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Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

Internal F	Revenue	Service Fine or	ganization may have to use a	a copy of this return to satisfy s	state reporting	requirements	Inspection
A For	the	2009 calendar yea		1-2009 and ending 06-30-201	.0	D Employer ide	ntification number
_		pplicable Please	C Name of organization MERCY MEMORIAL HEALTH CEN	TER FOUNDATION			
Addı —		label or	Doing Business As		71-096252 E Telephone nu		
Nam		type. See				(405) 752-3	3655
Initial return Specific Instruc- Number and street (or P O box if mail is not delivered to street address 1011 14TH AVENUE NW						G Gross receipts s	
Tem							
Ame			City or town, state or country, a ARDMORE, OK 73401	and ZIP + 4			
Appl	lication	n pending				l	
		F Nar Andre i	ne and address of principal o Moore	fficer	H(a) Is th	ıs a group return	for
			LATH AVENUE NW			ites.) 165 P NO
		ARDMO	ORE,OK 73401		1	II affiliates include	
r Tax	-exem	npt status 🔽 501(c)) (3) 4 (insert no)	(1) or		o," attach a list ip exemption nur	(see instructions) mber ► 0928
J We	ebsit e	: ► www mercyok	net		II(c)	- P	
				b			Charles of land demonstrate Of
Par		Summary	tion Trust Association Oth	er 🕶	L Year of to	ormation 2003 M	State of legal domicile Or
	1		e organization's mission or n	nost significant activities			
اب		To support the act	civities of and raise funds for	Mercy Memorial Health Center	, Inc Hospital		_
Governance							
<u> </u>							
\$ \$ 	2	Check this box 🚩	if the organization disconti	l of more than	25% of its net a	ssets	
	3	-	-	dy (Part VI, line 1a)			
Activities &	4			governing body (Part VI, line 1	b)		-
	5 6		nployees (Part V , line 2a) • Dlunteers (estimate if necess			5 6	
) 4	_		•	art VIII, column (C), line 12			
		<u>-</u>	ness taxable income from Fo	, , , , , , , , , , , , , , , , , , , ,	-	7b	
					Prio	or Year	Current Year
_	8	Contributions and	d grants (Part VIII, line 1h)			3,193,034	1,103,605
anue	9	Program service	revenue (Part VIII, line 2g)			C	
Revenue	10		, , , , , , , , , , , , , , , , , , , ,	nes 3, 4, and 7d)		344,562	113,554
_	11		art VIII, column (A), lines 5	_		(
	12		ad illies 8 tillough 11 (must	equal Part VIII, column (A), lın	le	3,537,596	1,217,159
	13	Grants and simila	ar amounts paid (Part IX, col	umn (A), lines 1-3)		6,497,847	6,376,712
	14	•	or for members (Part IX, colu				(
82	15	Salaries, other co	ompensation, employee bene	fits (Part IX, column (A), lines	5 –	175,561	174,600
Expenses	16a	•	raising fees (Part IX, columr	(A), line 11e)		,	, , , , , , , , , , , , , , , , , , ,
Š	ь	Total fundraising exp	enses (Part IX, column (D), line 25) 128,546			
_	17			la-11d, 11f-24f)		15,727	57,422
	18	Total expenses /	Add lines 13–17 (must equa	l Part IX, column (A), line 25)		6,689,135	6,608,734
	19	Revenue less exp	penses Subtract line 18 from	n line 12		-3,151,539	-5,391,575
Net Assets or Fund Balances						g of Current Year	End of Year
10 kg	20	Total assets (Par	rt X, line 16)		'	17,776,611	12,334,454
5.8 5.8	21		Part X, line 26)			50,582	
25	22	Net assets or fun	nd balances Subtract line 21	from line 20		17,726,029	12,334,454
Par	t II	Signature Blo					
				ed this return, including accompanying of preparer (other than officer) is base			
C:					I		
Sign Here		***** Signature of office	er		2011- Date	-05-10	
		Jon Vitiello CFO					
		Type or print nam	ne and title				
		Preparer's		I	Check If	Preparer's identify	, ,
Paid		signature			self- empolyed •	(see instructions)	
Prepa	rer's	Firm's name (or yours	s Pleus and Company LLC				
Use C	nly	ıf self-employed), address, and ZIP + 4	• • • • • • • • • • • • • • • • • • •	EIN ▶			
			Chesterfield, MO 63017			Phone no 🕨 (3:	14) 317-9916
——— ∕lay t	he IR	S discuss this retu	·	pove? (see instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments

 Briefly describe the organization's mis 	ssior
---	-------

To support the activities of and raise funds for Mercy Memorial Health Center, Inc Hospital

2		ion undertake any signific O or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe	these new services on So	hedule O			
3	_	ion cease conducting, or r	_		nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3		ions and section	on 4947(a)(1) trusts a	largest program services b re required to report the am service reported	
	(Code) (Expenses \$	6,376,712	ıncludıng grants of \$	6,376,712) (Revenue \$	0)
	The organization su	pports Mercy Memorial Health C	enter, Inc		, , , , , , ,	,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		services (Describe in Sch	•			
	(Expenses \$	ıncl	uding grants o	f\$) (Revenue \$)
4e	Total program s	ervice expenses►\$	6,376,71	2		

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
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		No
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form	Form 990 (2009)					
Pai	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					

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N o
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	$-\!\!\!\!-\!\!\!\!\!\!\!+$	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

1011 14TH AVENUE NW ARDMORE,OK 73401 (405) 752-3724

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	426	V	
c	to conflicts?	12b	Yes	
13	describe in Schedule O how this is done	12c	Yes Yes	
13 14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	17	163	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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		
<u>Se</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶OK			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vopon request Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public See Additional Data Table			L.
20	State the name, physical address, and telephone number of the person who possesses the books and records of th JON VITIELLO	e orga	nızatıor	n P -

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, and current key employees 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, or 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 r	ot compens	ate any	curr	ent	or fo	rmer o	ffice	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MITA BATES DIRECTOR	1 00	х						0	0	0
BRIDGE COX VICE-CHAIR	1 00	х		х				0	0	0
BOB DEXTER SECRETARY	1 00	х						0	0	0
DR RON GRAVES DIRECTOR	1 00	х						0	0	0
LOVELL MCMILLIN DIRECTOR	1 00	х						0	0	0
MARK RIESEN CHAIR	1 00	х		Х				0	0	0
ALLISON SMALLEY DIRECTOR	1 00	х						0	0	0
ANDRE MOORE EXECUTIVE DIRECTOR	40 00	х		Х				0	123,275	10,838
MALINDA BURDICK EX-OFFICIO	1 00	Х			х			0	367,853	13,153
JAMES NEWMAN TREASURER	4 00			х				0	337,999	87,400

Forr	n 990 (2009)			Page 8
1b	Total	.27		111,391
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0		0.00	2 (2000)
		-	orm 99 ((2009)

Form 99							Page 9
	/1111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
S,€	С	Fundraising events 1c	90,056				
∄ੁ≅	d	Related organizations 1d	95,816				
Ę,Š	e	Government grants (contributions) 1e	94,050				
itio Sirs	f	All other contributions, gifts, grants, and similar amounts not included above	823,683				
ĕ₹	g	Noncash contributions included in					
튵츛		lines 1a-1f \$					
ပိုန်	h	Total. Add lines 1a-1f	· •	1,103,605			
<u>a</u>		Busir	iess Code				
E E	2a						
Program Serwce Revenue	ь						
<u> </u>	С						
Ž.	d						
Ξ	e						
Ž 13	f	All other program service revenue					
ď	g		▶				
	3	Investment income (including dividends, inte					
		and other similar amounts)	▶	113,554			113,554
	4	Income from investment of tax-exempt bond proceeds	🕨				
	5	Royalties	▶				
			Personal				
	6a	Gross Rents Less rental					
	b	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	•				
		(1) Securities (11) O ther				
	7a	from sales of					
		assets other than inventory					
	Ь	Less cost or other basis and					
	 c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising					
ë		events (not including					
듄		\$90,056 of contributions reported on line 1c)					
ě		See Part IV, line 18					
<u>.</u>	١.	a	46,920				
Other Revenue	b	Net income or (loss) from fundraising events	46,920 ▶ -	0			
•	c 9a	Gross income from gaming activities					
	"	See Part IV, line 19					
		a					
	b	Less direct expenses b					
	C 100	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Busin	ess Code				
	11a						
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	. •				
	12	Total revenue. See Instructions	▶				
	1	· · · · · ·		1,217,159	0	0	113,554

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).							
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$	6,376,712	6,376,712					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	148,930		74,465	74,465			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	144		72	72			
9	Other employee benefits	15,176		7,588	7,588			
10	Payroll taxes	10,350		5,175	5,175			
11	Fees for services (non-employees)							
а	Management							
b	Legal							
c	Accounting	5,500		5,500				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	7,140		3,570	3,570			
12	Advertising and promotion	30,903			30,903			
13	Office expenses	5,062		2,150	2,912			
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	744		744				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
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)							
а	SUPPLIES	4,300		2,150	2,150			
b	BANK CHARGES	1,746		873	873			
c	DUES	350		350				
d	EMPLOYEE REIMBURSEMENT	342		171	171			
e								
f	All other expenses	1,335		668	667			
25	Total functional expenses. Add lines 1 through 24f	6,608,734	6,376,712	103,476	128,546			
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				<u> </u>			

Pa	irt X	Balance Sneet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		345,352	1	1,696,254
	2	Savings and temporary cash investments	•	8,681,839	2	4,500,000
	3	Pledges and grants receivable, net		8,641,349	3	6,064,574
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	tion 4958(f)(1)) and			
76		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	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		108,071	15	73,626
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	17,776,611	16	12,334,454
	17	Accounts payable and accrued expenses .		9,407	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u>0</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ï		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		41,175	25	0
	26	Total liabilities. Add lines 17 through 25		50,582	26	0
ces		Organizations that follow SFAS 117, check here ▶ ✓ and comple through 29, and lines 33 and 34.	te lines 27			
an	27	Unrestricted net assets		1,021,443	27	1,180,237
Balance	28	Temporarily restricted net assets		16,704,586	28	11,154,217
Ξ	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	complete			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fund	ds		32	
Net	33	Total net assets or fund balances		17,726,029	33	12,334,454
~	34	Total liabilities and net assets/fund balances		17,776,611	34	12,334,454

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

		e organization ORIAL HEALTH CENTER FOUNDATION	Employer identif	icat ion nu	ımber	
ILIC	· · · · ·	SKI HENEIM GENTEN FOORDATION	71-0962525			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions		
		zation is not a private foundation because it is (For lines 1 through 11, check only one box				
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).				
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	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	Γ	An organization operated for the benefit of a college or university owned or operated by a question 170(b)(1)(A)(iv). (Complete Part II)	governmental unit	describe	- d ın	
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(Δ)(v).			
7	Ĭ,	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)		e general	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	_					
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of					
		its support from gross investment income and unrelated business taxable income (less se	• •			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part				
10	Г	An organization organized and operated exclusively to test for public safety. See section 5	•			
11	<u>\</u>	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I	ons of, or to carry 09(a)(2) See sec t 111h		a)(3).	Checl
e	⋝	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box		porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?				
		(i) a person who directly or indirectly controls, either alone or together with persons desc	ribed in (II)	44 (2)	Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		No
		(ii) a family member of a person described in (i) above?		11g(ii)		No
L		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		No
h		Provide the following information about the supported organization(s)				

(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section	organızatı col (ı) lıst your gove	Is the D		(v) Did you notify the organization in col (i) of your support?		n organization in		
	instructions))	Yes	No	Yes	No	Yes	No		
731500629	03	Yes		Yes		Yes		6,376,712	
								6,376,712	
	EIN	organization (ii) (described on EIN lines 1- 9 above or IRC section (see instructions))	Type of organization (described on lines 1- 9 above or IRC section (see instructions)) Type of IS the organization organization (col (i) list your gove docume	Type of organization (described on lines 1- 9 above or IRC section (see instructions)) Type of Organization (IV) Is the organization in col (i) listed in your governing document? Yes No	Type of organization (described on lines 1-9 above or IRC section (see instructions)) Type of Organization (I) Is the Organization in col (i) listed in your governing document? Yes No Yes	Type of organization (described on lines 1- 9 above or IRC section (see instructions)) Type of organization (IV) Is the organization in col (i) listed in your governing document? Yes No Yes No	Type of organization (described on lines 1- 9 above or IRC section (see instructions)) Type of organization (I) Is the organization in col (i) listed in your governing document? Yes No Yes No Yes	Type of organization (described on lines 1- 9 above or IRC section (see instructions)) Type of organization (listed in your governing document? (v) Did you notify the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support?	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. 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 A (Form 990 or 990-EZ) 2009

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DLN: 93493133036061

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

	•	onii 330. F See separate instructions.			шоресс	
Van 1ER	ne of the organization CY MEMORIAL HEALTH CENTER FOUNDATION		Employ	er identificat	ion numbe	er
			71-096	32525		
a	Organizations Maintaining Donor Active organization answered "Yes" to Form 99		unds or	Accounts.	Complet	te if the
	organization answered Tes to form 55	(a) Donor advised funds	(b)	Funds and ot	her accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised	i	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	urpose	☐ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 9	90, Part IV,	line 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of an Preservation of a o	certified hi	storic structi	•	a
	easement on the last day of the tax year			Held at the E	nd of the	Vear
3	Total number of conservation easements		2a	neid de the L	ind or the	icui
,	Total acreage restricted by conservation easements		2b			
:	Number of conservation easements on a certified his	toric structure included in (a)	2c			
ı	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year Number of states where property subject to conservations.		ed by the o	rganization d	uring	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of vic	lations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents durır	ng the year 🛌		
	A mount of expenses incurred in monitoring, inspection	ng, and enforcing conservation easements	s during th	e year ► \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				
ırı	Organizations Maintaining Collection Complete if the organization answered "		or Othe	r Similar A	ssets.	
•	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furth			≘,
o	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		or financia			
3	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cai ii</u>	easur	es, or (<u>Jtnei</u>	r Similar <i>i</i>	Assets	(contini	ued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing	that are	a sıgnıfıc	ant us	se of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	er the org	ganızatıo	n's ex	empt purpos	e ın		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г Ye	s \lceil r	No
Part	Part IV, line 9, or reported an an						answere	ed "Ye	es" to Form	າ 990,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions or	other as	sets n	ot	ΓYe	s	No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing ta	able		ı			A		
_								1.		A mount		—
c d	Beginning balance							1c 1d				
	Additions during the year							1e				
_	Distributions during the year							1f				
	Ending balance	orm 000 Bart V I	. 212				l	Τ1		Гүе	s Г	
	Did the organization include an amount on Fo		e 21'							, re	> [10
ь Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n anc	WOr	d "Vo	s" to Fo	orm gan	Dart	TV line 1	n		
FGI	Endowment Funds. Complete	(a)Current Year		Prior \			Years Back		hree Years Bad		ur Years E	
1a	Beginning of year balance	.,						1				
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	atıon t	that a	re held	d and ad	mınıstere	d for t	:he	Y	es No	_
	(i) unrelated organizations								[3	Ba(i)		_
	(ii) related organizations								3	a(ii)		_
	If "Yes" to 3a(II), are the related organizatio							•		3b		_
	Describe in Part XIV the intended uses of th					00 0	+ V l	10				
Part	VI Investments—Land, Buildings	o, and Equipme	11 t. 5				I '			T		
	Description of investment				a) Cost (sis (inve	or other estment)	(b)Cost o basis (o		(c) Accumu depreciat	17	d) Book v	alue
	and		•									
	Guildings		-									
	easehold improvements		•									
	quipment		•	-								
	Other											
		000 -	/		401							0

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(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) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

	its	
	1	1,217,159
	2	6,608,734
	3	-5,391,575
	4	
	5	
	6	
	7	
	8	
	9	0
19	10	-5,391,575
ments With Revenue p	er Retu	
	1	1,217,159
2a		
2b		
2c		
2d		
	2e	0
	3	1,217,159
4a		
4b		
	4c	0
12)	5	1,217,159
ements With Expenses	per Re	turn
	1	6,608,734
2a		
2b		
2c		
2d		
	2e	0
	3	6,608,734
4a		
4b		
	4c	0
e 18)	5	6,608,734
		4a 4b 4c

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
	Positions Under FIN 48	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

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DLN: 93493133036061

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

71-0962525 ered "Yes" to Form 990, Part IV, line 17.
ctivities Check all that apply
tation of non-government grants
tation of government grants
al fundraising events
luding officers, directors, trustees rofessional fundraising activities? Yes
it to agreements under which the fundraiser is are not required to complete this table
(v) A mount paid to (or retained by) (or retained by) fundraiser listed in col (i) (vi) A mount paid to (or retained by) organization

2 Les con 3 Gromin 4 Cas 5 Nor 6 Rer 7 Foo 8 Ent 9 Oth 10 Direct 11 Net 9 Oth 11 Net 9 Oth 12 Cash 5 Othe 6 Volui 7 Direct 7 Direct 17 D	ross receipts	-		(total number)		90	5,976),056 5,920
3 Gromin 4 Cas 5 Nor 6 Rer 7 Foo 8 Ent 10 Direct 11 Net Part III Gros \$: 4 Rent, 5 Othe 6 Volum 7 Direct	ess Charitable ontributions	90,056 46,920 46,920 unes 4 through 9 in column				90	0,056
3 Gromin 4 Cas 5 Nor 6 Rer 7 Foo 8 Ent 10 Direct 11 Net Part III Gros \$: 4 Rent, 5 Othe 6 Volum 7 Direct	ontributions	46,920 46,920 unes 4 through 9 in column					
3 Gromin 4 Cas 5 Nor 6 Rer 7 Foo 8 Ent 10 Direct 11 Net Part III Gros \$: 4 Rent, 5 Othe 6 Volum 7 Direct	ash prizes on-cash prizes ent/facility costs ood and beverages ntertainment ther direct expenses . irect expense summary Add li	46,920 unes 4 through 9 in column				4 €	5,920
5	on-cash prizes ent/facility costs ood and beverages ntertainment ther direct expenses . irect expense summary Add liet income summary Combine	ines 4 through 9 in column	-L				
6 Rerigion Republic Repub	ent/facility costs ood and beverages ntertainment ther direct expenses . irect expense summary Add liet income summary Combine	ines 4 through 9 in column	-L				
8 Ent 9 Oth 10 Dire 11 Net Part III G 5 中間	ood and beverages Intertainment Ither direct expenses . Irect expense summary Add liet income summary Combine	ines 4 through 9 in column	-L				
8 Ent 9 Oth 10 Dire 11 Net Part III G 5 4 Rent 5 Othe 6 Volum 7 Direc	ntertainment ther direct expenses . irect expense summary Add li et income summary Combine	ines 4 through 9 in column	-L				
10 Direct 11 Net Part III G \$1 4 Gros 2 Cash 3 Non- 4 Rent, 5 Othe 6 Volum 7 Direct	ther direct expenses . irect expense summary Add li et income summary Combine	ines 4 through 9 in column	-L				
10 Direct 11 Net Part III G \$1 4 Gros 2 Cash 3 Non- 4 Rent, 5 Othe 6 Volum 7 Direct	rect expense summary Add l et income summary Combine	ines 4 through 9 in column	-L				
11 Net Part III	et income summary Combine	-	(d)			4 €	5,920
中間		lines 3, column d, and line	\-/·			4€	5,920
\$1 Gros 2 Cash 3 Non-3 4 Rent, 5 Othe 6 Volume 7 Direct	Gaming. Complete if the o	•	10				C
1 Gros 2 Cash 3 Non- 4 Rent, 5 Othe 6 Volum 7 Direct	\$15,000 on Form 990-EZ,	organization answered line 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	
1 Gros 2 Cash 3 Non- 4 Rent, 5 Othe 6 Volum 7 Direct		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
3 Non- 4 Rent, 5 Othe 6 Volui 7 Direct	ss revenue				+		
4 Rent, 5 Othe 6 Volui 7 Direct	sh prizes						
4 Rent, 5 Othe 6 Volui 7 Direct	n-cash prizes						
6 Volu	nt/facility costs						
7 Direc	ner direct expenses						
	unteerlabor	Г Yes	Г Yes				
8 Neto	ect expense summary Add lin	es 2 through 5 in column (d)				
	gaming income summary Co	mbine lines 1, column d, ai	nd line 7	<u> </u>		Yes	No
	ne state(s) in which the organi	zation operates gaming ac te gaming activities in eacl			· 9a	Tes	110
b If "No," E	organization licensed to operat						
LOa Were any b If "Yes,"					10a		
	Explain	g licenses revoked, susper	ided or terminated during	the tax year?			

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493133036061

OMB No 1545-0047

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

Department of the Treasury

Schedule I

(Form 990)

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

Open to Public

CENTER FOUNDATI	O N				Employer identif	cation number
					71-0962525	
mation on Grant	s and Assistance					
ed to award the grants organization's procedi	or assistance? ures for monitoring the us	e of grant funds in the l				Yes
IV, line 21 for any	recipient that receive	d more than \$5,000.	Check this box if n	no one recipient rece	ived more than \$5,0)00. Use
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
731500629	501(c)(3)	6,376,712		CASH		GENERAL OPERATIONS
1	rmation on Grant naintain records to sub ed to award the grants organization's procede ther Assistance to IV, line 21 for any hedule I-1 (Form 99)	ed to award the grants or assistance? organization's procedures for monitoring the us ther Assistance to Governments and IV, line 21 for any recipient that receive hedule I-1 (Form 990) if additional space (b) EIN (c) IRC Code section if applicable	rmation on Grants and Assistance naintain records to substantiate the amount of the grants or assistance ed to award the grants or assistance? organization's procedures for monitoring the use of grant funds in the term of the ther Assistance to Governments and Organizations in IV, line 21 for any recipient that received more than \$5,000. hedule I-1 (Form 990) if additional space is needed (b) EIN (c) IRC Code section (d) A mount of cash grant	rmation on Grants and Assistance naintain records to substantiate the amount of the grants or assistance, the grantees' eligibilitied to award the grants or assistance?	rmation on Grants and Assistance naintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance to award the grants or assistance?	rmation on Grants and Assistance required to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ed to award the grants or assistance?

Part III	Grants and Other Assist	ance to Individ	uals in the United	l States.	Complete if the or	ganızatıon	answered '	'Yes" to	Form 990,	Part IV,	line 22.
	Use Schedule I-1 (Form 99	0) if additional sp	ace is needed.								

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount 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.

Ident if ier	Return Reference	Explanation
Other Information	Part IV	THE PURPOSE OF THE GRANT WAS TO SUPPORT THE OPERATIONS OF MERCY MEMORIAL HEALTH CENTER, INC , A RELATED ORGANIZATION THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REVIEWING THE SUPPORTED ORGANIZATION'S FINANCIAL DATA THROUGHOUT THE YEAR

DLN: 93493133036061

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MERCY MEMORIAL HEALTH CENTER FOUNDATION

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			71-0962525			
Pa	rt I Questions Regarding Compensation	on	·			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all		·			
	Independent compensation consultant	Ē	Compensation survey or study			
	Form 990 of other organizations	Ė	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		No
ь	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p		· ·			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow to section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name			W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	2011011	(=)(!) (=)	Form 990 or Form 990-EZ
MALINDA BURDICK	(1) (11)	0 275,216	0 57,725		0 8,404	0 4,749	= 1	0
JAMES NEWMAN	(I) (II)	0 258,143	0 60,157	0 19,699	0 72,747	0 14,653	0 425,399	0 0

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

Ident if ier	Ret urn Reference	Explanation
	,	Sisters of Mercy Health System, the parent company, 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 FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN MINDY BURDICK JAMES NEWMAN THE INDIVIDUALS LISTED ABOVE DID NOT RECEIVE PAYMENTS FROM THE SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN DURING THE YEAR FROM THE FILING ORGANIZATION OR RELATED ORGANIZATIONS The amount of all accrued benefits is included in compensation amounts provided in Schedule J, Part II, Column (C)
		The related organization which employs those individuals listed on Part VII provides a non-fixed bonus plan for which certain tiers of its employees are eligible For fiscal year 2009 (July 1, 2008-June 30, 2009), payment of all or part of the bonus is contingent upon percentage attainment of (I) personal goals and (II) certain financial targets. For fiscal year 2010 (July 1, 2009-June 30, 2010), payment of all or part of the bonus is contingent upon attainment of certain financial targets. Payments are made annually in October following (I) the conclusion of the fiscal year and (II) determination of goal achievement (applicable only for fiscal year 2009). Bonus opportunities are tiered percentages and are dependent upon the leadership level and attainment percentage. Mercy's attainment of financial goals are validated by an external consulting firm and are then taken into account by the executive compensation committee of Mercy when analyzing executive compensation for reasonableness.
Supplemental Information	Part III	SCHEDULE J, PART I, Question 3 The filing organization relies on a related organization, refer to Schedule O, Part VI, question 15a and 15b for the process the related organization follows

Software ID: **Software Version:**

As Filed Data -

EIN: 71-0962525

Name: MERCY MEMORIAL HEALTH CENTER FOUNDATION

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Name of the organization
MERCY MEMORIAL HEALTH CENTER FOUNDATION

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493133036061

Employer identification number

71-0962525

ldentifier	Return	Explanation
	Reference	
Form 990, Part VI, Section A, line		MERCY MEMORIAL HEALTH CENTER, INC IS THE SOLE MEMBER OF THE
6		ORGANIZATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE MERCY MEMORIAL HEALTH CENTER BOARD OF DIRECTORS MAY TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		MERCY MEMORIAL HEALTH CENTER RESERVES THE FOLLOWING POWERS AND RESPONSIBILITIES -TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION SHALL OPERATE, -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BY LAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BY LAWS AND TO AMEND THE ORGANIZATIONAL DOCUMETNS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE EXECUTIVE DIRECTOR OF THE CORPORATION, -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, BUSINESS PLANS, GOALS AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE COPPORATION AND CAPITAL BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, -TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION OR ANY ORGANIZATION ON TROLLED BY THE CORPORATION, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OF GOODS IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTY ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, AND, -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO THE OKLAHOMA GENERAL CORPORATION ACT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 11		The Form 990 is prepared by an independent accounting firm, using information provided by the filing organization. A draft Form 990 is reviewed by the filing organization's finance team. The draft Form 990 is also reviewed by the Sisters of Mercy Health System's Tax department, to ensure accuracy and consistency with other related organizations' Form 990s. After questions arising from the various reviews are addressed and incorporated into the Form 990, a revised draft is provided to the filing organization's leadership team for review. Once reviewed and approved by the filing organization's leadership team, the Form 990 is provided to the Board of Directors for review, it is then signed and filed with the IRS.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE BOARD ANNUALLY RECEIVES A CONFLICT OF INTEREST QUESTIONAIRE, THE ORGANIZATION HAS A COMPLIANCE DEPARTMENT TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy, and financial statements have been made available from time to time but are not published publicly

ldentifier	Return Reference	Explanation
Part XI, Line 2	Audited Financial Statements	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.

ldentifier	Return Reference	Explanation
Part XI, Line 3	Single Audit Act and OMB Circular A-133	The Consolidated Group of Sisters of Mercy Health System is required to undergo an audit as set forth in the single audit act and OMB Circular A-133. The single audit was conducted on a consolidated basis.

Identifier	Return Reference	Explanation
		FORM 990, SCHEDULE R, PART II ST JOHNS MERCY HEALTH SYSTEM ST JOHN'S MERCY HEALTH SYSTEM CONSISTS OF ST JOHN'S MERCY MEDICAL CENTER, EIN 43-065393, AND ST JOHN'S MERCY HOSPITAL, EIN 43-1066883

ldentifier	Return Reference	Explanation
		FORM 990, SCHEDULE R, PART V SYSTEM LIMITATIONS LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O & P

ldentifier	Return Reference	Explanation
FORM 990, PART VII	HOURS PER WEEK	JAMES NEWMAN DEVOTED AN AVERAGE OF 57 HOURS PER WEEK TO RELATED ORGANIZATIONS MALINDA BURDICK DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO RELATED ORGANIZATIONS

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 2A	SALARIES AND WAGES	THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX, LINE 7 REPRESENT AN ALLOCATION OF SALARIES AND WAGES FROM A RELATED ORGANIZATION Employees are paid 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

ldentifier	Return Reference	Explanation
FORM 990, Part V, Question 1a		Independent contractors 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133036061

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

Internal Revenue Service **Employer identification number** Name of the organization MERCY MEMORIAL HEALTH CENTER FOUNDATION 71-0962525 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Part III Identification because it	ation of Related t had one or more	Organiz related o	z ations Taxable a organizations treate	s a Partnership (C d as a partnership d	Complete if the orguring the tax year	janization ans ·.)	wered "	'Yes" o	on For	m 990, F	Part IV, line	34	
(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 asset	-of-year	(h) Disproprtionate allocations?		Code amount ır Sched	(i) Code V—UBI nount in box 20 of Schedule K-1 (Form 1065)		nal or nging ner?
								Yes	No			Yes	No
See Additional Data Table													\vdash
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						+							
				s a Corporation or s treated as a corpor				nswer	ed "Y	es" on Fo	orm 990, Pa	art IV,	,
(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)	income en		(g) Share of end-of-year assets		(h) Percentage ownership		
See Additional Data Table													

(4) MERCY MEMORIAL HEALTH CENTER INC

(5) MERCY MEMORIAL HEALTH CENTER INC

(6)

Ρź	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	.,	, 	Yes	No
1 「	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in	n Parts II-IV?			
	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	b Gift, grant, or capital contribution to other organization(s)		1b	Yes	
-	c Gift, grant, or capital contribution from other organization(s)		1c	Yes	
	d Loans or loan guarantees to or for other organization(s)		1d		No
	e Loans or loan guarantees by other organization(s)		1e		No
f	f Sale of assets to other organization(s)		1f		No
g	g Purchase of assets from other organization(s)		1 g		No
h	h Exchange of assets		1h		No
i	i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j	j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k	k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
ı	I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
n	m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	n Sharing of paid employees		1n	Yes	
o	• Reimbursement paid to other organization for expenses		10		No
р	p Reimbursement paid by other organization for expenses		1 p	Yes	
q	q Other transfer of cash or property to other organization(s)		1 q		No
r	r Other transfer of cash or property from other organization(s)		1r		No
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 th	resholds		
	(a) Name of other organization	(b) Transaction		(c) t involve	ed
1)) MERCY FOUNDATION FOR HEALTH INNOVATION	type(a-r) C		Ą	5,600
2) [) MERCY HEALTH CENTER INC				
		P		5	8,422
3)1	MERCY MEMORIAL HEALTH CENTER INC	N		12	9,282

139,802

6,376,712

Р

В

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

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

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

Advance Care Hospital

27-0473057

20-2553101

13-4239691

4300 W Memorial Road Oklahoma City, OK73120

MHM Support Services

14528 S Outer Forty St 100 Chesterfield, MO 63017

Mission Clinical Services

300 Werner Street Hot Springs, AR71913

Return to Form

(f) Direct Controlling

Entity

SMHS

3

Software ID: Software Version:

EIN: 71-0962525

(b)

Primary Activity

Long term acute-care

Name: MERCY MEMORIAL HEALTH CENTER FOUNDATION

(c) Legal Domicile

(State or Foreign

Country)

 AR

(d)

Exempt Code

section

501c3

(e)

Public charity

status

(ıf 501(c)(3))

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a)
Name, address, and EIN of related organization

·	hospital				
300 Werner St 3rd Floor Hot Springs, AR71913					
71-0816634 Breech Regional Med Ctr	Hospital	МО	501c3	3	ST JOHn's Health
100 Hospital Drive Lebanon, MO65536					System Inc
43-1767432 Carroll Health Foundation	Foundation	A R	501c3	11-1	Ozark Regions Health
214 Carter Street	Toundation	AK	30103	11-1	Systems
Berryville, AR72616 71-0759301					
Casa de Misericordia	Women's domestic violence shelter	TX	501c3	9	Mercy Ministries of Laredo
1602 McClelland Street Laredo, TX78044					
74-2912461 Healdton Mercy Hosp Corp	hospital	ОК	501c3	3	Mercy Memorial
918 South Street					Health Ctr Inc
Healdton, OK73438 26-3173902	-	——————————————————————————————————————	501.0		
Laredo Medical Group 14528 S Outer Forty St 100	Inactive	ΤX	501c3	9	MHSystem of Texas Inc
Chesterfield, MO 63017 74-2764726					
McAuley Portfolio Mgmt Co	Portfolio management	МО	501c3	11-II	SMHS
14528 S Outer Forty St 100 Chesterfield, MO63017					
26-1708048 Mercy El Reno Hosp Corporation	Operating co for leased	ОК	501c3	3	SMHS
2115 Parkview Drive	hosp				
El Reno, O K 7 3 0 3 6 73 - 66 1 7 9 4 8	-		501.0		
Mercy Emergency Med Srvs	Inactive	ок	501c3	9	Mercy Health Center Inc
4300 W Memorial Road Oklahoma City, OK73120 81-0627035					
Mercy Fdtn Health Innov	Foundation	МО	501c3	11-II	SMHS
14528 S Outer Forty St 100 Chesterfield, MO63017					
20-0901499 Mercy Health Ctr Fdtn	Foundation	KS	501c3	11-III	MHS of Kansas Inc
401 Woodland Hills Blvd					
Fort Scott, KS66701 48-1077073					
Mercy Health Ctr Fdtn Inc	Foundation	ОК	501c3	11-I	Mercy Health Center Inc
4300 W Memorial Road Oklahoma City, OK73120					
73-1593024 Mercy Health Center Inc	Hospital	ОК	501c3	3	Mercy Health System
4300 W Memorial Road Oklahoma City, OK73120					Inc
73-0579285 Mercy Health MNMCH Inc	Critical Access Hospital	M O	501c3	9	Mercy Health System-
220 Pennsylvania Avenue	Chilear Access Hospital	MO	30103		Joplin Inc
Columbus, KS66725 27-0842031					
Mercy Health of Joplin Found	Foundation	МО	501c3	11-I	Mercy Health System- Joplin Inc
2727 McClelland Blvd Joplin, MO 64804					
27-0906136 Mercy Health of Joplin Inc	Hospital	МО	501c3	9	Mercy Health System-
2727 McClelland Blvd Joplin, MO 64804					Joplin Inc
27-0814858	discolused 6 /20 /2010	0 K	501c3	3	Maray Haalth Cantar
Mercy Health Services 4300 W Memorial Road	dissolved 6/30/2010	O K	50163	3	Mercy Health Center Inc
Oklahoma City, OK73120 14-1838609					
Mercy Health System Joplin Inc	Health System	МО	501c3	11-II	SMHS
2727 McClelland Blvd Joplin, MO 64804					
30-0584463 Mercy Health System KS	Hospital,rural health	KS	501c3	3	SMHS
401 Woodland Hills Blvd	clinics				
Ft Scott, KS66701 48-0956045	Dhu s				CMUC
Mercy Health System NW Ark Inc	Physician Group	AR	501c3	11-II	SMHS
2/10 Rife Medical En Rogers, AR72758 62-1684203					
Mercy Health System TX	Inactive	TX	501c3	11-II	SMHS
14528 S Outer Forty St 100 Chesterfield, MO63017					
74-2764727 Mercy Health System Inc	Holding company	O K	501c3	11-II	SMHS
4300 W Memorial Road					
Oklahoma City, OK73120 73-1453048					
Mercy Hospital Fdtn Indep	Foundation	KS	501c3	11-I	MHS of Kansas Inc
800 W Myrtle Independence, KS67301 48-1079981					
Mercy Hospital of Laredo	Inactive	ТХ	501c3	3	MHSystem of Texas
14528 S Outer Forty St 100 Chesterfield, MO63017					Inc
74-1189682 Mercy Medical Group	Physician Group	МО	501c3	9	St John's Mercy
645 Maryville Ctr Dr Ste 100	,			,	Health Care
St Louis, MO 63141 43-1771217					
Mercy Memorial Health Ctr Inc	Hospital	ок	501c3	3	Mercy Health System Inc
1011 14th Avenue NW Ardmore, OK73401					
73-1500629 Mercy Ministries of Laredo	healthcare,	TX	501c3	3	SMHS
2500 Zacatecas Laredo, TX78043	outreach,food pantry				
20-0198462 Mercy Physicians Ok	Physician Group/Clinic	ОК	501c3	9	Mercy Health System
I WATEV PRIVETEISTE LIE	s.rarr .arroup/L libic			u	INITIAL V BOOK OF SUCTORS

Centralized Health

System Functions

Physician Clinics

МΟ

AR

501c3

501c3

11-II SMHS

11-II St Joseph's MHS Inc

Form 990, Schedule R, Part II - Identification of Relate	d Tax-Exempt Organiza	itions (c)			
(a) Name, address, and EIN of related organization	(b) Primary Activity	Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Ozarks Regions HS 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501c3		St John's Health System Inc
Sisters of Mercy Hith Sys 14528 S Outer Forty St 100 Chesterfield, MO 63017 43-1423050	Health System - Corporate Office	МО	501c3		N/A
Sisters of Mercy Ministries 14528 S Outer Forty St 100 Chesterfield, MO 63017 72-1069468	Family counseling,social justice advocacy	МО	501c3		SMHS
St Edward Health Frank Cty 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501c3		St Edward Mercy Medical Ctr
St Edward Health Log Cty 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Health Scott Cty 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Mercy Clin 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Physician Clinic	AR	501c3	3	St Edward MHS Inc
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR72917 23-7330425	Foundation	A R	501c3	3	St Edward Mercy Medical Ctr
St Edward Mercy HS Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Company	AR	501c3	11-II	SMHS
St Edward Mercy Med Ctr 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501c3	3	St Edward MHS Inc
St Francis Hosp MtView MO 100 W Highway 60 Mountain View, MO 65548 44-0607149	Hospital	МО	501c3	3	ST John's Health System Inc
St Johns Aurora Inc 500 Porter Avenue Aurora, MO 65605 43-1936696	O perating co for leased hosp	МО	501c3	3	St John's Health System Inc
St Johns Cassville Inc 94 Main Street Cassville, M065625 43-1936699	O perating co for leased hosp	МО	501c3	3	St John's Health System Inc
St Johns Childrens Hosp 1235 E Cherokee Street Springfield, MO 65804	INactive	МО	501c3	3	ST JOhn's Health System Inc
St Johns Clinic Inc 1965 Fremont Street Suite 2950 Springfield, MO65804 43-1560263	Physician Group	МО	501c3		St John's Health System Inc
St Johns Fdtn Comm Hlth 1235 E Cherokee Street Springfield, MO 65804 32-0195818	Foundation	МО	501c3		St John's Health System Inc
St Johns Health System In 1235 E Cherokee Street Springfield, MO65804 43-1856028	Holding Company	МО	501c3	11-II	SMHS
St Johns Home Care Berryville 214 Carter Street Berryville, AR72616 87-0781247	Home Health and Hospice operations	AR	501c3	11-III	St John's Regional Health Ctr
St Johns Medical Rsch Inst 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research - Clinical Trials	МО	501c3	3	St John's Health System Inc
St Johns Mercy Fdtn 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 56-2410020	Foundation	МО	501c3	11-II	St John's Mercy Health Care
St Johns Mercy Health Care 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1718408	Health System	МО	501c3	11-II	SMHS
St Johns Mercy Health System 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-0653493	Hospital	МО	501c3	3	St John's Mercy Health Care
St Johns Mercy Hospital Fdtn 901 E Fifth Street Washington, MO 63090 56-2410022	Foundation	МО	501c3	11-II	St John's Mercy Health Care
St Johns Mercy Supp Srv 615 S New Ballas Road St Louis, MO 63141 43-1677952	Inactive	МО	501c3	11-III	St John's Mercy Health System
St Johns Reg Hith Ctr 1235 E Cherokee Street Springfield, MO 65804 44-0552485	Hospital	МО	501c3		St John's Health System Inc
1 Mercy Lane Hot Springs, AR71913 26-1125131	Physician Clinic	AR	501c3	9	St Joseph's MHS Inc
St Josephs Mercy Health Center 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501c3	3	St Joseph's MHS Inc
St Josephs Mercy Health Fdtn 300 Werner Street Hot Springs, AR71913	Foundation	AR	501c3	11-II	St Joseph's Mercy Health Ctr
71-0804718 St Josephs Mercy Health Sys 300 Werner Street Hot Springs, AR71913	Holding Company	A R	501c3	11-II	SMHS
26-1125064 St Mary-Rogers Mem Hos 2710 Rife Medical Ln Rogers, AR72758	Hospital	AR	501c3	3	MH S NW Arkansas Inc
71-0294390	1		I	l	I

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

43-1861745

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St Marys Hospital Foundation 2710 Rife Medical Ln Rogers, AR72858 71-0601687	Foundation	AR	501c3		St Mary-Rogers Mem Hosp Inc
St Marys Hosp Enid Ok 14528 S Outer Forty St 100 Chesterfield, MO63017 73-0614655	Inactive	ок	501c3		Mercy Health System Inc
The Sr M Cornelia Blasko Fn 100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	МО	501c3		St Francis Hosp Mount View MO
Unity Ambulatory Care 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141	Inactive	МО	501c3		St John's Mercy Health Care

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Pa	ırt III - Identificə	ition of '	Related Org:	anizations Ta	xable as a Partne	rship					/
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) , Share of total income (\$)	1 Chaus af and af	allocati	oprtionate (1) Code V-UBI amount on Box 20 of K-1 (\$)		Gene Man Part	(j) eral or naging tner?
		 '	1	<u>'</u>			Yes	No		Yes	_
LLC 1011 Fourteenth Avenue NW ARDMORE, OK73401 43-1971232	MRI Services		N/A	N/A				No			No
645 Maryville Ctr DrSte 200 ST LOUIS, MO63141 46-0468368	Central Distribution Center		N/A	N/A				N o			No
	Ambulatory Surgery Center	AR	N/A	N/A				No			Νο
Hot Springs Equip Leasing LLC 300 Werner Street HOT SPRINGS, AR71913 20-4340915	Inactive, dissolved 9/30/09	AR	N/A	N/A				No			No
	Inactive, dissolved 8/5/09	AR	N/A	N/A				No			No
	Emergency Medical Services	AR	N/A	N/A				No			No
1011 Fourteenth Avenue NW ARDMORE, OK73401 73-1462104	Inactive, dissolved 12/31/09	ОК	N/A	N/A				No			No
St Edward Mercy MC M-P Office Bldg 7301 Rogers Avenue FORT SMITH, AR72903 71-0554050	Office Building	AR	N/A	N/A				No			No

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

Form 990, Schedule R, Part IV - Iden	tification of Re	elated Organiza	ations Taxable as	រុ a Corporation	or Trust	•	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
St Edward Medical Services Inc 7301 Rogers Avenue Fort Smith, AR72903 20-2965518	Inactive dissolved 5/5/10	AR	N/A	С			
Consolidated Logistics Inc 2710 Rife Medical Lane Rogers, AR72758 71-0474406	Inactive dissolved 8/4/09	AR	N/A	С			
Mercy Comm Services Inc 401 Woodland Hills Blvd Fort Scott, KS66701 48-1078101	Catering operations	KS	N/A	С			
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 52-1914421	Holds ancillary assets & owns aircraft	DE	N/A	С			
MHP Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 43-1697084	Holding company sold 10/1/10	DE	N/A	С			
Mercy Medical Services Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 71-0641246	Inactive dissolved 7/1/09	МО	N/A	С			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO 65804 26-4509571	Technology transfer company	МО	N/A	С			
Unity Support Services Inc 645 Maryville Centre Drive Suite 10 St Louis, MO 63141 43-1797042	Inactive	МО	N/A	С			
UH L Corp Inc 645 Maryville Centre Drive Suite 10 St Louis, MO 63141 74-2499535	Holding company	МО	N/A	С			
MHN of the Southern Region Inc 1011 14th Avenue NW Ardmore, OK73401 73-1580607	Employed physicians, physician assistants, and nurse practitioners	ОК	N/A	С			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	Administrator of certain real property and improvements	ок	N/A	С			
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK73120 73-1441665	Holding company	ок	N/A	С			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	Employed physicians, physician assistants, and nurse practitioners	ок	N/A	С			