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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LOURDES HOSPITAL AUXILIARY GIFT SHOP

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1530 LONE OAK ROAD

City or town, state or country, and ZIP + 4
PADUCAH, KY 420037901

D Employer identification number
61-0927805

E Telephone number
(270)444-2444

G Gross receipts $ 284,058

F Name and address of principal officer
JACKIE BOWLING PRESIDENT
1530 LONE OAK ROAD
PADUCAH,KY 42003

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ELOURDES COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1952

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO EXTEND THE HEALING MINISTRY OF JESUS BY IMPROVING THE HEALTH OF OUR COMMUNITIES WITH EMPHASIS ON PEOPLE WHO ARE POOR AND UNDER-SERVED BY DEMONSTRATING BEHAVIORS REFLECTING OUR CORE VALUES OF COMPASSION, EXCELLENCE, HUMAN DIGNITY, JUSTICE, SACREDNESS OF LIFE AND SERVICE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	171
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,940	2,751
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,095	118,844
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,040	121,595
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	85,800	103,450
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–24e)	19,389	15,576
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	105,189	119,026
19	Revenue less expenses Subtract line 18 from line 12	7,851	2,569

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	239,740	198,340
21	Total liabilities (Part X, line 26)	60,025	16,056
22	Net assets or fund balances Subtract line 21 from line 20	179,715	182,284

Net Assets or Fund Balances

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 — 2012-11-06 Date

▶ WILLIAM KUSNIERZ REGIONAL CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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 . . . . . ☐

1 Briefly describe the organization's mission

THE PRIMARY EXEMPT PURPOSE IS TO EXTEND THE HEALING MINISTRY OF JESUS BY IMPROVING THE HEALTH OF OUR COMMUNITIES WITH EMPHASIS ON PEOPLE WHO ARE POOR AND UNDER-SERVED LOURDES HOSPITAL AUXILIARY GIFT SHOP ACCOMPLISHES THIS PURPOSE BY DEMONSTRATING BEHAVIORS REFLECTING OUR CORE VALUES OF COMPASSION, EXCELLENCE, HUMAN DIGNITY, JUSTICE, SACREDNESS OF LIFE AND 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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 116,811 including grants of $ 103,450) (Revenue $)

PROVISION OF FUNDS TO LOURDES FOUNDATION FOR THE PURCHASE OF EQUIPMENT OR OTHER URGENT PATIENT AND CARE NEEDS OF LOURDES HOSPITAL

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** ▶ $ 116,811

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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, line10? *If "Yes," complete Schedule D, Part VI.*	11a		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? *If "Yes," complete Schedule D, Part VII.*	11b		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? *If "Yes," complete Schedule D, Part VIII.*	11c		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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," 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 ? *If "Yes," complete Schedule F, Part II and IV*	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 and IV*	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? *If "Yes," complete Schedule G, Part I*	17		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? *If "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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *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**		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? *If "Yes," complete Schedule J*	**23**		No
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**		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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		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? *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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		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? *If "Yes," complete Schedule R, Part VI*	**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	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
	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?		**3a**		No
b	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 or securities account)?		**4a**		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? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**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**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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		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? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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 made 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 made 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 ▶

LENNIS THOMPSON
1530 LONE OAK ROAD
PADUCAH, KY 42003
(270) 444-2444

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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) CAROLYN SHOCKLEY SENIOR VICE PRESIDENT	1 00	X		X				0	0	0
(2) DOLLIE OWENS TREASURER	1 00	X		X				0	0	0
(3) JACK HOWARD VICE PRESIDENT	1 00	X		X				0	0	0
(4) JACKIE BOWLING PRESIDENT	1 00	X		X				0	0	0
(5) MARIA STUCKENBORG CORRESPONDING SECRETARY	1 00	X		X				0	0	0
(6) WILLODINE CAGLE RECORDING SECRETARY	1 00	X		X				0	0	0
(7) ANN WATKINS BOARD MEMBER	1 00	X						0	0	0
(8) MARCIA NEMER BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,751				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,751			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue	0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶	0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	0			
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss) 0 / 0				
	d	Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) 0 / 0				
	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 10,804				
	b	Less direct expenses . . . b 2,466				
	c	Net income or (loss) from fundraising events . . ▶	8,338			8,338
	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 269,321				
	b	Less cost of goods sold . . b 159,997				
	c	Net income or (loss) from sales of inventory . . ▶	109,324	109,324		
		Miscellaneous Revenue / Business Code				
	11a	OTHER 900099	1,182			1,182
	b					
	c					
	d	All other revenue	0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶	1,182			
	12	**Total revenue.** See Instructions . . . ▶	121,595	109,324	0	9,520

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	100,000	100,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,450	3,450		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	3,232	2,586	646	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,170	1,736	434	
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	BANK CHARGES / CREDIT CARD FEES	4,501	4,501		
b	SUPPLIES	3,914	3,131	783	
c	MISCELLANEOUS	1,759	1,407	352	
d					
e					
f	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	119,026	116,811	2,215	0
26	**Joint costs.** Check here ▶ ☐ 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	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		80,058	1	17,634
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		44,493	4	74,776
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		113,233	8	103,974
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 0			
	b	Less accumulated depreciation	10b 0	0	10c	0
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,956	15	1,956
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		239,740	16	198,340
Liabilities	17	Accounts payable and accrued expenses		57,047	17	13,056
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,978	25	3,000
	26	**Total liabilities.** Add lines 17 through 25		60,025	26	16,056
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		179,715	27	182,284
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		179,715	33	182,284
	34	Total liabilities and net assets/fund balances		239,740	34	198,340

Part XI Reconcilliation 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	121,595
2	Total expenses (must equal Part IX, column (A), line 25)	2	119,026
3	Revenue less expenses Subtract line 2 from line 1	3	2,569
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	179,715
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	182,284

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated 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		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 . .	3b		

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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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LOURDES HOSPITAL AUXILIARY GIFT SHOP

Employer identification number
61-0927805

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(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)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) MERCY HEALTH PARTNERS - LOURDES INC	610600313	3		No	Yes		Yes		0
(B) LOURDES FOUNDATION INC	621258960	7		No	Yes		Yes		100,000
Total									100,000

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 61-0927805
Name: LOURDES HOSPITAL AUXILIARY GIFT SHOP

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LOURDES HOSPITAL AUXILIARY GIFT SHOP

Employer identification number
61-0927805

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements				0
d Equipment				0
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
OTHER	3,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,000

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	0
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	0

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	0

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	0

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE COMPANY [CATHOLIC HEALTH PARTNERS AND AFFILIATED ENTITIES] COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2011 OR 2010

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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

2011

Open to Public Inspection

Name of the organization
LOURDES HOSPITAL AUXILIARY GIFT SHOP

Employer identification number
61-0927805

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. Use Part IV and Schedule I-1 (Form 990) 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) LOURDES FOUNDATION INC1530 LONE OAK ROAD PADUCAH,KY 42003	62-1258960	501(C)(3)	100,000				PATIENT CARE EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE AUXILIARY WORKS CLOSELY WITH ITS RECIPIENTS TO ENSURE THAT THE GRANT FUNDS ARE SPENT IN ACCORDANCE WITH THEIR INTENDED PURPOSE VIA DIRECT COMMUNICATION AND, IN SOME CASES, PHYSICAL OBSERVATION OF ANY ITEMS OR EQUIPMENT PURCHASED

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LOURDES HOSPITAL AUXILIARY GIFT SHOP

Employer identification number
61-0927805

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 IS PREPARED BY THE CATHOLIC HEALTH PARTNERS'S TAX DEPARTMENT AND REVIEWED BY MANAGEMENT UPON REVIEW, THE FORM 990 IS FORWARDED TO THE REGIONAL AUDIT & CORPORATE RESPONSIBILITY COMMITTEE WHICH IS INDEPENDENT OF THE FILING ORGANIZATION ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES, A COPY OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	CONFLICTS ARE IDENTIFIED THROUGH DISCLOSURE MEMBERS WITH CONFLICTS RECUSE THEMSELVES FROM VOTING ON ISSUES WITH CONFLICTS
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY IS POSTED ON THE CATHOLIC HEALTH PARTNERS WEBSITE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LOURDES HOSPITAL AUXILIARY GIFT SHOP

Employer identification number
61-0927805

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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 thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
EIN: 61-0927805
Name: LOURDES HOSPITAL AUXILIARY GIFT SHOP

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
CATHOLIC HEALTH PARTNERS 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1161086	HEALTHCARE SYSTEM PARENT	OH	501(C)(3)	11 - Type III - FI	NA		No
CATHOLIC HEALTH PARTNERS FOUNDATION 615 ELSINORE PLACE CINCINNATI, OH 45202 20-1072726	FUNDRAISING	OH	501(C)(3)	7	CATHOLIC HEALTH PARTNERS		No
CATHOLIC HEALTHCARE PARTNERS HOUSING DEVELOPMENT 615 ELSINORE PLACE CINCINNATI, OH 45202 20-8943658	HUD PARENT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
CATHOLIC HEALTHCARE PARTNERS RETIREMENT TRUST 615 ELSINORE PLACE CINCINNATI, OH 45202 31-6046304	RETIREMENT TRUST	OH	501(C)(3)	8	CATHOLIC HEALTH PARTNERS		No
COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM 3700 KOLBE ROAD LORAIN, OH 44053 27-0071694	REGIONAL PARENT	OH	501(C)(3)	11 - Type II	CATHOLIC HEALTH PARTNERS		No
COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER 3700 KOLBE ROAD LORAIN, OH 44053 34-0714704	HOSPITAL	OH	501(C)(3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM		No
ALLEN MEDICAL CENTER 200 WEST LORAIN ST OBERLIN, OH 44074 34-0864230	HOSPITAL	OH	501(C)(3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM		No
COMMUNITY HEALTH PARTNERS REGIONAL FOUNDATION 3700 KOLBE ROAD LORAIN, OH 44053 34-1504558	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER		No
COMMUNITY HEALTH PARTNERS PHYSICIANS OFFICE BUILDINGS 3700 KOLBE ROAD LORAIN, OH 44053 34-1268828	MEDICAL OFFICE RENTAL	OH	501(C)(3)	9	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER		No
ALLEN MEDICAL CENTER FOUNDATION 200 WEST LORAIN ST OBERLIN, OH 44074 34-1675592	FOUNDATION	OH	501(C)(3)	11 - Type I	ALLEN MEDICAL CENTER		No
ALLEN MEDICAL CENTER MEDICAL OFFICE BUILDING 200 WEST LORAIN ST OBERLIN, OH 44074 36-4504991	MEDICAL OFFICE RENTAL	OH	501(C)(3)	11 - Type II	ALLEN MEDICAL CENTER		No
MERCY HEALTH PARTNERS OF SOUTHWEST OHIO 4600 MCAULEY PLACE CINCINNATI, OH 45242 31-1063783	REGIONAL PARENT	OH	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		No
MERCY HEALTH PARTNERS OF SOUTHWEST OHIO FOUNDATION 4600 MCAULEY PLACE CINCINNATI, OH 45242 31-1217563	FOUNDATION	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
MERCY HOSPITALS WEST 2446 KIPLING AVENUE CINCINNATI, OH 45239 31-1091597	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
MERCY HOSPITAL ANDERSON 7500 STATE ROAD CINCINNATI, OH 45255 31-0537085	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
THE SISTERS OF MERCY OF HAMILTON OHIO 3000 MACK ROAD FAIRFIELD, OH 45014 31-0538532	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
THE SISTERS OF MERCY OF CLERMONT COUNTY OHIO 3000 HOSPITAL DRIVE BATAVIA, OH 45103 31-0830955	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES INC 7010 ROWAN HILLS DR CINCINNATI, OH 45227 31-1308729	RETIREMENT HOME	OH	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
MERCY SACRED HEART INC 2120 PAYNE STREET LOUISVILLE, KY 40206 61-1318326	RETIREMENT HOME	KY	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
MERCY LONG TERM CARE INITIATIVE 4915 CHARLESTOWN RD NEW ALBANY, IN 47150 31-1332491	RETIREMENT HOME	IN	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
MERCY FRANCISCAN SOCIAL MINISTRIES INC 1800 LOGAN STREET CINCINNATI, OH 45210 31-1222942	LOW INCOME HOUSING	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
MERCY FRANCISCAN AT ST RAPHAEL INC 610 HIGH STREET HAMILTON, OH 45011 20-2934871	SERVICES TO THE POOR	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		No
COMMUNITY MERCY HEALTH SYSTEM ONE S LIMESTONE ST SPRINGFIELD, OH 45502 30-0272454	REGIONAL PARENT	OH	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		No
COMMUNITY MERCY HEALTH PARTNERS ONE S LIMESTONE ST SPRINGFIELD, OH 45502 31-0785684	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		No
THE COMMUNITY MERCY FOUNDATION 1343 N FOUNTAIN BLVD SPRINGFIELD, OH 45504 31-1443778	FOUNDATION	OH	501(C)(3)	7	COMMUNITY MERCY HEALTH SYSTEM		No
C H HEALTH SERVICES COMPANY ONE S LIMESTONE ST SPRINGFIELD, OH 45502 31-1181984	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		No
CLARKE & CHAMPAIGN COUNTIES HEALTH INFORMATION EXCHANGE 1150 E HOME ROAD SPRINGFIELD, OH 45503 26-0698515	MEDICAL INFORMATION EXCHANGE	OH	501(C)(3)	9	COMMUNITY MERCY HEALTH SYSTEM		No
THE WALLACE S MURRAY AND FRANCES RABBITTS MURRAY MEMORIAL TRUST ONE S LIMESTONE ST SPRINGFIELD, OH 45502 34-6827136	INDIGENT MEDICAL CARE	OH	501(C)(3)	11 - Type I	NA		No
MERCY HEALTH SYSTEM - NORTHERN REGION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1344482	REGIONAL PARENT	OH	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		No
MERCY PROPERTY HOLDINGS 2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0699825	TITLE HOLDING COMPANY	OH	501(C)(2)	N/A	MERCY HEALTH SYSTEM - NORTHERN REGION		No
ST CHARLES MERCY HOSPITAL OF OREGON OHIO 2600 NAVARRE AVENUE OREGON, OH 43616 34-4445373	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		No
ST CHARLES MERCY HEALTH FOUNDATION 2600 NAVARRE AVENUE OREGON, OH 43616 34-1414900	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		No
RIVERSIDE MERCY HOSPITAL 3404 W SYLVANIA AVE TOLEDO, OH 43623 31-1556401	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		No
MERCY HOME CARE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1587572	HOME HEALTHCARE	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		No
MERCY COLLEGE OF OHIO 2221 MADISON AVENUE TOLEDO, OH 43604 34-1726619	MEDICAL COLLEGE	OH	501(C)(3)	2	MERCY HEALTH SYSTEM - NORTHERN REGION		No
MERCY COLLEGE OF OHIO FOUNDATION INC 2221 MADISON AVENUE TOLEDO, OH 43604 14-1963204	FOUNDATION	OH	501(C)(3)	11 - Type I	MERCY COLLEGE OF OHIO		No
MERCY HOSPITAL OF TIFFIN OHIO 45 ST LAWRENCE DRIVE TIFFIN, OH 44883 34-4431174	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		No
MERCY TIFFIN HEALTH FOUNDATION 45 ST LAWRENCE DRIVE TIFFIN, OH 44883 34-1499894	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	MERCY HOSPITAL OF TIFFIN OHIO		No
THE SISTERS OF MERCY OF WILLARD OHIO 110 EAST HOWARD ST WILLARD, OH 44890 34-1577110	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		No
MERCY HOSPITAL OF WILLARD FOUNDATION 110 EAST HOWARD ST WILLARD, OH 44890 11-3742347	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	THE SISTERS OF MERCY OF WILLARD OHIO		No

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ST VINCENT MERCY MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 43608 34-4428250	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		No
ST VINCENT MERCY MEDICAL CENTER FOUNDATION 2213 CHERRY STREET TOLEDO, OH 43608 23-7393213	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	ST VINCENT MERCY MEDICAL CENTER		No
LIFESTAR AMBULANCE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1354653	MEDICAL TRANSPORTATION	OH	501(C)(3)	11 - Type II	MERCY HEALTH SYSTEM - NORTHERN REGION		No
RSM MEDICAL FOUNDATION 2200 JEFFERSON AVENUE TOLEDO, OH 43624 34-1693671	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		No
ST MARGUERITE D'YOUVILLE FOUNDATION II 2213 CHERRY STREET TOLEDO, OH 43608 13-4350655	FOUNDATION	OH	501(C)(3)	11 - Type II	CATHOLIC HEALTH PARTNERS		No
SIMON OUTREACH SERVICES 2600 NAVARRE AVENUE OREGON, OH 43616 34-1383325	MEDICAL OFFICE RENTAL	OH	501(C)(3)	11 - Type II	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		No
FARLEY HEALTHCARE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1363204	HEALTH SERVICES	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		No
ST RITA'S MEDICAL CENTER 730 W MARKET STREET LIMA, OH 45801 34-1105619	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		No
SRHC FOUNDATION 730 W MARKET STREET LIMA, OH 45801 34-1368429	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	ST RITA'S MEDICAL CENTER		No
NEW VISION MEDICAL LABORATORIES INC 750 W HIGH ST STE 400 LIMA, OH 45801 34-1937267	MEDICAL LAB SERVICES	OH	501(C)(3)	11 - Type III - FI	ST RITA'S MEDICAL CENTER		No
HUMILITY OF MARY HEALTH PARTNERS 1044 BELMONT AVENUE YOUNGSTOWN, OH 44501 34-0505560	HOSPITAL	OH	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		No
THE ASSUMPTION VILLAGE 9800 N MARKET STREET NORTH LIMA, OH 44452 34-1013695	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		No
HOSPICE OF THE VALLEY 5190 MARKET STREET YOUNGSTOWN, OH 44512 34-1288745	HOSPICE SERVICES	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		No
HUMILITY OF MARY DEVELOPMENT FOUNDATION 1044 BELMONT AVENUE YOUNGSTOWN, OH 44501 34-1826978	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	HUMILITY OF MARY HEALTH PARTNERS		No
HUMILITY HOUSE 755 OHLTOWN ROAD AUSTINTOWN, OH 44515 34-1894783	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		No
LAUREL LAKE RETIREMENT COMMUNITY INC 200 LAUREL LAKE DRIVE HUDSON, OH 44236 34-1481142	NURSING HOME	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		No
LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION INC 200 LAUREL LAKE DRIVE HUDSON, OH 44236 34-1779303	FOUNDATION	OH	501(C)(3)	7	LAUREL LAKE RETIREMENT COMMUNITY INC		No
ST JOSEPH HEALTH CENTER AUXILIARY 677 EASTLAND SE WARREN, OH 44484 34-6556121	FUNDRAISING	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		No
MERCY HEALTH PARTNERS - LOURDES INC 1530 LONE OAK ROAD PADUCAH, KY 42003 61-0600313	HOSPITAL	KY	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		No
LOURDES FOUNDATION INC 1530 LONE OAK ROAD PADUCAH, KY 42003 61-1258960	FOUNDATION	KY	501(C)(3)	7	MERCY HEALTH PARTNERS - LOURDES INC		No

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
LOURDES HOSPITAL AUXILIARY GIFT SHOP 1530 LONE OAK ROAD PADUCAH, KY 42003 61-0927805	FUNDRAISING	KY	501(C)(3)	11 - Type III - FI	LOURDES FOUNDATION INC		No
MARCUM AND WALLACE MEMORIAL HOSPITAL INC 60 MERCY COURT IRVINE, KY 40336 61-0927491	HOSPITAL	KY	501(C)(3)	3	MERCY HEALTH PARTNERS - LOURDES INC		No
MARCUM AND WALLACE HOSPITAL FOUNDATION INC 60 MERCY COURT IRVINE, KY 40336 32-0026557	FOUNDATION	KY	501(C)(3)	11 - Type III - FI	MARCUM AND WALLACE MEMORIAL HOSPITAL INC		No
MERCY HEALTH PARTNERS INC 900 EAST OAK HILL AVE KNOXVILLE, TN 37917 73-1627534	REGIONAL PARENT	TN	501(C)(3)	11 - Type I	CATHOLIC HEALTH PARTNERS		No
MERCY HEALTH SYSTEM INC 900 EAST OAK HILL AVE KNOXVILLE, TN 37917 62-0480068	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		No
ST MARY'S MEDICAL CENTER OF CAMPBELL COUNTY INC 923 EAST CENTRAL AVE LAFOLLETTE, TN 37766 62-1817376	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		No
MERCY HEALTH PARTNERS FOUNDATION INC 900 EAST OAK HILL AVE KNOXVILLE, TN 37917 62-1247676	FOUNDATION	TN	501(C)(3)	7	MERCY HEALTH PARTNERS INC		No
JEFFERSON MEMORIAL HOSPITAL INC 110 HOSPITAL DRIVE JEFFERSON CITY, TN 37760 62-1660663	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		No
JEFFERSON MEMORIAL FOUNDATION INC 110 HOSPITAL DRIVE JEFFERSON CITY, TN 37760 62-1660666	FOUNDATION	TN	501(C)(3)	11 - Type III - FI	JEFFERSON MEMORIAL HOSPITAL INC		No
ST MARY'S MEDICAL CENTER OF SCOTT COUNTY INC 18797 ALBERTA STREET ONEIDA, TN 37841 26-1535503	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		No
THE BAPTIST HEALTH SYSTEM FOUNDATION INC 101 BLOUNT AVE BOX 1788 KNOXVILLE, TN 37920 58-1565290	FOUNDATION	TN	501(C)(3)	7	MERCY HEALTH PARTNERS INC		No
BAPTIST HOSPITAL OF EAST TENNESSEE INC 137 BLOUNT AVE KNOXVILLE, TN 37920 62-0506166	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		No
BAPTIST HOSPITAL OF COCKE COUNTY INC 435 SECOND STREET NEWPORT, TN 37821 62-1133149	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		No
MERCY HEALTH AND REHABILITATION CENTER INC 3916 BOYDS BRIDGE PIKE KNOXVILLE, TN 37917 62-1592992	REHAB CENTER	TN	501(C)(3)	9	MERCY HEALTH PARTNERS INC		No
MERCY HEALTH PARTNERS - NORTHEAST REGION INC 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2813196	REGIONAL PARENT	PA	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		No
MERCY HEALTHCARE FOUNDATION 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2972928	FOUNDATION	PA	501(C)(3)	11 - Type III - FI	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
MERCY HOSPITAL SCRANTON PA 746 JEFFERSON AVENUE SCRANTON, PA 18510 24-0795456	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
MERCY COMMUNITY CARE CORPORATION 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2310566	MEDICAL CARE	PA	501(C)(3)	9	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
MERCY MED-CARE INC 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2261991	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
MERCY HOSPITAL NANTICOKE 128 W WASHINGTON ST NANTICOKE, PA 18634 23-2604818	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
MERCY HOSPITAL OF WILKES-BARRE 746 JEFFERSON AVENUE SCRANTON, PA 18510 24-0795625	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
MERCY HEALTH CARE CENTER 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2322809	HOSPITAL	PA	501(C)(3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
MERCY TYLER HEALTH SYSTEMS 880 SR 6W TUNKHANNOCK, PA 18657 23-2772476	SUPPORTING ORG	PA	501(C)(3)	11 - Type II	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		No
MERCY TYLER HOSPITAL 880 SR 6W TUNKHANNOCK, PA 18657 24-0779665	HOSPITAL	PA	501(C)(3)	3	MERCY TYLER HEALTH SYSTEMS		No
MERCY TYLER HOME HEALTH SERVICES 880 SR 6W TUNKHANNOCK, PA 18657 23-2723529	IN-HOME MEDICAL CARE	PA	501(C)(3)	9	MERCY TYLER HEALTH SYSTEMS		No
SIENA SPRINGS 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1052772	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
SIENA SPRINGS II 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1591780	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
CHARLES MEADOW CORPORATION 615 ELSINORE PLACE CINCINNATI, OH 45202 34-1552671	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
CHARLES CREST CORPORATION 615 ELSINORE PLACE CINCINNATI, OH 45202 34-1399869	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
CHARLES CREST II CORPORATION 615 ELSINORE PLACE CINCINNATI, OH 45202 34-1714407	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
ST THERESA VILLAGE INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1411529	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
SACRED HEART VILLAGE INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1411531	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
SACRED HEART VILLAGE II INC 615 ELSINORE PLACE CINCINNATI, OH 45202 61-1339396	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
SACRED HEART VILLAGE III INC 615 ELSINORE PLACE CINCINNATI, OH 45202 61-1367719	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
MCAULEY MANOR INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1548500	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
DUBLIN MANOR INC 615 ELSINORE PLACE CINCINNATI, OH 45202 02-0655254	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
MERCY MANOR INC 615 ELSINORE PLACE CINCINNATI, OH 45202 61-1344092	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
ST MARY'S VILLA INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1548512	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
RIVERVIEW ST MARY'S INC 615 ELSINORE PLACE CINCINNATI, OH 45202 62-1782683	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No
ST MARY'S VILLA AT RIVERVIEW II INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1723287	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NWO INTEGRATED LABORATORIES MERCY LLC 2200 JEFFERSON AVENUE TOLEDO, OH 43624 34-1898285	LABORATORY SERVICES	OH	NA	N/A								
TIFFIN AMBULATORY SURGICAL ASSOCIATES 45 ST LAWRENCE DRIVE TIFFIN, OH 44833 37-1567866	AMBULATORY SURGERY CENTER	OH	NA	N/A								
MERCY HOSPITAL OF DEFIANCE LLC 1404 E SECOND ST DEFIANCE, OH 43512 02-0701635	HOSPITAL	OH	NA	N/A								
WEST CENTRAL OHIO REGIONAL HEALTHCARE ALLIANCE FORT AMANDA ROAD LIMA, OH 45804 34-1817078	REG HOSPITALS	OH	NA	N/A								
WEST CENTRAL OHIO SURGERY & ENDO CENTER 770 W HIGH ST SUITE 100 LIMA, OH 45801 34-1868154	AMBULATORY SURGERY CENTER	OH	NA	N/A								
NEW VISION MEDICAL LAB LLC 750 W HIGH STREET LIMA, OH 45801 34-1913433	LAB SERVICES	OH	NA	N/A								
WEST CENTRAL OHIO GROUP LTD 801 MEDICAL DRIVE LIMA, OH 45804 34-1848147	ORTHOPEDIC HOSPITAL	OH	NA	N/A								
KIDNEY SERVICES OF WEST CENTRAL OHIO 750 W HIGH STREET SUITE 100 LIMA, OH 45801 06-1644264	DIALYSIS CENTER	OH	NA	N/A								
ST ELIZABETH CARDIAC CATH LAB LLC 1044 BELMONT AVE YOUNGSTOWN, OH 44501 30-0023795	CARDIAC CATH LAB	OH	NA	N/A								
ST ELIZABETH SOUTHWOODS IMAGING 250 DEBARTOLO PLACE BLDG B YOUNGSTOWN, OH 44512 26-1626482	DIAGNOSTIC IMAGING	OH	NA	N/A								
UROLOGIC ONCOLOGY OF MAHONING VALLEY LLC 1044 BELMONT AVE YOUNGSTOWN, OH 44501 26-2989686	RADIATION THERAPY	OH	NA	N/A								
HMHPUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 27-1953122	SURGERY CENTER	TX	NA	N/A								
OSC-HMHP LLC 6505 MARKET ST BLDG B STE 101 BOARDMAN, OH 44512 01-0724836	ORTHOPEDIC SURGERY CENTER	OH	NA	N/A								
LOURDES AMBULATORY SURGERY CENTER 225 MEDICAL CENTER DRIVE PADUCAH, KY 42003 61-1258960	SURGERY CENTER	KY	NA	N/A								
EAST TENNESSEE DIAGNOSTIC CENTER LLC 1450 DOWELL SPRINGS BLVD SUITE 250 KNOXVILLE, TN 37909 20-4773300	DIAGNOSTIC SERVICES	TN	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST MARY''S AMBULATORY SURGERY CENTER LLC 1515 ST MARYS ST KNOXVILLE, TN 37917 62-1757542	SURGERY CENTER	TN	NA	N/A								

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
CHP INSURANCE LTD 615 ELSINORE PLACE CINCINNATI, OH 45202 98-0621978	INSURANCE	CJ	NA	C CORPORATION			
SISTERS OF MERCY WORKERS COMPENSATION SELF-INSURANCE TRUST 615 ELSINORE PLACE CINCINNATI, OH 45202 31-0990309	WORKERS COMPENSATION TRUST	MA	NA	TRUST			
MHSWO HEALTH VENTURES INC 1 S LIMESTONE ST SPRINGFIELD, OH 45502 31-1072139	PHYSICIAN PRACTICES	OH	NA	C CORPORATION			
NORTHPARKE MEDICAL COMMONS CONDO ASSN 333 N LIMESTONE ST SPRINGFIELD, OH 45503 31-1391230	REAL PROPERTY MGMNT	OH	NA	C CORPORATION			
MERCY HEALTH AFFILIATES INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1372633	PHYSICIAN SERVICES	OH	NA	C CORPORATION			
PHYSICIAN'S HEALTH COLLABORATIVE 2200 JEFFERSON AVENUE TOLEDO, OH 43604 20-3986844	MEDICAL & HOSPITAL SERVICES	OH	NA	C CORPORATION			
NORTHSIDE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1318438	RESIDENT RENTALS	OH	NA	C CORPORATION			
MERCY WORK SOLUTIONS 2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0066340	WORKERS COMPENSATION	OH	NA	C CORPORATION			
MERCY HEALTH SYSTEM PHO 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1778321	MEDICAL SERVICES	OH	NA	C CORPORATION			
PHYSICIAN MANAGED CARE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1565320	HEALTH SERVICES	OH	NA	C CORPORATION			
MCAULEY MANAGEMENT SERVICES INC 730 W MARKET STREET LIMA, OH 45801 34-1379037	PROPERTY RENTAL	OH	NA	C CORPORATION			
LIMA MEDICAL SUPPLIES INC 730 W MARKET STREET LIMA, OH 45801 34-0944477	MEDICAL EQUIPMENT	OH	NA	C CORPORATION			
COMMUNITY HEALTH PARTNERS ENTERPRISES INC 3700 KOLBE ROAD LORAIN, OH 44053 34-1455525	HOLDING COMPANY	OH	NA	C CORPORATION			
COMMUNITY HEALTH PARTNERS PHYSICIANS INC 3700 KOLBE ROAD LORAIN, OH 44053 34-1803352	PHYSICIAN PRACTICES	OH	NA	C CORPORATION			
AMC PHYSICIANS INC 200 W LORAIN STREET OBERLIN, OH 44074 37-1439554	PHYSICIAN SERVICES	OH	NA	C CORPORATION			
MERCY HEALTH VENTURES INC 4600 MCAULEY PLACE CINCINNATI, OH 45242 31-1185477	DIVERSIFIED ACTIVITIES	OH	NA	C CORPORATION			
MERCY FRANCISCAN AT WINTON WOODS I INC 10290 MILL ROAD CINCINNATI, OH 45231 31-1658668	LOW-INCOME HOUSING	OH	NA	C CORPORATION			
MERCY HEALTH MANAGEMENT INC 1530 LONE OAK ROAD PADUCAH, KY 42003 61-1086762	MEDICAL OFFICES	KY	NA	C CORPORATION			
HEALTH DYNAMICS INC 900 E OAK HILL AVENUE KNOXVILLE, TN 37917 62-1247729	MEDICAL EQUIPMENT SALES	TN	NA	C CORPORATION			
HEALTH VENTURES INC & SUBSIDIARIES P O BOX 1788 KNOXVILLE, TN 37901 62-1175587	MEDICAL SERVICES	TN	NA	C CORPORATION			

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
ANNE KILCAWLEY CHRISTMAN FOUNDATION 100 FEDERAL PLAZEA EAST YOUNGSTOWN, OH 44503 35-6735706	BENEFICIAL TRUST	OH	NA	TRUST			
RALPH EWE TRUST 270 PARK AVENUE NEW YORK, NY 10017 34-6866422	BENEFICIAL TRUST	NY	NA	TRUST			
ELIZABETH HINES CATES TRUST 1900 E 9TH STREET CLEVELAND, OH 44114 34-6515678	BENEFICIAL TRUST	OH	NA	TRUST			