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DLN: 93493134061573

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

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

riterriar	revende	Cervine					Inspection			
		G N-	r year, or tax year beginning 07-0 ne of organization	01-2011 and ending 06-30-201	.2	D Employer	identification number			
_	-	pplicable MEI	RCY HEALTH FOUNDATION JOPLIN							
_	ress ch	Doi	ng Business As			27-0906 E Telephone				
Na:	me chai	nge				(314)57	70-6100			
Init	ıal retui	ivui	nber and street (or P O box if mail is no	t delivered to street address) Room/s	uite	` ,	ipts \$ 1,665,386			
Ter	mınated	d 281	7 ST JOHNS BLVD			G Gloss lece	1,003,300			
— Am	ended i		or town, state or country, and ZIP + 4	_						
— _{App}	olication	Jop pending	lın, MO 64804							
			Name and address of principal o	officer	H(a) Takk		f			
		G	ary W Pulsıpher		affilia	s a group ret tes?	TYes ▼ No			
		I	B17 ST JOHNS BLVD				· _ · _			
		1	plin, MO 64804		1 ' '	l affiliates inc				
r Ta	x-exem	pt status 🔽	501(c)(3)	o)	_		list (see instructions)			
				- 1317(d)(1) 61 327	H(c) Grou	p exemption	number 🟲 0928			
J W	ebsite	∷ ⊨ WWW ME	RCY NET							
∢ For	n of org	ganization 🔽 Co	orporation Trust Association Oth	her ►	L Year of fo	rmation 2009	M State of legal domicile			
		G					МО			
Ра	rt I	Summar								
			e the organization's mission or m ERS OF MERCY BEFORE US, WE		MINISTRY C	NE IECHO TE	AROLICH OLIR			
au			NATE CARE AND EXCEPTIONA		3 MINISIKI C	71 71 30 3 11	INOUGITOUN			
Governance	-									
Ē	-									
9 9	-	Chack this be	x 📭 if the organization disconting	aued its operations or disposed	of more than 3	5% of the no	it accets			
			,			1	1			
ර ග			ing members of the governing boo			<u> </u>	3			
Acuvines			ependent voting members of the g	, , , ,	•	<u> </u>	4			
Ę			of individuals employed in calend				5			
ă			of volunteers (estimate if necessa			<u> </u>	6			
			d business revenue from Part VII	* **		<u> </u>	'a 			
	Ь	vet unrelated	business taxable income from Fo	rm 990-1, line 34			'b			
					Prio	r Year	Current Year			
o o	8		ns and grants (Part VIII, line 1h)			565,166				
Revenue	9	_	vice revenue (Part VIII, line 2g)				0			
<u>\$</u>	10		ıncome (Part VIII, column (A), lı	, , ,		57,979				
	11		ue (Part VIII, column (A), lines 5			-36,58	1 -82,2			
	12		ue—add lines 8 through 11 (must		e	586,564	1,570,1			
	13		sımılar amounts paıd (Part IX, co			142,99				
	14		d to or for members (Part IX, colu	, ,,			0			
	15		ner compensation, employee bene							
8	-	5-10)	,,,,,	(, (,		182,943 47,0				
Expenses	16a	Professiona	l fundraising fees (Part IX, colum	n (A), lıne 11e)		0				
8	ь	Total fundraisii	ng expenses (Part IX, column (D), line 2!	5) 🕦 47,062						
ш	17	O ther exper	nses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		79,77	3 111,8			
	18		ses Add lines 13–17 (must equa			405,709	9 592,6			
_	19	Revenue les	s expenses Subtract line 18 from	m line 12		180,85	5 977,5			
8 ያ						of Current	End of Year			
e iii					Y	ear				
88 E	20		s (Part X, line 16)				<u> </u>			
5 E			ies (Part X, line 26)			543,018				
				I from line 20		2,175,958	2,751,2			
Net Assets or Eurol Batances	17 18 19	Other exper Total expen Revenue les	nses (Part IX, column (A), lines 1 ses Add lines 13–17 (must equa s expenses Subtract line 18 fror	1a-11d, 11f-24e)	Beginning	405,709 180,859 of Current	End of Ye			
3. 2. 2.	21						+			
	22		or fund balances Subtract line 21	I from line 20		2,175,958	2,751,2			
	rt II	Signatur								
now	ledge a ledge.		I declare that I have examined this true, correct, and complete. Declarations of the control of		er) is based on a					
Sign Hero										
	-	Shelly Hunte Type or prin	er CFO t name and title							
				D-1-	Charle &					
		Preparer's signature			Check If self-	Preparer's ta (see instruct	xpayer identification numberions)			
Paid		agnature F			employed 🕨 🦵		,			
•	arer's	Firm's name (c		I L		EIN Þ				
Use (Only	If self-employe address, and Z		TE 1300		LIIN F				
			190 9, 110119 2221 1 2 12 1 901			Phone no	(314) 290-1000			
		1	CLAYTON, MO 63105			1				

May the IRS discuss this return with the preparer shown above? (see instructions)

including grants of \$

The Healthy and Active Communities (H&AC) Initiative, funded by the Missouri Foundation for Health (MFH), is designed to target communities across Missouri that may be at an increased risk for obesity. The H&AC Initiative supports community-based organizations implement healthy eating and physical activity programs.

43,221) (Revenue \$

Form 990 (2011)

81,907) (Revenue \$

43,221

443.096

including grants of \$

(Code

(Expenses \$

4c

4d

) (Expenses \$

91.268

Other program services (Describe in Schedule O)

Total program service expenses►\$

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	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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		No
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 1	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		Νo
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? <i>If "Yes," complete Schedule D, Part V</i>	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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
С	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	Yes	
е	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		No
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
	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	Yes	
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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If</i> "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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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?	38	Yes	

01111 5 5 0 (2011)	ray
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
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
ı	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
1	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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
ь				140
_	If "Yes," enter the name of the foreign country ►			
	23333 assisting for ming requirements for Form FD F 20-22 T, Report of Foreign bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	JU		
_	IT 163 to fine 3a of 3b, and the organization me Form 6000-17	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	20		
2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
u	services provided to the payor?	, a	165	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	711		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	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 Then the appropriate force and the state of the state			
С	Enter the aggregate amount of reserves on hand 13c			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		110
•	In 163, has a media form 720 to report these payments' II IVO, provide an explanation in Schedule U	エーカリ	1	

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

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax								
14	year								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?								
5									
6	Did the organization have members or stockholders?	6	Yes						
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	Yes						
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	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	venue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	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?								
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	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	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							
Se	ection C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶								

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.

Own website Another's website Vpon 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

 JULIE EICHENBERGER
 2817 ST JOHNS BLVD
 JOPLIN, MO 64804
 (417) 625-2217

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Miscy	organizations
(1) Susan Adams Board member	1 0	х						0	0	0
(2) Nancy Bazzano Board member	1 0	Х						0	0	0
(3) Bennie Crossland Board member	1 0	х						0	0	0
(4) Christopher Dumm Board member	1 0	×						0	0	0
(5) Anthony Greenwood DDS Board member	1 0	х						0	0	0
(6) Treva Kennedy Board member-through 08/2011	40 0	х						0	109,020	8,509
(7) Betty McBride Board member	1 0	Х						0	0	0
(8) Sarah Pinjuv Board member	1 0	Х						0	0	0
(9) Ryan Stanley Board member	1 0	Х						0	0	0
(10) Daniel Stengel Board member	1 0	Х						0	0	0
(11) D Mitchell Stinnett MD Board member/Physician Liaison	20 0	Х						0	16,725	11,922
(12) Theresa Wachter Board member & VP-Mission	60 0	Х						0	166,559	14,067
(13) Frederic Wheeler DO Board member	1 0	х						0	0	0
(14) Gary Pulsipher Chief executive officer	60 0	х		Х				0	455,036	161,622
(15) Shelly Hunter Chief financial officer	60 0			Х				0	242,510	34,525
(16) GARY JORDAN FORMER OFFICER	0 0						х	0	244,637	3,063

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

	(A) Name and Title	(B) (C) A verage Position (do not check more than one box, unless person is both week an officer and a director/trustee)							Repo compo froi organiz	(D) ortable ensation in the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of othe compensation from the organization an	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			·		organiza	
1b	Sub-Total				<u> </u>	-	<u> </u>	<u> </u>			ı	1		
c	Total from continuation sheets t							P						
d	Total (add lines 1b and 1c) .							F		0	1,234,4	87		233,708
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	receive	d more tha	an			
													Yes	No
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sch</i>						mploy •	ee, o	r highes	t compens	ated employee	3	Yes	
4	For any individual listed on line 1 organization and related organization													
5	Individual Did any person listed on line 1a									anızatıon (or individual for	4	Yes	
	services rendered to the organize	ation? <i>If</i> "Yes," (complet	e Sch	edul	e J f	or suct	h per:	son .		•	5		No
	ction B. Independent Cont													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	Nam	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
												\pm		
												\dashv		
	Fotal number of independent contr \$100,000 of compensation from t			ot lin	nıted	l to	those	liste	d above)	who recei	ved more than			

Form 9								Page 9
Part \	<u> </u>	Statement of	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
\$ \$2	1a	Federated cam	paigns 1a	172,960				
E I	Ь	Membership du	ies 1 b					
%. ⊞	C	Fundraising ev	ents 1c	54,573				
∄ੁ≅	d		zations 1d	653,128				
£ E E	e	Government grant						
ufio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	696,300				
^돌	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	h		sla-1f	▶	1,576,961			
	+			Business Code				
mue	2a							
Program Serwce Revenue	b							
93	c							
E.	d							
<i>9</i>	e							
Z 2	f	All other progra	am service revenue					
ž	g	Total. Add line:	s 2a-2f		0			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			aramounts)	-	47,050			47,050
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	0			
	5	Royalties .	(ı) Real	(II) Personal	0			
	6a	Gross rents	(I) Keal	(II) Fersonal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)	<u> </u>				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	28,431					
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)	28,431					
	d	Net gain or (los	ss)		28,431			28,431
æne	8a	events (not inc \$54	,573					
Other Revenue	ь	See Part IV, lır	s reported on line 1c) ne 18 a spenses b	12,944 95,236				
₹	c		(loss) from fundraising	,	-82,292			-82,292
	9a		from gaming activities ne 19 a					
	Ь		penses b					
	С 10а		(loss) from gaming acti inventory, less	vities	0			
		returns and allo	owances .					
	c c		oods sold b (loss) from sales of ınv	entory ►	0			
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							<u> </u>
	c	A.II						
	d		ue s 11a-11d					
	e	iotai. Aud iiile:	3 11G-11U	•	0			
	12	Total revenue.	See Instructions .	▶	1,570,150			-6,811

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

<u>_</u>	teck it selledule of contains a response to any question in this rare ix	' ' ' '	(D)	(0)	/5 \
	ot include amounts reported on lines 6b, o, 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	270.020	270.020		
	·	379,920	379,920		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	53,815	53,815		
3	Grants and other assistance to governments,				
3	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			17.055
7	Other salaries and wages	47,062			47,062
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)				
а	Management	2,948		2,948	
ь	Legal	0			
С	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	13,602		13,602	
g	Other	0		13,002	
12	Advertising and promotion	113,767		33,150	80,617
13	Office expenses	17,153		10,731	6,422
14	Information technology	36,000		36,000	0,722
15	Royalties	30,000		30,000	
16	Occupancy	0			
16 17	Travel	0			
		<u> </u>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	13,503		4,779	8,724
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)				
а	EDUCATION AND SEMINAR	5,320	5,320		
b	SPECIAL EVENTS EXPENSES	-95,236			-95,236
c	CHAPEL AND GIBBONS ANNUITY	4,041	4,041		·
d	All other expenses	725		1,252	-527
e	·				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	592,620	443,096	102,462	47,062
26	Joint costs. Check here ► ☐ If following	392,620	443,096	102,402	47,002
20	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				
	The state of the s			F	orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 375,904 1,502,937 1 354, 183 2 154,786 2 3 0 3 0 0 57.683 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 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 0 0 6 0 0 7 0 0 8 0 0 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 0 10c 1,769,070 11 1,851,204 11 0 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 219,819 15 219,819 15 2,718,976 3,786,429 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 543,018 17 0 17 Accounts payable and accrued expenses . 18 18 0 0 19 19 20 0 20 0 0 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 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 0 25 1,035,179 D 26 543,018 26 1,035,179 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 133,804 27 60,544 Unrestricted net assets 1,822,335 28 2,470,887 28 Temporarily restricted net assets Fund 29 219,819 29 219,819 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 2.175.958 33 2,751,250 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 2.718.976 34 3.786.429

	LAI	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total	revenue (must equal Part VIII, column (A), line 12)	_			
_	-	() () () () () () () () () ()	1		1,5	570,15
2	Lotal	expenses (must equal Part IX, column (A), line 25)	2		5	592,62
3	Rever	nue less expenses Subtract line 2 from line 1				.77.52
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			977,53 L75,95
5	O ther	changes in net assets or fund balances (explain in Schedule O)	5		- 4	102,23
6	Net a: (B))	ssets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column	6		2,7	751,25
Pai	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response to any question in this Part XII		•	৮	•
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in dule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
c	audıt,	s," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? organization changed either its oversight process or selection process during the tax year, explain its of the control of the		2c	Yes	
d		s" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i eparate basis, consolidated basis, or both	ssued			
	Γs	eparate basis 🔽 Consolidated basis 🗆 Both consolidated and separated basis				
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Adult Act and OMB Circular A-133?	e	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the i or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Name of the organization MERCY HEALTH FOUNDATION JOPLIN 27-0906136

Pai	t I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must com	plete this p	art.) See ıı	nstructions	
The o	rganı			te foundation becaus							
1		A chur	ch, convent	on of churches, or a	ssociation of	churches :	section 170(b)(1)(A)(i).			
2	Γ	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	Γ	A hosp	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the nospital's name, city, and state								
5 6 7 8 9		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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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	\vdash	•			•			•	•		
11	<u></u>	An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 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									
e f g	1	other the section of the ocheck the Since A	nan foundat 1509(a)(2) rganization this box August 17, 2	ox, I certify that the on managers and ot received a written d	her than one	or more put	olicly support	ed organizat Type I, Type	ions describ	ed in section	n 509(a)(1) or
			ig persons? erson who di	rectly or indirectly c	ontrols, eithe	eralone ort	ogether with	persons des	cribed in (ii)		Yes No
		and (111) below, the	governing body of th	ne the suppor	ted organiz	atıon?			11g	(i)
		(ii) a fa	mily memb	er of a person descri	bed in (i) abo	ve?				11g	(ii)
		(iii) a 3	35% contro	lled entity of a perso	n described i	ın (ı) or (ıı) a	above?			11g((iii)
h		Provide	the follow	ng information about	the supporte	ed organızat	ion(s)				
S	supported or lines 1- 9 above or IRC section or IRC section document? Col (i) listed in col (i) of your col (i) organized support? In the U S? Amount support?							(vii) A mount of support?			
	(see Instructions)) Yes No Yes No Yes No							1			
				,,,							
Total											

instructions

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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 0 270,236 565,166 1,576,961 2,412,363 include any "unusual grants ") 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 0 270,236 565,166 1,576,961 2,412,363 ol Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 727,319 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public Support. Subtract line 5 from 1,685,044 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 **(e)** 2011 (f) Total beginning in) 0 270,236 565,166 1,576,961 2,412,363 Amounts from line 4 Gross income from interest, dividends, payments received on 51,220 47,050 securities loans, rents, royalties 98,270 and income from similar sources 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 2,510,633 through 10) Gross receipts from related activities, etc (See instructions) 12 12 35,699 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, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 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

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493134061573

OMB No 1545-0047

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.

Open to Public Inspection

	me of the organization RCY HEALTH FOUNDATION JOPLIN	Emp	Employer identification number				
ME	RCY HEALTH FOUNDATION JOPLIN	27-0906136					
Ρā	rt I Organizations Maintaining Donor Ad				Complet	te if the	
	organization answered "Yes" to Form 99			TLX F	h		
	Tabel wombon at and of years	(a) Donor advised funds	(b) Funds and ot	ner accou	nts	
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3 4	Aggregate grants from (during year)						
	Aggregate value at end of year						
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organization's exclusive legal control?			┌ Yes	┌ No	
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben				┌ Yes	□ No	
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to	o Form	a QQN Dart IV		110	
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	rganization (check all that apply) on or pleasure)	histori ertified	cally importantl d historic struct	y land are	a	
	easement on the last day of the tax year	1		Held at the I	End of the	Year	
а	Total number of conservation easements		2a	Tield at the	ina or the	1041	
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified his	toric structure included in (a)	2c				
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d				
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization d	uring		
4	Number of states where property subject to conserva	ation easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No	
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents di	uring the year 🛌			
7	A mount of expenses incurred in monitoring, inspectiness	ng, and enforcing conservation easements	durıng	the year			
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No	
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial					
Pai	Complete of the organization answered	ns of Art, Historical Treasures, ('Yes" to Form 990, Part IV, line 8.	or Otl	ner Similar A	ssets.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	ch in fu			— — ≘,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir					
	(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, histofollowing amounts required to be reported under SFA		r finan				
а	Revenues included in Form 990, Part VIII, line 1			► \$			

b Assets included in Form 990, Part X

Par	term Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	ther	· Simila	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie foll	owing	that are	a significa	ant us	se of its c	ollectio	n	
а	Public exhibition d Loan or exchange programs											
b	Scholarly research e Other											
C	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	er the or	ganızatıor	ı's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontribu	itions or	other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			Amoi	ınt	
c	Beginning balance						-	1c				
d	Additions during the year						F	1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	217				L			Г	Yes	
b										,	. 05	,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	t IV. line	10.		
		(a)Current Year		Prior `			Years Back		hree Years		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	that a	re hel	d and ad	mınıstere	d for t	the			
	organization by									2-(:)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
ь	(ii) related organizations							٠. ٠		3b	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of th							-			1	<u> </u>
Pai	rt VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line :	10.						
	Description of property		•			or other estment)	(b)Cost or basis (ot			umulated ciation	(d) B	ook value
1a	Land											
	Buildings		•	<u> </u>							_	
С	Leasehold improvements		•	\vdash								
	Equipment		•								_	
	Other											
Tota	al. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)	, line	10(c).)	٠			▶			

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-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. Se		13	
			od of valuation
(a) Description of investment type	(b) Book value		f-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, II	ne 15.		
(a) Descri	ption		(b) Book value
(1) PERM REST HEALING GARDEN FUND			24,900
(2) PERM REST ELDER & INDIG FUND			43,443
(3) PERM REST ENDOWMENT FUND			151,476
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		219,819
Part X Other Liabilities. See Form 990, Part X			/-
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	_		
	0		
DUE TO AFFILIATES	1,035,179		
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,035,179		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	No. 4
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per i	Keturn
-	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses]	
d	Other (Describe in Part XIV)	<u> </u>	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV , li	ines 1 b and 2 b,

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 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
FORM 990, SCHEDULE D, PART X, LINE 2		THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MERCY HEALTH AND AFFILIATES DO NOT INCLUDE A FOOTNOTE TO REPORT THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER ASC 740, AS THEY ARE DEEMED IMMATERIAL FOR DISCLOSURE

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DLN: 93493134061573

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

	ne of the organization CCY HEALTH FOUNDATION	N 10 DI IN					Employer idei	ntification number
T L P	CO HEALTH FOUNDATION	N JOPEIN				:	27-0906136	
Pa	rt I Fundraising Ac	tivities. Complet	te if the o	organiza	tion answered "Yes"	to Form 9	990, Part IV	, line 17.
1	Indicate whether the organ	nızatıon raısed funds	through	any of the	following activities Ch	eck all tha	t apply	
а	Mail solicitations			е	□ Solicitation of no	-	-	
b	Internet and e-mail so	licitations		f	Solicitation of go		grants	
С	Phone solicitations							
d	In-person solicitations	s						
2a	Did the organization have or key employees listed in	Form 990, Part VII	() or entity	/ in conne	ection with professional	fundraising	g services?	┌ Yes ┌ No
ь	If "Yes," list the ten highes to be compensated at leas							
((i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or ret fundrais	ount paid to ained by) er listed in ol (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
				_				
Tota	il							
3	List all states in which the licensing	organization is regi	stered or	licensed t	o solicit funds or has b	een notifie	d it is exempt	from registration or

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	63,000			63,000
Revenue	2	Less Charitable contributions	54,276	5		54,276
	3	Gross income (line 1 minus line 2)	8,724	1		8,724
	4	Cash prizes	55,050			55,050
w	5	Non-cash prizes	9,760			9,760
euse.	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment	8,724	1		8,724
à	9	Other direct expenses .	17,48	1		17,481
	10	Direct expense summary Add lin	es 4 through 9 in columr	n (d)		(91,015)
	11	Net income summary Combine lii	nes 3 and 10 in column ((d)		-82,291
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	•
Ф		\$13,000 OH FOHH \$90-LZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Revenue	1 .	Gross revenue		bingo/progressive bingo		(Add col (a) through col (c))
Jses	2	Cash prizes				1
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	┌ Yes	Г Yes Г No	
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🛌	
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate No," Explain	gaming activities in eac	h of these states?		Yes No
10a b		e any of the organization's gaming l 'es," Explain	icenses revoked, suspe	nded or terminated during	the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3			
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No			
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity					
	formed to administer charitable (gamıng?		· · · · F Yes F	- No			
13	Indicate the percentage of gamii	ag activity operated in		1 1				
a				13a				
b								
14		f the person who prepares the organiza						
	Name ►							
	Address ►							
	revenue?	ntract with a third party from whom the			_ No			
	amount of gaming revenue retained by the third party 🟲 \$							
С	If "Yes," enter name and address							
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation I	\$ \$						
	Description of services provided	>						
17 a		Employee er state law to make charitable distribu		· · ·	- No			
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-			
_		activities during the tax year > \$		hadala C /				
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see				
	Identifier	ReturnReference	Explana	tion				
		•	•					

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493134061573

Department of the Treasury Internal Revenue Service Name of the organization

MERCY HEALTH FOUNDATION JOPLIN

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

Open to Public Inspection Employer identification number

MERCY HEALTH FOUNDATION	NJOPLIN					27-0906136	
Part I General Inform	nation on Grants	s and Assistance				•	
 Does the organization main the selection criteria used Describe in Part IV the organization 	d to award the grants	or assistance?			ity for the grants or ass	sistance, and	✓ Yes
Form 990, Part I	V, line 21 for any	o Governments and recipient that received 90) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Mercy Hospital Joplin 2727 MCCLELLAND BLVD JOPLIN,MO 64804	27-0814858	501(C)(3)	359,920				TO SUPPORT THE OPERATING AND CAPITAL NEEDS OF THE HOSPITAL IN ORDER TO BENEFIT ALL PATIENTS
(2) Community Health Clinic of Joplin701 Joplin Ave Joplin, MO 64801	43-1643962	501(c)(3)	20,000				Support Health Clinic operations
2 Enter total number of sect 3 Enter total number of othe							2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the	he 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SUNSHINE FUND GRANTS - EMPLOYEE DISASTER FUND	29	53,815			

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
, ,		THE ASSISTANCE PROVIDED IS INTENDED TO BE USED FOR THE GENERAL OPERATING PURPOSES OF THE DONEE
PART I, LINE 2	Procedures for Monitoring the Use of Grants	THE USE OF GRANT FUNDS IS NOT MONITORED AFTER GRANTS ARE GIVEN

Schedule I (Form 990) 2011

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DLN: 93493134061573

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MERCY HEALTH FOUNDATION JOPLIN 27-0906136 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Yes 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Nο If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior			
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		compensation	Deficits	(6)(1)-(0)	Form 990 or Form 990-EZ			
(1) Theresa Wachter	(1) (11)	0 145,881	0 14,892	0 5,786	0 8,110	0 5,957		0			
(2) Gary Pulsipher	(I) (II)	0 333,768	0 93,709	0 27,559	0 146,910	0 14,712	0 616,658	0 0			
(3) Shelly Hunter	(I) (II)	0 178,819	0 38,561	0 25,130	0 25,240	0 9,285	0 277,035	0 0			
(4) GARY JORDAN	(I) (II)	0 6	0 17,347	0 227,284	0 3,063	0 0	0 247,700	0 0			

Part III Supplemental Information

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

Explanation
FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH FOR THOSE CLASSIFIED AS KEY EMPLOYEES, MERCY HEALTH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR FORM 990, Schedule J, Part I, Question 4A The following individual received a severance payment during calendar 2011 Gary Jordan, \$227,284 FORM 990, Schedule J, Part I, Question 4b Mercy Health offers supplemental retirement plans to certain executives which provide benefits upon retirement based on compensation, age at the time of benefit commencement, length of service with the company and/or its affiliates, and length of tenure in the plan. The individuals reportable on this return who participate in the supplemental retirement plans include. Gary Pulsipher and Shelly Hunter. The amount of all accrued benefits is not used to compensation amounts provided in Schedule J, Part II, Column (C).
- 1 - 2 - 5 - 6

Schedule J (Form 990) 2011

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DLN: 93493134061573

OMB No 1545-0047

Inspection

SCHEDULE 0 (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.

Name of the organization MERCY HEALTH FOUNDATION JOPLIN Employer identification number 27-0906136

FORM 990, PART V, AND FORM 1099 AND FORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE ENTIRE MERCY HEALTH SYSTEM (WITH QUESTION 1096 LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN FORM 990, PART V, QUESTION 2A W-2 AND W-3 EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDING W-2 AND W-3'S) WAS REPORTED UNDER THE RELATED ORGANIZATION'S EIN FORM 990, PART VI, QUESTION 6 AND 7 MEMBERS OR STOCKHOLDERS THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH SOUTHWEST MISSOUR/KANSAS COMMUNITIES THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITES SHALL BE RESERVED TO THE CORPORATE MEMBER AND SHALL REQUIRE THE ACTION OR APPROVAL, AS APPLICABLE, OF THE CORPORA MEMBER -ADOPTION OF OR REVISIONS TO THE PHILOSOPHY, MISSION AND VALUES ACCORDING TO WHICH CORPORATION IS OPERATED, -APPROVAL OR ADOPTION OF ANY AMENDMENTS OF THESE BYLAWS, -ADOPTION OF A PLAN OF MERGER, DISSOLUTION OR CONSOLIDATION OF THE CORPORATION, -AUTHORIZATION OR APPROVAL, AS APPLICABLE, OF THE SALE OR SERIES OF RELATED SALES WHICH AT THE OUTSET ARE	Identifier	Return Reference	Explanation
CORPORATIONS PROPERTY. "APPOINTMENT OR REMOVAL, WITH OR WITHOUT CAUSE, OF THE PRESIDENT OF THE CORPORATION (OR HE'S OR HER SUBSTITUTE OR SUCCESSOR), AUTHORIZATION OR AFPOVAL, AS APPLICABLE, OF THE SALE, CONVEYANCE, LEASE, TRANSFER, OR DISPOSITION OF THE CORPORATIONS PROPERTY. "AUTHORIZATION OR AFPROVAL, OR AMPHOMENT, AS APPLICABLE, OF THE STRATEGIC AND FINANCIAL PLANS, GOALS AND OSLECTIVES OF THE CORPORATION INCLUDING, WITHOUT LIMITATION, THE OPERATING AND CAPITAL BUDGE NOURSENCE OF DEBT, INVESTIMENT FINANCIAL TRANSES AND CAPITAL LESS. "APPOINTMENT OR REMOV.) WITH OR WITHOUT CAUSE, OF BOARD MEMBERS AS SET FORTH IN ARTICLE V AND AUTHORIZATION OR APPROVAL, AS APPLICABLE, OF ANY UNBUDGETED EXPENDITURES OR UNBUDGETED INCREDIC OF DEBT. THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION IN EXCESS OF THOSE AMOUNTS PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION OF COVERNORS OF THE POLICY PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION OF COVERNORS OF THE POLICY PERMITTED BY THE POLICY ESTABLISHED BY THE CORPORATION OF COVERNORS OF A PROPERCE BY AND INDEPENDENT ACCOUNTING FIRM, USED IN POLICY OF COVERNORS OF THE POLICY BY THE POLICY SECONDARY OF THE POLICY BY	FORM 990, PART V, QUESTION	Reference FORM 1099 AND FORM	VENDORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY HEALTH (BIN 43-1423090). AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1098 REPORTING IS MADE FOR THE ENTIRE MERCY HEALTH SYSTEM (WITH LIMITED EXCEPTIONS). LINDER THE MERCY HEALTH SIN FORM 399, ART V., QUESTION 2A W-2 AND W-3 BERLOYEES ARE PAID BY A RELATED ORGANIZATION LINDER A COMMON PAY WAS STER ARRANGEMENT. AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDINS W-2 AND W-3 S) WAS REPORTED UNDER THE RELATED ORGANIZATION SEN FORM 399. PART VI., QUESTION 6 AND V-3 S) WAS REPORTED UNDER THE RELATED ORGANIZATION HAS A SOLE CORPORATE MEMBER. MERCY HEALTH SOUTHWEST MISSOLRIKANISAS OCCUMULATIONS EN FORM 399. PART VI., QUESTION 6 AND YEAR SHOWS SHALL BE RESERVED TO THE COPRORATE MEMBER AND SHALL REQUIRE THE ACTION OR APPROVAL. AS APPLICABLE OF THE CORPORATE COMMONITIES THE FOLLOWING CORPORATE PERWERS AND RESPONSIBL LIFE SHALL BE RESERVED TO THE COPRORATE MEMBER AND SHALL REQUIRE THE ACTION OR APPROVAL. AS APPLICABLE OF THE CORPORATE COPRORATION IS CIPERATED. APPROVAL OR ADOPTION OF ANY AMBIDMENT OF THE ARTICLES OF INCOPPORATION OF THE CORPORATION OR CONSOLIDATION OF THE CORPORATION. AUTHORIZATION OR APPROVAL AS APPLICABLE OF THE SALE OR SERIES OF RELATED SALES WHICH AT THE OUTSICL ARE INTERCED BY THE CORPORATION TO LITIMATELY RESULT IN THE SALE OF ALL OR SUBSTIBILITY. AUTHORIZATION OR APPROVAL AS APPLICABLE, OF THE SALE OR SERIES OF RELATED SHORM SHIP AND ALL OR SUBSTIBILITY. AUTHORIZATION OR APPROVAL AS APPLICABLE, OF THE SALE OR SERIES OF RELATED SHORM SHIP AND ALL OR SUBSTIBILITY. ALL OF THE CORPORATION (ICR HIS OF HER SUBSTIBILITY OR SALE OF THE SALE OR AND ALL OR SUBSTIBILITY. ALL OF THE CORPORATION (ICR HIS OF HER SUBSTIBILITY OR SALESSE), AUTHORIZATION OR APPROVAL, AS APPLICABLE OF THE SALE, CONNEY AND ELEMENT OR THE SALE OR AND ALL OR SUBSTIBILITY. AUTHORIZATION OR APPROVAL OR AREA SHAPE AND ALL PROBABILITY OR ALL OR SUBSTIBILITY. AUTHORIZATION OR APPROVAL OR AREA SHAPE AND ALL PROBABILITY OR ALL OR SUBSTIBILITY. AUTHORIZATION OR APPROVAL OR THE PROBABILITY OR ALL OR

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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

DLN: 93493134061573

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization MERCY HEALTH FOUNDATION JOPLIN Employer identification numbers Employer								
Part I	Identification of Disregarded Entities (Comple	te if the organization	on answered "Yes'	' on Form 990, Pa	27-09061 art IV, line 33.)	36		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	(f) Direct controlling entity		
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete le tax year.)	ıf the organizatior	n answered "Yes"	on Form 990, F	Part IV, line 34 becau	se it had	one
	(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 statu (if section 501(c)(3		Section 5 cont	(g) 512(b)(13) trolled nization
See Additiona	l Data Table						Yes	No
							+-	
							+	
							+	
							+	
For Privacy	Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 50	135Y		Schedule R (Form 990) 2011

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	1		(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) Merc Ambu Surg CTR 7301 Rogers Av Fort Smith, AR 72903 71-0827721	AMBUL SURG CENTER	AR	NA									
(2) RES OPT & INNOV 645 Maryville Centre Dr 200 St Louis, MO 63141 46-0468368	CENTRAL DIST	МО	NA									
Ardmore, OK 73401 43-1971232	MRI Services	ОК	NA									
(4) Fort Smith EMS 1701 S Greenwood Fort Smith, AR 72901 71-0416615	Emergency Med	AR	NA									
(5) St Ed Mer Med MOB 7301 Rogers Ave Fort Smith, AR 72903 71-0554050	Office Building	AR	NA									

Part IV

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

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

che	dule R (Form 990) 2011		Рa	age 3
Pa	rt 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 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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		No
C	Gift, grant, or capital contribution from related organization(s)	1 c		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
1	Performance of services or membership or fundraising solicitations by related organization(s)	11		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
0	Reimbursement paid to related organization(s) for expenses	10	Yes	<u> </u>
p	Reimbursement paid by related organization(s) for expenses	1р		No
a	Other transfer of cash or property to related organization(s)	1q		No
_	Other transfer of cash or property from related organization(s)	1r		No
	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			
	The district country of the district of the instructions for information on who must complete this line, including covered relationships and consistent thresholds	(4)		

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY HOSPITAL JOPLIN	0	371,865	FMV
(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)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(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
FORM 990,	SUPPLEMENTAL	LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH AND SUBSIDIARIES THE MAJORITY OF THE
SCHEDULE R,	INFORMATION	INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES
PART V	FOR SCHEDULE R	WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT
		CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING
		ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINE O

Schedule R (Form 990) 2011

Software ID: **Software Version:**

EIN: 27-0906136

Name: MERCY HEALTH FOUNDATION JOPLIN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(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	Sectio (b)(contr	n 512 13) olled			
Hospital	AR	501(C) (3)	3	Mercy Health	Yes				
Shelter	ТХ	501(C) (3)	7	MM Laredo	Yes				
Inactive	тх	501(C) (3)	9	MHS-TX	Yes				
Port Mgmt	МО	501(C) (3)	11b	Mercy Health	Yes				
Phys Group	МО	501(C) (3)	9	MHEC	Yes				
Phys Clinic	AR	501(C) (3)	9	MHFSC	Yes				
Phys Clinic	AR	501(C) (3)	9	мннѕс	Yes				
Phys Group	ок	501(C) (3)	9	мнос	Yes				
Phys Group	МО	501(C) (3)	9	MHSC	Yes				
counseling	МО	501(C) (3)	7	Mercy Health	Yes				
Foundation	МО	501(C) (3)	11b	Mercy Health	Yes				
Sup Hith Sys	МО	501(C) (3)	1	NA		Νο			
HIth System	МО	501(C) (3)	11b	Mercy Health	Yes				
Holding Co	AR	501(C) (3)	11b	Mercy Health	Yes				
Foundation	ок	501(C) (3)	11a	MH Ardmore	Yes				
Foundation	AR	501(C) (3)	11a	MH Berryvill	Yes				
Foundation	KS	501(C) (3)	11c	Mercy KS Com	Yes				
Foundation	AR	501(C) (3)	11b	мннѕ	Yes				
Foundation	KS	501(C) (3)	11a	Mercy KS Com	Yes				
Foundation	AR	501(C) (3)	11c	MH Rogers	Yes				
	(b) Primary Activity Hospital Shelter Inactive Port Mgmt Phys Group Phys Clinic Phys Group Phys Group Counseling Foundation Sup Hith Sys Hith System Holding Co Foundation Foundation Foundation Foundation	Primary Activity Cic Legal Domicile (State or Foreign Country) Hospital AR Shelter TX Inactive TX Port Mgmt MO Phys Group MO Phys Clinic AR Phys Group OK Phys Group MO counseling MO Sup Hith Sys MO Hith System MO Holding Co AR Foundation OK Foundation AR Foundation KS Foundation KS	(b) (c) Legal Domicile section Exempt Code section Hospital AR 501(C) (3) Shelter TX 501(C) (3) Inactive TX 501(C) (3) Port Mgmt MO 501(C) (3) Phys Group MO 501(C) (3) Phys Clinic AR 501(C) (3) Phys Group MO 501(C) (3) Phys Group MO 501(C) (3) Phys Group MO 501(C) (3) Counseling MO 501(C) (3) Foundation MO 501(C) (3) Sup Hith Sys MO 501(C) (3) Hith System MO 501(C) (3) Houndation AR 501(C) (3) Foundation AR 501(C) (3) Foundation AR 501(C) (3) Foundation AR 501(C) (3) Foundation AR 501(C) (3)	Primary Activity	by (c) (d) (e) (d) (e) (f) (f) (f) Orrect Controlling (f) Orrect Controlling (f) Orrect Controlling Controlling (f) Orrect Controlling Cont	Primary Activity			

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	Sectio (b)(i contr organi	n 512 13) olled	
Mercy Health Foundation OF Oklahoma 4300 W Memorial Road Oklahoma City, OK 73120 45-4732301	Foundation	ОК	501(C) (3)	11a	мнос	Yes		
Mercy Health Foundation OK City	Foundation	ок	501(C) (3)	11a	мнос	Yes		
Mercy Health Foundation Springfield 1235 E Cherokee Street Springfield, MO 65804 32-0195818	Foundation	МО	501(C) (3)	11b	MHSC	Yes		
Mercy Health Foundation St Louis	Foundation	МО	501(C) (3)	11b	MHEC	Yes		
Mercy Health Foundation Washington 901 E Fifth Street Washington, MO 63090 56-2410022	Foundation	МО	501(C) (3)	11b	МНЕС	Yes		
Mercy Health Hot Springs Communities	Holding Co	AR	501(C) (3)	116	Mercy Health	Yes		
Rogers, AR 72758 62-1684203	Phys Group	AR	501(C) (3)	11b	Mercy Health	Yes		
Oklahoma City, OK 73120 73-1453048	Holding co	ок	501(C) (3)	11b	Mercy Health	Yes		
Springfield, MO 65804 43-1856028	Holding Co	МО	501(C) (3)	11b	Mercy Health	Yes		
Joplin, MO 64804 30-0584463	Hlth System	МО	501(C) (3)	11b	Mercy Health		No	
Chesterfield, MO 63017 74-2764727	Inactive	ТХ	501(C) (3)	11b	Mercy Health	Yes		
Berryville, AR 72616 87-0781247	Home Health	AR	501(C) (3)	11c	MH Sprngfld	Yes		
Ardmore, OK 73401 73-1500629	Hospital	ок	501(C) (3)	3	мнос	Yes		
Aurora, MO 65605 43-1936696	Hospital	МО	501(C) (3)	3	мнѕс	Yes		
Berryville, AR 72616 71-0759299	Hospital	AR	501(C) (3)	3	MHSC	Yes		
Carthage, MO 64836 45-3808607	Hospital	МО	501(C) (3)	3	мнѕмкс	Yes		
Mercy Hospital Cassville 94 Main Street Cassville, MO 65625 43-1936699 Mercy Hospital Columbus	Hospital	МО	501(C) (3)	3	MHSC	Yes		
220 Pennsylvania Avenue Columbus, KS 66725 27-0842031	Hospital	МО	501(C) (3)	3	мнѕмкс	Yes		
El Reno, OK 73036 27-2716065	Hospital	ок	501(C) (3)	3	мнос	Yes		
Mercy Hospital Fort Smith 7301 Rogers Avenue Fort Smith, AR 72917 71-0240352	Hospital	AR	501(C) (3)	3	MHFSC	Yes		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(a) Name, address, and EIN of related organization	(b) Primary A ctivity	(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 (b)(1: control organiza	3) lled		
Mercy Hospital Healdton 918 South 8th Street Healdton, OK 73438 26-3173902	Hospital	ок	501(C) (3)	3	MH Ardmore	Yes			
Mercy Hospital Hot Springs 300 Werner Street Hot Springs, AR 71913	Hospital	AR	501(C) (3)	3	мннѕс	Yes			
71-0236913 Mercy Hospital Joplin 2817 St Johns Blvd Joplin, MO 64804	Hospital	МО	501(C) (3)	3	мнѕмкс	Yes			
27-0814858 Mercy Hospital Lebanon 100 Hospital Drive Lebanon, MO 65536 43-1767432	Hospital	МО	501(C) (3)	3	MHSC	Yes			
Mercy Hospital Logan County Inc	Hospital	ок	501(C) (3)	3	мнос	Yes			
Mercy Hospital of Laredo	Inactive	тх	501(C) (3)	3	MHS-TX	Yes			
Mercy Hospital Oklahoma City	Hospital	ок	501(C) (3)	3	мнос	Yes			
Mercy Hospital Ozark	Hospital	AR	501(C) (3)	3	MHFS	Yes			
Mercy Hospital Paris	Hospital	AR	501(C) (3)	3	MHFS	Yes			
Mercy Hospital Rogers	Hospital	AR	501(C) (3)	3	MHNWAC	Yes			
Mercy Hospital Springfield	Hospital	МО	501(C) (3)	3	MHSC	Yes			
Mercy Hospital Tishomingo 1000 South Byrd Tishomingo, OK 73460 27-4433830	Hospital	ок	501(C) (3)	3	MH Ardmore	Yes			
Mercy Hospital Waldron 1341 W 6th Street Waldron, AR 72958 71-0557895	Hospital	AR	501(C) (3)	3	MHFS	Yes			
Mercy Hospital Watonga Inc 500 Clarence Nash Blvd Watonga, OK 73772 45-5199762	Hospital	ок	501(C) (3)	3	мнос	Yes			
Chesterfield, MO 63017 43-0653493	Hospital	мо	501(C) (3)	3	мнес	Yes			
Ft Scott, KS 66701 48-0956045	Hospital	KS	501(C) (3)	3	мнѕмкс	Yes			
Mercy Medical Research Institute 1235 E Cherokee Street Springfield, MO 65804 87-0796305	Research	мо	501(C) (3)	4	мнѕс	Yes			
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX 78046 20-0198462	outreach	тх	501(C) (3)	7	Mercy Health	Yes			
Mountain View, MO 65548 44-0607149	Hospital	МО	501(C) (3)	3	мнѕс	Yes			
Mercy Support Services 14528 S OUTER FORTY STE 100 CHESTERFIELD, MO 63017 43-1677952	Inactive	МО	501(C) (3)	11c	MHEC	Yes			

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
MHM SUPPORT SERVICES 14528 S OUTER FORTY STE 100 CHESTERFIELD, MO 63017 20-2553101	HIth System	МО	501(C) (3)	11B	MERCY HEALTH	Yes
Mission Clinical Services 300 Werner Street Hot Springs, AR 71913 13-4239691	nursing home	AR	501(C) (3)	9	MHHSC	Yes
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR 72917 23-7330425	Foundation	AR	501(C) (3)	7	MHFS	Yes
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO 65804	Inactive	МО	501(C) (3)	3	MHSC	Yes
St Mary's Hospital of Enid Oklahoma 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 73-0614655	Inactive	ок	501(C) (3)	3	мнос	Yes
The Sister M Cornelia Blasko Foundation 100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	МО	501(C) (3)	11a	MSFH	Yes
Unity Ambulatory Care 14528 S OUTER FORTY STE 100 CHESTERFIELD, MO 63017 43-1861745	Inactive	МО	501(C) (3)	11c	MHEC	Yes

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

Form 990, Schedule R, Pa	art IV - Identi	fication of	Related Orga	nizations 1	Taxable as a	Corporation	n or Trust
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 52-1914421	HOLDING COMP	DE	NA	C-Corp			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO 65804 26-4509571	IT SERVICES	МО	NA	C-Corp			
Mercy Community Services Inc 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1078101	Retail Pharmacy	KS	NA	C-Corp			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK 73120 68-0640970	REAL ESTATE	ок	NA	C-Corp			
Mercy Health Network of the Southern Reg 1011 14th Avenue NW Ardmore, OK 73401 73-1580607	HEALTH CARE	ок	NA	C-Corp			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK 73120 73-1381689	HEALTH CARE	ок	NA	C-Corp			
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK 73120 73-1441665	HOLDING COMP	ок	NA	C-Corp			
UH L Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 74-2499535	HOLDING COMP	МО	NA	C-Corp			
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 43-1797042	PRACTICE MGT	МО	NA	C-Corp			