIRST RESPONDERS, HEALTH CLINICS, FIRE DEPARTMENTS AND OTHERS WHO HAVE NO OTHER MEANS TO MEET THE HEALTH NEEDS FOR THEIR COMMUNITIES

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 ► 70,765.

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 securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | |
| • Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X |
| 12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X |
| 14a 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | X | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Form 990 (2009)

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 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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)? | | X |
| 4b | 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? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 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? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |

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

| | 1a | 1b | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body | 11 | | | |
| b Enter the number of voting members that are independent | | 7 | | |
| 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 | | | |
| TREVA D KENNEDY DIR OF PHILANTHROPY, BOARD DIR | 50.00 | X | | | | | | 0. | 14,928. | 1,466. |
| D. MITCHELL STINNETT MANAGER PROJECT MGT, BOARD DIR | 50.00 | X | | | | | | 0. | 26,250. | 1,983. |
| THERESA WACHTER VP OF MISSION, BOARD DIRECTOR | 50.00 | X | | | | | | 0. | 21,752. | 2,329. |
| GARY PULSIPHER PRESIDENT/CEO, BOARD DIRECTOR | 60.00 | X | | X | | | | 0. | 110,523. | 6,710. |
| ANTHONY J. GREENWOOD, D.D.S. BOARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| BENNIE CROSSLAND BOARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CHRISTOPHER W. DUMM BOARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DANIEL R. STENGEL BOARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| FREDRIC R. WHEELER, D.O. BOARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| RYAN STANLEY BOARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| SARAH PINJUV BOARD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| GARY W JORDAN COO | 60.00 | | | | X | | | 0. | 201,101. | 27,729. |
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Part VIII Statement of Revenue

27-0906136

| | | | | (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 | 270,236 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| h | Total. Add lines 1a-1f | | 270,236. | | | | |
| Program Service Revenue | 2a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 0. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 0. | | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | 6a | Gross Rents. | (i) Real (ii) Personal | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | 0. | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | 0. | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from fundraising events | | 0. | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | 0. | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | 0. | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 0. | | | | |
| 12 | Total Revenue. See instructions | | 270,236. | 0. | 0. | 0. | |

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).

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . . | 60,713. | 60,713. | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 1,662. | 1,662. | | |
| 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 | 127,018. | | | 127,018. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . | 0. | | | |
| 9 Other employee benefits | 0. | | | |
| 10 Payroll taxes | 0. | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 0. | | | |
| d Lobbying | 0. | | | |
| e Professional fundraising services See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other | 180. | | | 180. |
| 12 Advertising and promotion | 825. | | | 825. |
| 13 Office expenses | 6,126. | | | 6,126. |
| 14 Information technology | 2,462. | | | 2,462. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 10,248. | | | 10,248. |
| 17 Travel | 221. | | | 221. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 7,200. | 6,605. | | 595. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 0. | | | |
| 23 Insurance | 0. | | | |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a <u>ALL OTHER EXPENSES</u> | 2,270. | 1,785. | | 485. |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 218,925. | 70,765. | 0. | 148,160. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 0. | 1 | 1,991,248. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a | | | |
| | b Less accumulated depreciation 10b | | 10c | |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 0. | 15 | 219,819. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 0. | 16 | 2,211,067. | |
| Liabilities | 17 Accounts payable and accrued expenses | 0. | 17 | 205,406. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 0. | 26 | 205,406. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 0. | 27 | 51,311. |
| | 28 Temporarily restricted net assets | 0. | 28 | 1,734,531. |
| | 29 Permanently restricted net assets | 0. | 29 | 219,819. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 0. | 33 | 2,005,661. |
| | 34 Total liabilities and net assets/fund balances | 0. | 34 | 2,211,067. |

Form 990 (2009)

Part XI Financial Statements and Reporting

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b Were the organization's financial statements audited by an independent accountant? | 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. | 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? | | 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 | | |

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MERCY HEALTH OF JOPLIN FOUNDATION

Employer identification number

27-0906136

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

| | | | |
|--|----------|-----|----|
| (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) | Yes | No |
| (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)

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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") | | | | | 270,236 | 270,236. |
| 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 | | | | | 270,236. | 270,236 |
| 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 | | | | | | 270,236 |

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 | | | | | 270,236 | 270,236 |
| 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 | | | | | | 270,236. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input checked="" type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 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 | % |

- 19a **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 D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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**

MERCY HEALTH OF JOPLIN FOUNDATION

Employer identification number

27-0906136

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

| | 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 year end balance held as:

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

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

- (i) unrelated organizations
 (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

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

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| Financial derivatives | | |
| 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 |
|--|----------------|
| PERMANENTLY RESTRICTED HEALING | 24,900. |
| PERMANENTLY RESTRICTED ELDERLY | 43,443. |
| PERMANENTLY RESTRICTED ENDOWME | 151,476. |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | 219,819. |

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

| 1. (a) Description of liability | (b) Amount |
|--|------------|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | |

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)*

OMB No 1545-0047

Open to Public Inspection

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

► Attach to Form 990.

Employer Identification number

27-0906136

- ☒ Yes ☐ No

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.

| | | | |
|---|--|-------|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | | 2 |
| 3 | Enter total number of other organizations | | 0 |

Schedule I (Form 990) 2009

9E1288 2 000

6130BC 2256

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

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

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

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

FORM 990, SCHEDULE I, PART I, QUESTION 2

FOR ANY PROGRAM RELATED GRANTS, MERCY HEALTH OF JOPLIN FOUNDATION

REQUIRES THAT THE GRANTEE PROVIDE QUARTERLY PROGRESS REPORTS TO MERCY

HEALTH OF JOPLIN FOUNDATION.

**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 FOUNDATION

Employer identification number

27-0906136

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If 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

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, 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

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION**SCHEDULE J, PART I, QUESTION 3**

MERCY HEALTH OF JOPLIN FOUNDATION 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

THE 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 FOUNDATION

Employer identification number

27-0906136

ATTACHMENT 1

SUPPLEMENTAL INFORMATION

FORM 1099 AND FORM 1096

FORM 990, PART V, QUESTION 1A

VENDORS FOR THE FILING ORGANIZATION ARE PAID BY THE SISTERS OF MERCY

HEALTH SYSTEM (EIN 43-1423050). AS SUCH, ALL REQUIRED FORM 1099 AND FORM

1096 REPORTING IS MADE FOR THE ENTIRE HEALTH SYSTEM (WITH LIMITED

EXCEPTIONS) UNDER THE SMHS EIN.

W-2 AND W-3

FORM 990, PART V, QUESTION 2A

EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER

ARRANGEMENT. AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDING W-2 AND

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

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, QUESTION 6 AND 7

THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH SYSTEM

-JOPLIN, INC. THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE

RESERVED TO THE CORPORATE MEMBER AND SHALL REQUIRE THE ACTION OR

APPROVAL, AS APPLICABLE, OF THE CORPORATE MEMBER: (1) ADOPTION OF OR

REVISIONS TO THE PHILOSOPHY, MISSION AND VALUES ACCORDING TO WHICH THE

CORPORATION IS OPERATED, (2) APPROVAL OR ADOPTION OF ANY AMENDMENT OF THE

ARTICLES OF INCORPORATION OF THE CORPORATION, OR ADOPTION OF ANY

Name of the organization

Employer identification number

MERCY HEALTH OF JOPLIN FOUNDATION

27-0906136

ATTACHMENT 1 (CONT'D)

AMENDMENTS OF THESE BYLAWS, (3) ADOPTION OF A PLAN OF MERGER, DISSOLUTION OR CONSOLIDATION OF THE CORPORATION, (4) AUTHORIZATION OR APPROVAL, AS APPLICABLE, OF THE SALE OR SERIES OF RELATED SALES WHICH AT THE OUTSET ARE INTENDED BY THE CORPORATION TO ULTIMATELY RESULT IN THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S PROPERTY, (5) APPOINTMENT OR REMOVAL, WITH OR WITHOUT CAUSE, OF THE PRESIDENT OF THE CORPORATION (OR HIS OR HER SUBSTITUTE OR SUCCESSOR), (6) AUTHORIZATION OR APPROVAL, AS APPLICABLE, OF THE SALE, CONVEYANCE, LEASE, TRANSFER, OR DISPOSITION OF THE CORPORATION'S PROPERTY, INCURRENCE OF DEBT OR OF ENCUMBRANCE OF THE CORPORATION'S PROPERTY, (7) AUTHORIZATION OR APPROVAL OR AMENDMENT, AS APPLICABLE, OF THE STRATEGIC AND FINANCIAL PLANS, GOALS AND OBJECTIVES OF THE CORPORATION INCLUDING, WITHOUT LIMITATION, THE OPERATING AND CAPITAL BUDGET INCURRENCE OF DEBT, INVESTMENT FINANCIAL TARGETS AND CAPITAL LEASES, (8) APPOINTMENT OR REMOVAL, WITH OR WITHOUT CAUSE, OF BOARD MEMBERS AS SET FORTH IN ARTICLE V AND (9) AUTHORIZATION OR APPROVAL, AS APPLICABLE, OF ANY UNBUDGETED EXPENDITURES OR UNBUDGETED INCURRENCE OF DEBT BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATE MEMBER FROM TIME TO TIME.

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

Name of the organization

Employer identification number

MERCY HEALTH OF JOPLIN FOUNDATION

27-0906136

ATTACHMENT 1 (CONT'D)

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

Name of the organization

Employer identification number

MERCY HEALTH OF JOPLIN FOUNDATION

27-0906136

ATTACHMENT 1 (CONT'D)

COMPENSATION DETERMINATION PROCESS

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

FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF THE SISTER OF MERCY HEALTH SYSTEM. FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT. COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY.

PART VII, SECTION A, COLUMN B

AVERAGE HOURS PER WEEK

SEVERAL INDIVIDUALS LISTED IN PART VII ARE DISCLOSED AS TRUSTEES,

Name of the organization

Employer identification number

MERCY HEALTH OF JOPLIN FOUNDATION

27-0906136

ATTACHMENT 1 (CONT'D)

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.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PRIMARY EXEMPT PURPOSE OF MERCY HEALTH OF JOPLIN FOUNDATION IS TO ASSIST ORGANIZATIONS WHICH SERVE THE HEALTH CARE NEEDS OF THE COMMUNITY. THE MERCY HEALTH OF JOPLIN FOUNDATION IS A 501(C)(3)

Name of the organization

Employer identification number

MERCY HEALTH OF JOPLIN FOUNDATION

27-0906136

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NOT-FOR-PROFIT ORGANIZATION AND IS GOVERNED BY A BOARD OF DIRECTORS
COMPRISED OF VOLUNTEER BUSINESSES, FINANCIAL AND MEDICAL
PROFESSIONALS. DONATIONS TO THE FOUNDATION SUPPORT MANY PROGRAMS,
HEALTH SERVICES AND EQUIPMENT FOR PEOPLE OF THE FOUR-STATE AREA. THE
FOUNDATION SERVES TO SUPPORT THOSE IN NEED FROM BIRTH TO END OF LIFE.

PROJECTS EXTEND BEYOND ST. JOHN'S REGIONAL MEDICAL CENTER TO INCLUDE
OTHER HEALTHCARE PROVIDERS LIKE HOSPITALS, EMERGENCY FIRST
RESPONDERS, HEALTH CLINICS, FIRE DEPARTMENTS AND OTHERS WHO HAVE NO
OTHER MEANS TO MEET THE HEALTH NEEDS FOR THEIR COMMUNITIES.

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? |
|---|-------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|---|----|---|---|
| | | | | | | | Yes | No | | |
| 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 | DISSIV 12/31/09 | OK | N/A | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|-------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|
| CONSOLIDATED LOGISTICS, INC. 2710 RIFE MEDICAL LANE ROGERS, AR 72758 | DISSOLVED 8/4/09 | AR | N/A | C-CORP | | | |
| FRONTENAC PROPERTIES, INC. 14528 S OUTER FORTY, SUITE 100 CHESTERFIELD, MO 63017 | HOLDING COMP | DE | N/A | C-CORP | | | |
| INVENO HEALTH, INC. 1235 E. CHEROKEE STREET SPRINGFIELD, MO 65804 | IT SERVICES | MO | N/A | C-CORP | | | |
| MERCY COMMUNITY SERVICES, INC. 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 | CATERING | KS | N/A | C-CORP | | | |
| MERCY HEALTH CENTER CONDOMINIUM, INC. 4300 W. MEMORIAL RD OKLAHOMA CITY, OK 73120 | REAL ESTATE | OK | N/A | C-CORP | | | |
| MERCY HEALTH NETWORK OF THE SOUTHERN REG. 1011 14TH AVENUE NW ARDMORE, OK 73401 | HEALTH CARE | OK | N/A | C-CORP | | | |
| MERCY HEALTH NETWORK, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | HEALTH CARE | OK | N/A | C-CORP | | | |

Schedule R (Form 990) 2009

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

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

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

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

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 (e-r) | (c) Amount involved |
|-----|-----------------------------------|----------------------------------|------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2009

▶ 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).

Department of the Treasury
Internal Revenue Service

Name of filling organization

MERCY HEALTH OF JOPLIN FOUNDATION

Employer Identification number
27-0906136

Part I Continuation of Identification of Disregarded Entities

[illegible]

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

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| MERCY EL RENO HOSPITAL CORPORATION 2115 PARKVIEW DRIVE EL RENO, OK 73036 | LEASED HOSPT | OK | 501(C)(3) | 3 | MHS |
| MERCY EMERGENCY MEDICAL SERVICES, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | INACTIVE | OK | 501(C)(3) | 9 | MHC |
| MERCY FOUNDATION FOR HEALTH INNOVATION 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 | FOUNDATION | MO | 501(C)(3) | 11B | SMHS |
| MERCY HEALTH CENTER FOUNDATION 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 | FOUNDATION | KS | 501(C)(3) | 11C | MHS-KS |
| MERCY HEALTH CENTER FOUNDATION, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | FOUNDATION | OK | 501(C)(3) | 11A | MHC |
| MERCY HEALTH CENTER, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | HOSPITAL | OK | 501(C)(3) | 3 | MHS |
| MERCY HEALTH MHMCH, INC. 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 | HOSPITAL | MO | 501(C)(3) | 9 | MHS-JOPLIN |
| MERCY HEALTH OF JOPLIN, INC. 2727 MCCLELLAND BLVD. JOPLIN, MO 64804 | HOSPITAL | MO | 501(C)(3) | 9 | MHS-JOPLIN |
| MERCY HEALTH SERVICES, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | DISV 6/30/10 | OK | 501(C)(3) | 9 | MHC |
| MERCY HEALTH SYSTEM-JOPLIN, INC. 2727 MCCLELLAND BLVD. JOPLIN, MO 64804 | HLTH SYSTEM | MO | 501(C)(3) | 11B | SMHS |
| MERCY HEALTH SYSTEM OF KANSAS, INC. 401 WOODLAND HILLS BLVD. FT. SCOTT, KS 66701 | HOSPITAL | KS | 501(C)(3) | 3 | MHS-JOPLIN |
| MERCY HEALTH SYSTEM NORTHWEST ARKANSAS 2710 RIFE MEDICAL DRIVE ROGERS, AR 72758 | PHYS GROUP | AR | 501(C)(3) | 11B | SMHS |
| MERCY HEALTH SYSTEM OF TEXAS, INC. 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 | INACTIVE | TX | 501(C)(3) | 11B | SMHS |
| MERCY HEALTH SYSTEM, INC. 4300 W. MEMORIAL ROAD OKLAHOMA CITY, OK 73120 | HOLDING CO. | OK | 501(C)(3) | 11B | SMHS |
| MERCY HOSP. FOUNDATION OF INDEPENDENCE 800 W. MYRTLE INDEPENDENCE, KS 67301 | FOUNDATION | KS | 501(C)(3) | 11A | MHS-KS |
| MERCY HOSPITAL OF LAREDO 14528 S OUTER FORTY, STE 100 CHESTERFIELD, MO 63017 | INACTIVE | TX | 501(C)(3) | 3 | MHS-TX |
| MERCY MEDICAL GROUP 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 1011 14TH AVENUE NW ARDMORE, OK 73401 | FOUNDATION | OK | 501(C)(3) | 11A | MMHC |

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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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 |

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