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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mercy Foundation for Health Innovation Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 14528 S Outer Forty City or town, state or country, and ZIP + 4 Chesterfield, MO 63017 F Name and address of principal officer Mr Shannon Sock 14528 S Outer Forty Suite 100 Chesterfield, MO 63017	D Employer identification number 20-0901499 E Telephone number (314) 628-3557 G Gross receipts \$ 1,262,674 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.mercy.net		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2003 M State of legal domicile MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
3 Number of voting members of the governing body (Part VI, line 1a)				
		3		5
4 Number of independent voting members of the governing body (Part VI, line 1b)				
		4		2
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)				
		5		0
6 Total number of volunteers (estimate if necessary)				
		6		0
7a Total unrelated business revenue from Part VIII, column (C), line 12				
		7a		0
b Net unrelated business taxable income from Form 990-T, line 34				
		7b		0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
		312,506		1,262,322
	9 Program service revenue (Part VIII, line 2g)	0		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	531		352
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	313,037		1,262,674	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	306,402		756,953
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,402		6,382
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	309,804		763,335
19 Revenue less expenses Subtract line 18 from line 12	3,233		499,339	
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	258,512		746,909
	21 Total liabilities (Part X, line 26)	65,698		54,756
22 Net assets or fund balances Subtract line 21 from line 20	192,814		692,153	

Part II Signature Block

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

Sign Here	Signature of officer Date 2012-05-12				
	RANDALL COMBS SR VP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
	Firm's address ▶ 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105				Phone no ▶ (314) 290-1000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 756,953 including grants of \$ 756,953) (Revenue \$ 0)

The Mercy Foundation for Health Innovation helps live Mercys mission to provide care to everyone who needs it, by supporting charity care and community outreach services The foundation also is focused on funding Mercys Center for Innovative Care, which will expand Mercys reach beyond the walls of doctors offices, hospital campuses and other traditional care facilities Donations support the provision of charity care at Mercy facilities, capital needs, and programs identified to benefit patients cared for at Mercy hospitals and outreach locations

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 756,953

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		No
b 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? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d 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? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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 "Yes," complete Schedule F, Parts I and IV.</i>		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 "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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 "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.
 Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?		No
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		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official		No
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		No
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?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed: _____
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 MR RANDALL COMBS
 14528 S OUTER FORTY SUITE 100
 CHESTERFIELD, MO 63017
 (314) 579-6100

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

Check if Schedule O contains a response to any question in this Part VII

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

• 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, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ronald B Ashworth Director	16 0	X					0	240,000	0	
(2) David Pratt Director	1 0	X					0	0	0	
(3) James Britton Director	60 0	X					0	1,398,348	532,330	
(4) Sr Mary Roch Rocklage RSM Director	1 0	X					0	0	0	
(5) Philip Wheeler Secretary	60 0	X		X			0	718,819	196,422	
(6) Shannon Sock President	60 0			X			0	604,918	122,631	
(7) James Jaacks Treasurer	60 0			X			0	920,871	300,547	
(8) Patricia R Arnold VP-Philanthropy	60 0				X		0	241,688	18,194	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	5,603				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,256,719				
	g	Noncash contributions included in lines 1a-1f \$	0				
	h	Total. Add lines 1a-1f	1,262,322				
Program Service Revenue	2a	_____ Business Code					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	0				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		352		352	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)		0				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events		0		
9a	Gross income from gaming activities See Part IV, line 19 a						
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances a						
		b	Less cost of goods sold b				
		c	Net income or (loss) from sales of inventory		0		
	Miscellaneous Revenue	Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		1,262,674	0	0	352	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	756,953	756,953		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	6,382		6,382	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	763,335	756,953	6,382	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	185,166	1	666,977
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	73,346	3	79,932
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	258,512	16	746,909	
Liabilities	17 Accounts payable and accrued expenses	64,698	17	54,756
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	1,000	25	0
	26 Total liabilities. Add lines 17 through 25	65,698	26	54,756
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,579	27	30,910
	28 Temporarily restricted net assets	171,235	28	661,243
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	192,814	33	692,153	
34 Total liabilities and net assets/fund balances	258,512	34	746,909	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,262,674
2	Total expenses (must equal Part IX, column (A), line 25)	2	763,335
3	Revenue less expenses Subtract line 2 from line 1	3	499,339
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	192,814
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	692,153

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Mercy Foundation for Health Innovation

Employer identification number

20-0901499

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									585,550

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule I (Form 990)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
Mercy Foundation for Health Innovation

Employer identification number
20-0901499

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Mercy Health Foundation Springfield 1235 E Cherokee St Springfield, MO 65804	32-0195818	501(c)(3)	50,000				Medication Access Program
(2) Mercy Ministries of Laredo 2500 Zacatecas St Laredo, TX 78046	20-0198462	501(c)(3)	50,000				Medication Access Program
(3) Mercy Health Foundation Ardmore 1011 Fourteenth Ave NW Ardmore, OK 73401	71-0962525	501(c)(3)	30,539				Mercy cross
(4) Mercy Family Center 110 Vtrns Blvd STE 425 Metairie, LA 70005	72-1069468	501(c)(3)	20,000				outreach ministry
(5) Mercy Hospital Joplin 2727 McClelland Blvd Joplin, MO 64804	27-0814858	501(c)(3)	585,550				tornado disaster assistance

2 Enter total number of section 501(c)(3) and government organizations ▶ 5

3 Enter total number of other organizations ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	FORM 990, SCHEDULE I, PART II	1 Applicants for the grant dollars must complete an application (typically due in February) 2 The applications are reviewed by a grants committee (made up of Mercy co-workers) (typically in March) 3 The selection by the grants committee is then submitted for final approval to the Mercy CEO (typically in March) 4 Awardees are notified (typically in April) 5 1st half of the grant award given (in July) 6 Mid-year summary report sent to awardee(s) (typically in October) 7 Mid-year summary reports due (in December) 8 If the awardee is doing what they said they would do with the funds then the 2nd half of the grant award is given (in January) 9 If the awardee applies for the grant again, they must show what has been done with any funds previously received from Mercy

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Mercy Foundation for Health Innovation

Employer identification number

20-0901499

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Ronald B Ashworth	(i)	0	0	0	0	0	0	0
	(ii)	240,000	0	0	0	0	240,000	0
(2) James Britton	(i)	0	0	0	0	0	0	0
	(ii)	883,424	481,250	33,674	518,928	13,402	1,930,678	0
(3) Shannon Sock	(i)	0	0	0	0	0	0	0
	(ii)	373,840	209,589	21,489	107,716	14,915	727,549	0
(4) Philip Wheeler	(i)	0	0	0	0	0	0	0
	(ii)	462,739	251,126	4,954	193,074	3,348	915,241	0
(5) James Jaacks	(i)	0	0	0	0	0	0	0
	(ii)	575,410	324,345	21,116	285,019	15,528	1,221,418	0
(6) Patricia R Arnold	(i)	0	0	0	0	0	0	0
	(ii)	165,606	50,635	25,447	9,172	9,022	259,882	0
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTIONS 15A & 15B	FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION: EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH. FOR THOSE CLASSIFIED AS KEY EMPLOYEES, MERCY HEALTH 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. FORM 990, SCHEDULE J, PART I, QUESTION 4B. MERCY HEALTH OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON RETIREMENT BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN. THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE JAMES BRITTON, JAMES JAACKS, SHANNON SOCK AND PHILIP WHEELER. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Mercy Foundation for Health Innovation

Employer identification number

20-0901499

Additional Data

Software ID:

Software Version:

EIN: 20-0901499

Name: Mercy Foundation for Health Innovation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) Mercy Hospital Fort Smith	710240352	C	Yes						0
(B) Mercy Hospitals East Communities	430653493	C	Yes						0
(C) Mercy Hospital Springfield	440552485	C	Yes						0
(D) Mercy Hospital Hot Springs	710236913	0	Yes						0
(E) Mercy Hospital Rogers	710294390	C	Yes						0
(F) Mercy Hospital Oklahoma City	730579285	C	Yes						0
(G) Mercy Hospital Ardmore	731550629	C	Yes						0
(H) Mercy Kansas Communities Inc	480956045	C	Yes						0
(I) Mercy Hospital Joplin	270814858	C	Yes						585550

Identifier	Return Reference	Explanation
FORM 990, HEADING, BOX B		<p>DURING THE TAX YEAR ENDED JUNE 30, 2012, SISTERS OF MERCY HEALTH SYSTEM ("MERCY HEALTH") BEGAN A SYSTEM-WIDE REBRANDING INITIATIVE TO HELP PATIENTS, PHYSICIANS, CO-WORKERS, AND THE PUBLIC BETTER UNDERSTAND THE FULL SCOPE AND LOCATIONS OF MERCY HEALTH'S SERVICES SEVERAL OF THE MERCY HEALTH AFFILIATES HAVE CHANGED OR ARE IN THE PROCESS OF CHANGING LEGAL NAMES PRIOR TO FILING THE 2010 FORMS 990 (DUE MAY 15, 2012), MERCY HEALTH NOTIFIED THE IRS OF THESE NAME CHANGES, THEREFORE BOX B "NAME CHANGE" HAS NOT BEEN CHECKED ON THIS FORM 990 REFER TO SCHEDULE R, PART VII FOR A LIST OF THE NAME CHANGES FORM 1099/1096 FILING Form 990, Part V, Question 1a Vendors for the filing organization are paid by Mercy Health (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 Mercy Health EIN W-3 FILING Form 990, Part V, Question 2a Employees are paid by a related organization under a common paymaster arrangement As such, all required payroll filing (including W-2 and W-3's) was reported under the related organization's EIN DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FOR M 990, PART VI, QUESTIONS 6, 7A AND 7B THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES ARE RESERVED SOLELY FOR THE SOLE CORPORATE MEMBER -TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION SHALL OPERATE, -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BYLAWS AND TO AMEND THE ORGANIZATIONAL DOCUMENTS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, BUSINESS PLANS, GOALS, AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF ANY AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, -TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, AND, -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO THE MISSOURI NONPROFIT CORPORATION ACT DESCRIPTION OF PRACTICES RE DOCUMENTATION OF MTGS & ACTION OF COMMITTEE FORM 990, PART VI, QUESTION 8B THE BYLAWS PROVIDE THE BOARD WITH THE OPTION OF CREATING COMMITTEES, INCLUDING AN EXECUTIVE COMMITTEE, A NOMINATING COMMITTEE, AND ADDITIONAL COMMITTEES HOWEVER, FOR THE TAX YEAR ENDING 6/30/11, THERE WERE NO COMMITTEES OPERATING ON BEHALF OF THE GOVERNING BODY Form 990, Part VI, Question 11B THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S TAX COMPLIANCE TEAM, MEMBERS OF THIS TEAM ARE FROM THE FINANCE DEPARTMENT OF MERCY HEALTH THE DRAFT FORM IS ALSO REVIEWED BY MERCY HEALTH SYSTEM'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990 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 TAX COMPLIANCE TEAM FOR REVIEW ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S TAX COMPLIANCE COMMITTEE, THE FORM 990 IS SIGNED AND FILED WITH THE IRS DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C CONSISTENT WITH THE CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER DISQUALIFIED PERSONS WERE REQUESTED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE FOR FISCAL YEAR 2011 QUESTIONNAIRES ARE REVIEWED BY THE LEGAL DEPARTMENT, AND POTENTIAL CONFLICTS ARE ADDRESSED DIRECTORS, OFFICERS, AND MEMBERS OF COMMITTEES ARE REQUIRED TO REMOVE THEMSELVES FROM THAT PORTION OF ANY MEETING WHEREIN A DISCUSSION IS TAKING PLACE ABOUT A TRANSAC</p>

Identifier	Return Reference	Explanation
FORM 990, HEADING, BOX B		<p>TION OR ARRANGEMENT IN WHICH THEY HAVE A FINANCIAL INTEREST AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMT TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 GOVERNING DOCUMENTS, conflict of interest policy, AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE UPON REQUEST BUT ARE NOT PUBLISHED PUBLICLY</p> <p>Average Hours per Week Form 990, Part VII, Section A, Column B Several individuals listed in Part VII are disclosed as trustees, directors, officers, and key employees on multiple Form 990s of entities included within Mercy Health The average hours per week disclosed in Part VII is an estimate of the hours per week that the listed individual spends on both the filing organization and all related organizations Form 990, Part XII, Question 2b The filing organization's financial statements were included in Mercy Health's annual financial statement audit Mercy Health received an unqualified opinion from the external auditors for fiscal 2011 (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 Mercy Health Board of Directors Audit results are communicated to this committee</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Mercy Foundation for Health Innovation

Employer identification number

20-0901499

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Merc Ambu Surg CTR 7301 Rogers Av Fort Smith, AR72903 71-0827721	AMBUL SURG CENTER	AR	NA									
(2) RES OPT & INNOV 645 Maryville Centre Dr 200 St Louis, MO63141 46-0468368	CENTRAL DIST	MO	NA									
(3) SO OK DIAG CTR 1011 14TH Ave NW Ardmore, OK73401 43-1971232	MRI Services	OK	NA									
(4) Fort Smith EMS 1701 S Greenwood Fort Smith, AR72901 71-0416615	Emergency Med	AR	NA									
(5) St Ed Mer Med MOB 7301 Rogers Ave Fort Smith, AR72903 71-0554050	Office Building	AR	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
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 thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY HEALTH FOUNDATION SPRINGFIELD	B	63,447	
(2) MHM SUPPORT SERVICES	C	239,080	
(3) MERCY HOSPITAL JOPLIN	B	585,550	
(4) MERCY MINISTRIES OF LAREDO	B	50,000	
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
NAME CHANGES DUE TO MERCY HEALTH REBRANDING	FORM 990, SCHEDULE R, PART II	<p>*MERCY MEDICAL GROUP IS NOW MERCY CLINIC EAST COMMUNITIES *ST EDWARD MERCY CLINIC, INC IS NOW MERCY CLINIC FORT SMITH COMMUNITIES *ST JOSEPH'S MERCY CLINIC, INC IS NOW MERCY CLINIC HOT SPRINGS COMMUNITIES *MERCY PHYSICIANS OF OKLAHOMA, INC IS NOW MERCY CLINIC OKLAHOMA COMMUNITIES *ST JOHN'S CLINIC, INC IS NOW MERCY CLINIC SPRINGFIELD COMMUNITIES *SISTERS OF MERCY HEALTH SYSTEM IS NOW MERCY HEALTH *ST JOHN'S MERCY HEALTH CARE IS NOW MERCY HEALTH EAST COMMUNITIES *ST EDWARD MERCY HEALTH SYSTEM, INC IS NOW MERCY HEALTH FORT SMITH COMMUNITIES *MERCY MEMORIAL HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION ARDMORE *CARROLL HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION BERRYVILLE *MERCY HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION FORT SCOTT *ST JOSEPH'S MERCY HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION HOT SPRINGS *MERCY HOSPITAL FOUNDATION OF INDEPENDENCE, INC IS NOW MERCY HEALTH FOUNDATION INDEPENDENCE *MERCY HEALTH OF JOPLIN FOUNDATION IS NOW MERCY HEALTH FOUNDATION JOPLIN *ST MARY'S HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION NORTHWEST ARKANSAS *MERCY HEALTH CENTER FOUNDATION, INC IS NOW MERCY HEALTH FOUNDATION OKLAHOMA CITY *ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH INC IS NOW MERCY HEALTH FOUNDATION SPRINGFIELD *ST JOHN'S MERCY FOUNDATION IS NOW MERCY HEALTH FOUNDATION ST LOUIS *ST JOHN'S MERCY HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION WASHINGTON *ST JOSEPH'S MERCY HEALTH SYSTEM, INC IS NOW MERCY HEALTH HOT SPRINGS COMMUNITIES *MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS, INC IS NOW MERCY HEALTH NORTHWEST ARKANSAS COMMUNITIES *MERCY HEALTH SYSTEM, INC IS NOW MERCY HEALTH OKLAHOMA COMMUNITIES *MERCY HEALTH SYSTEM-JOPLIN, INC IS NOW MERCY HEALTH SOUTHWEST MISSOURI/KANSAS COMMUNITIES *ST JOHN'S HEALTH SYSTEM, INC IS NOW MERCY HEALTH SPRINGFIELD COMMUNITIES *ST JOHN'S HOME CARE OF BERRYVILLE, INC IS NOW MERCY HOME HEALTH BERRYVILLE *MERCY MEMORIAL HEALTH CENTER, INC IS NOW MERCY HOSPITAL ARDMORE *ST JOHN'S AURORA, INC IS NOW MERCY HOSPITAL AURORA *OZARKS REGIONS HEALTH SYSTEM, INC IS NOW MERCY HOSPITAL BERRYVILLE *ST JOHN'S CASSVILLE, INC IS NOW MERCY HOSPITAL CASSVILLE *MERCY HEALTH MHMCH, INC IS NOW MERCY HOSPITAL COLUMBUS *MERCY EL RENO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL EL RENO *ST EDWARD MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL FORT SMITH *HEALDTON MERCY HOSPITAL CORPORATION IS NOW MERCY HOSPITAL HEALDTON *ST JOSEPH'S MERCY HEALTH CENTER IS NOW MERCY HOSPITAL HOT SPRINGS *MERCY HEALTH OF JOPLIN, INC IS NOW MERCY HOSPITAL JOPLIN *BREECH REGIONAL MEDICAL CENTER IS NOW MERCY HOSPITAL LEBANON *MERCY HEALTH CENTER, INC IS NOW MERCY HOSPITAL OKLAHOMA CITY *ST EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY IS NOW MERCY HOSPITAL OZARK *ST EDWARD HEALTH FACILITIES OF LOGAN COUNTY IS NOW MERCY HOSPITAL PARIS *ST EDWARD HEALTH FACILITIES OF SCOTT COUNTY IS NOW MERCY HOSPITAL WALDRON *ST MARY-ROGERS MEMORIAL HOSPITAL, INC IS NOW MERCY HOSPITAL ROGERS *ST JOHN'S REGIONAL HEALTH CENTER IS NOW MERCY HOSPITAL SPRINGFIELD *MERCY TISHOMINGO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL TISHOMINGO *ST JOHN'S MERCY HEALTH SYSTEM IS NOW MERCY HOSPITALS EAST COMMUNITIES *ST JOHN'S MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL ST LOUIS *ST JOHN'S MERCY HOSPITAL IS NOW MERCY HOSPITAL SPRINGFIELD *MERCY HEALTH SYSTEM OF KANSAS, INC IS NOW MERCY KANSAS COMMUNITIES *MERCY HEALTH CENTER, INC IS NOW MERCY HOSPITAL FORT SCOTT *MERCY HOSPITAL IS NOW MERCY HOSPITAL INDEPENDENCE *ST JOHN'S MEDICAL RESEARCH INSTITUTE, INC IS NOW MERCY MEDICAL RESEARCH INSTITUTE *ST FRANCIS HOSPITAL, MOUNTAIN VIEW, MISSOURI IS NOW MERCY ST FRANCIS HOSPITAL *ST JOHN'S MERCY SUPPORT SERVICES IS NOW MERCY SUPPORT SERVICES FORM 990, SCHEDULE R, PART V LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P</p>

Software ID:
Software Version:
EIN: 20-0901499
Name: Mercy Foundation for Health Innovation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	Hospital	AR	501(C)(3)	3	Mercy Health		
Mercy Hospital Lebanon 100 Hospital Drive Lebanon, MO65536 43-1767432	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Health Foundation Berryville 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501(C)(3)	11a	MH Berryvill		
Casa de Misericordia 1000 Mier Street Laredo, TX780404653 74-2912461	Shelter	TX	501(C)(3)	7	MM Laredo		
Mercy Hospital Healdton 918 South Street Healdton, OK73438 26-3173902	Hospital	OK	501(C)(3)	3	MH Ardmore		
Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764726	Inactive	TX	501(C)(3)	9	MHS-TX		
McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO63017 26-1708048	Port Mgmt	MO	501(C)(3)	11b	Mercy Health		
Mercy Hospital El Reno 2115 Parkview Drive El Reno, OK73036 73-6617948	Hospital	OK	501(C)(3)	3	Mercy Health		
Mercy Emergency Medical Services Inc 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive	OK	501(C)(3)	9	MHOC		
Mercy Health Foundation Fort Scott 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501(C)(3)	11c	Mercy KS Com		
Mercy Health Foundation OK City 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501(C)(3)	11a	MHOC		
Mercy Hospital Oklahoma City 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501(C)(3)	3	MHOC		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Hospital Columbus 220 Pennsylvania Avenue Columbus, KS66725 27-0842031	Hospital	MO	501(C)(3)	3	MHSMKC		
Mercy Health Foundation Joplin 2727 McClelland Blvd Joplin, MO64804 27-0906136	Foundation	MO	501(C)(3)	11a	MHSMKC		
Mercy Hospital Joplin 2727 McClelland Blvd Joplin, MO64804 27-0814858	Hospital	MO	501(C)(3)	3	MHSMKC		
Mercy Health SW MOKS Communitites 2727 McClelland Blvd Joplin, MO64804 30-0584463	Hlth System	MO	501(C)(3)	11b	Mercy Health		
Mercy Kansas Communities Inc 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	Hospital	KS	501(C)(3)	3	MHSMKC		
Mercy Health NW Arkansas Communities 2710 Rife Medical Drive Rogers, AR72758 62-1684203	Phys Group	AR	501(C)(3)	11b	Mercy Health		
Mercy Health System of Texas Inc 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764727	Inactive	TX	501(C)(3)	11b	Mercy Health		
Mercy Health Oklahoma Communities 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding co	OK	501(C)(3)	11b	Mercy Health		
Mercy Health Foundation Independence 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501(C)(3)	11a	Mercy KS Com		
Mercy Hospital of Laredo 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-1189682	Inactive	TX	501(C)(3)	3	MHS-TX		
Mercy Clinic East Communitis 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1771217	Phys Group	MO	501(C)(3)	9	MHEC		
Mercy Health Foundation Ardmore 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501(C)(3)	11a	MH Ardmore		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Hospital Ardmore 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501(C)(3)	3	MHOC		
Mercy Clinic Oklahoma Communities 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Phys Group	OK	501(C)(3)	9	MHOC		
MHM Support Services 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-2553101	Sup Hlth Sys	MO	501(C)(3)	11b	Mercy Health		
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	nursing home	AR	501(C)(3)	9	MHHSC		
Mercy Hospital Berryville 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501(C)(3)	3	MHSC		
Mercy Health 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-1423050	Sup Hlth Sys	MO	501(C)(3)	1	NA		
MERCY FAMILY CENTER 14528 S Outer Forty Ste 100 Chesterfield, MO63017 72-1069468	counseling	MO	501(C)(3)	7	Mercy Health		
Mercy Hospital Ozark 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501(C)(3)	3	MHFS		
Mercy Hospital Paris 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501(C)(3)	3	MHFS		
Mercy Hospital Waldron 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501(C)(3)	3	MHFS		
Mercy Clinic Fort Smith Communitites 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Phys Clinic	AR	501(C)(3)	9	MHFSC		
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR72917 23-7330425	Foundation	AR	501(C)(3)	7	MHFS		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Health Fort Smith Communities 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Co	AR	501(C)(3)	11b	Mercy Health		
Mercy Hospital Fort Smith 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501(C)(3)	3	MHFSC		
Mercy St Francis Hospital 100 W Highway 60 Mountain View, MO65548 44-0607149	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Hospital Aurora 500 Porter Avenue Aurora, MO65605 43-1936696	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Hospital Cassville 94 Main Street Cassville, MO65625 43-1936699	Hospital	MO	501(C)(3)	3	MHSC		
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO65804 43-1423050	Inactive	MO	501(C)(3)	3	MHSC		
Mercy Clinic Springfield Communities 1965 Fremont Street Ste 2950 Springfield, MO65804 43-1560263	Phys Group	MO	501(C)(3)	9	MHSC		
Mercy Health Foundation Springfield 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	MO	501(C)(3)	11b	MHSC		
Mercy Health Springfield Communitites 1235 E Cherokee Street Springfield, MO65804 43-1856028	Holding Co	MO	501(C)(3)	11b	Mercy Health		
Mercy Home Health Berryville 214 Carter Street Berryville, AR72616 87-0781247	Home Health	AR	501(C)(3)	11c	MH Sprngfld		
Mercy Medical Research Institute 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research	MO	501(C)(3)	4	MHSC		
Mercy Health Foundation St Louis 14528 S Outer Forty Ste 100 Chesterfield, MO63017 56-2410020	Foundation	MO	501(C)(3)	11b	MHEC		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Mercy Health East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-1718408	Hlth System	MO	501(C)(3)	11b	Mercy Health		
Mercy Hospitals East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-0653493	Hospital	MO	501(C)(3)	3	MHEC		
Mercy Health Foundation Washington 901 E Fifth Street Washington, MO63090 56-2410022	Foundation	MO	501(C)(3)	11b	MHEC		
Mercy Support Services 615 S New Ballas Road St Louis, MO63141 43-1677952	Inactive	MO	501(C)(3)	11c	MHEC		
Mercy Hospital Springfield 1235 E Cherokee Street Springfield, MO65804 44-0552485	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Clinic Hot Springs Communitites 1 Mercy Lane Hot Springs, AR71913 26-1125131	Phys Clinic	AR	501(C)(3)	9	MHHSC		
Mercy Hospital Hot Springs 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501(C)(3)	3	MHHSC		
Mercy Health Foundation Hot Springs 300 Werner Street Hot Springs, AR71913 71-0804718	Foundation	AR	501(C)(3)	11b	MHHS		
Mercy Health Hot Springs Communities 300 Werner Street Hot Springs, AR71913 26-1125064	Holding Co	AR	501(C)(3)	11b	Mercy Health		
Mercy Hospital Rogers 2710 Rife Medical Lane Rogers, AR72758 71-0294390	Hospital	AR	501(C)(3)	3	MHNWAC		
Mercy Health Foundation NW Arkansas 2710 Rife Medical Lane Rogers, AR72758 71-0601687	Foundation	AR	501(C)(3)	11c	MH Rogers		
St Mary's Hospital of Enid Oklahoma 14528 S Outer Forty Ste 100 Chesterfield, MO63017 73-0614655	Inactive	OK	501(C)(3)	3	MHOC		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
The Sister M Cornelia Blasko Foundation 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	MO	501(C)(3)	11a	MSFH		
Unity Ambulatory Care 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1861745	Inactive	MO	501(C)(3)	11c	MHEC		
Mercy Hospital Tishomingo 1000 South Byrd Tishomingo, OK73460 27-4433830	Hospital	OK	501(C)(3)	3	MH Ardmore		
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX780466814 20-0198462	outreach	TX	501(C)(3)	7	Mercy Health		

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

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