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DLN: 93493143008143

Form **990**

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

ntemai	Revenue	Service The organization may make to use a copy of	and return to bathery .			Inspection				
A Fo	r the 2	2011 calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-201	.2	D Employer ide	ntification number				
_		Mercy Health Foundation Northwest Arkansas								
_	dress ch	Doing Business As		_	71-060168 E Telephone nu					
_	me cha	nge			(314)579-6					
_	tial retui	2710 Rife Medical Lane	o street address) Room/s	uite	G Gross receipts:					
Tei	mınate	d 2710 kile Medical Laffe				+ -,,				
_ Am	ended	return City or town, state or country, and ZIP + 4 Rogers, AR 72758								
— Apı	olication	pending								
		F Name and address of principal officer		H(a) Is thi	s a group returr					
		Scott Street 2710 Rife Medical Lane		affilia	tes?	ΓYes Γ No				
		Rogers,AR 72758		H(b) Are all	affiliates includ	ed?				
				If "No	," attach a list	(see instructions)				
[Ta	x-exem	pt status	7(a)(1) or 527	H(c) Grou	p exemption nu	mber ► 0928				
J W	ebsite	: ► www mercy net								
K For	n of org	ganization Corporation Trust Association Other		L Year of for	mation 1984 M	State of legal domicile AR				
Pa	rt I	Summary			•					
<i>a</i> 1	/	Briefly describe the organization's mission or most signifi AS THE SISTERS OF MERCY BEFORE US, WE BRING TO COMPASSIONATE CARE AND EXPECTIONAL SERVIC	O LIFE THE HEALING	G MINISTRY O	F JESUS THRC	OUGH OUR				
≧	-		-							
Governance	-									
ခ် ခ	2 6	Check this box 🛏 if the organization discontinued its op	perations or disposed	of more than ?	5% of its not as	ssets				
		Number of voting members of the governing body (Part V)			3 % Of its fiet as	15				
Activities &		Number of independent voting members of the governing				14				
Ĕ		Fotal number of individuals employed in calendar year 20			5	0				
Ş		Fotal number of volunteers (estimate if necessary)	6	95						
4.	7a 1	Total unrelated business revenue from Part VIII, column	(C), line 12		7a	0				
	ы	Net unrelated business taxable income from Form 990-T	, line 34		7b					
				Prio	r Year	Current Year				
α.	8	Contributions and grants (Part VIII, line 1h) $$. $$.			1,297,038	1,784,734				
Revenue	9	Program service revenue (Part VIII, line 2g)		0	0					
9Ael	10	Investment income (Part VIII, column (A), lines 3, 4, a		54,699	334,440					
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		38,217	-141,282					
	12	Total revenue—add lines 8 through 11 (must equal Par 12)	ie	1,389,954	1,977,892					
	13	Grants and similar amounts paid (Part IX, column (A),			0	255,087				
	14	Benefits paid to or for members (Part IX, column (A), li	Benefits paid to or for members (Part IX, column (A), line 4)							
(6	15	Salaries, other compensation, employee benefits (Part		142.065	275					
Expenses		5-10)		143,965	275					
<u> </u>	16a 	Professional fundraising fees (Part IX, column (A), line	11e)		0	0				
Д	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	145.24-1		800 212	168,720				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 1								
	18 19	Total expenses Add lines 13-17 (must equal Part IX, Revenue less expenses Subtract line 18 from line 12			445,777	424,082 1,553,810				
± 00 3x 00		The state of the s		Beainning	of Current					
Net Assets or Fund Balances					ear	End of Year				
3,78 23,00 24,00	20	Total assets (Part X, line 16)			7,872,423	9,394,720				
10 E	21	Total liabilities (Part X, line 26)			0	3,487				
	22	Net assets or fund balances Subtract line 21 from line	20		7,872,423	9,391,233				
	rt II	Signature Block	June 45 mars			a Alica Inc. 1 C				
(now	ledge a ledge.	ties of perjury, I declare that I have examined this return, inc and belief, it is true, correct, and complete. Declaration of pre		er) is based on a	all information of					
Her		Benny Stover VP-Finance								
		Type or print name and title								
		richalei s		Check If self-	Preparer's taxpa	yer identification number				
Paid		signature		employed 🕨 🦵	(see instructions,	,				
•	arer's	Firm's name (or yours ERNST & YOUNG US LLP	L		EIN Þ					
Use (Only	If self-employed), address, and ZIP + 4 190 CARONDELET PLAZA SUITE 1300								
		CLAYTON, MO 63105			Phone no 🕨 (3	14) 290-1000				

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

Par	t III	Statement of P				tIII		দ
1	Briefl	y describe the orgar	nızatıon's mıssıor	1				
		STERS OF MERCY B EXCEPTIONAL SE		BRING TO LIFE	THE HEALING I	MINISTRY OF JESU	JS THROUGH OU	R COMPASSIONATE
2		e organization under or Form 990 or 990			rvices during the	year which were no	tlisted on	∕es 🗸 No
	If "Ye	s," describe these n	ew services on S	chedule O				
3		e organization ceas	e conducting, or i	make sıgnıfıcan	t changes in how	ıt conducts, any pr		Yes 🔽 No
	If "Ye	s," describe these c	hanges on Sched	ule O				
4	expen	ribe the organization ises Section 501(c) s and allocations to	(3) and 501(c)(4) organizations	and section 494	7(a)(1) trusts are r	equired to report t	
4a	(Code	=======================================) (Expenses \$	82,445	ıncludıng grants of	\$ 82,445	5) (Revenue \$)
	wellne		and a gym facility	The YMCA is open	to the public and has	discounted or free men	nberships to families in	unity through health and need The YMCA opened in d
4b	(Code	2) (Expenses \$	54,799	ıncludıng grants of	\$ 46,998	B) (Revenue \$)
	with o	class fees, lab fees, and l	books Co-worker ed eeting program criter	ucation funds incluing The community	ide the Mercy Assista	nt program, nursing sch	olarship, cardiac educa	offsets the costs associated tion scholarship, and other d support groups, such as
	(Code	2) (Expenses \$	174,675	ıncludıng grants of	\$ 125,64 ²	1) (Revenue \$)
	the pe							HOSPITAL ROGERS During e/Hospice, and a Volunteer
	0.11		/D					
4d		er program services enses \$	•	iedule O) iluding grants o	ıf ¢	0)(Revenu	e \$)
			•			o / (Nevena	<u> </u>	,
4e	iota	I program service ex	pensesF∌	404,73	4			

Part IV	Checklist	of Rea	uired	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		N o
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	i	20a		Νο
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 \Box	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		N o
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	. •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
_				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	Was the same and the same transfer to the same tran	_		R.1
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible?			
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
b	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7h		
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	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)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	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	13a		
	allocated to each state	TOG		
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			
c	Enter the aggregate amount of reserves on hand			
1.4~	Did the organization receive any nayments for indeer tanning convices during the tay year?	1/1-		NI a
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
D	ir res, nas it med a rollir / 20 to report these payments (II No, provide an explanation in Schedule O	1+10		i

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

Se	ection A. Governing Body and Management				
		Г		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15			
b	Enter the number of voting members included in line 1a, above, who are independent	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business		2		Νo
3	Did the organization delegate control over management duties customarily performed by or un supervision of officers, directors or trustees, or key employees to a management company or or	der the direct	3		No
4	Did the organization make any significant changes to its governing documents since the prior filed?	· —	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets? .	5		Νo
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 more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem or persons other than the governing body?	_	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertyear by the following	taken during the			
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 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	evenue Code.)		I	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a	res	No.
	If "Yes," did the organization have written policies and procedures governing the activities of s		IUG		110
	affiliates, and branches to ensure their operations are consistent with the organization's exem purposes?	pt .	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing 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		421	V	
_	rise to conflicts?	· · · · ⊢	12b	Yes	
C	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 ap independent persons, comparability data, and contemporaneous substantiation of the delibera				
а	The organization's CEO, Executive Director, or top management official		15a		Νo
b	Other officers or key employees of the organization	[15b		Νo
	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 a taxable entity during the year?		16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the	16b		
Se	ection C. Disclosure		•	<u>'</u>	
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. Check all that apply

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 BENNY J STOVER CPA 2710 Rife Medical Lane Rogers, AR 72758 (479) 338-2903

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) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) Brent Akers Board member	1 0	Х						0	0	0
(2) Sr Lisa Atkins RSM Board member	1 0	х						0	0	0
(3) Gordon Goss Board member	1 0	х						0	0	0
(4) John Harrell Board member	1 0	х						0	0	0
(5) Ron Johnson Board member	1 0	Х						0	0	0
(6) Ruth Jones Board member	1 0	Х						0	0	0
(7) Deanna Jurgens Board member	1 0	х						0	0	0
(8) Tabitha Lipscomb Board member	1 0	Х						0	0	0
(9) Chris O'Brien Board member	1 0	х						0	0	0
(10) Macadda Peoples Board member & PRESIDENT	1 0	Х		Х				0	0	0
(11) Karen Roberts Board member & TREASURER	1 0	х		Х				0	0	0
(12) Patrick Sbarra Board member & SECRETARY	1 0	х		Х				0	0	0
(13) Darlene Tuohy Board member	1 0	х						0	0	0
(14) Dr Brad Umbarger Board member	1 0	х						0	0	0
(15) Scott Street Chief executive officer	60 0	х		Х				0	547,813	113,902
(16) Jonathan Vitiello Chief financial officer	60 0			х				0	439,767	61,898
(17) George Flynn SR VP & former CEO	60 0						х	0	571,155	192,126

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

(A) Name and Title		(B) Average hours per week (describe hours	more unles an	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima mount o compens from t ganizati	ated f other sation the on and
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	ı	organizations	
	Benny Stover nance & Former key emply	60 0						х		(171,48	31		19,523
								<u> </u>						
								<u> </u>						
								<u> </u>						
1b	Sub-Total				٠.	•		<u> </u>			<u> </u>			
С	Total from continuation sheets					•		•			4 700 04			207.440
d 	Total (add lines 1b and 1c) . Total number of individuals (incl						ahove) who	receive	od more th	1,730,21	6		387,449
2	\$100,000 of reportable compen					teu	above) WIIC	receive	u more un	211			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci								r highes	t compens	ated employee	3	Yes	
4	For any individual listed on line organization and related organiz	1a, is the sum of	f report	able	com	pens	sation	and					1 65	
5	Individual	receive or accru	e comi	• oensa	• ation	fror	n anv	• unrel	• • lated ord	· · ·	or individual for	4	Yes	
	services rendered to the organiz											5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
		(A) ne and business add	dress							Desc	(B) ription of services	ightharpoons	(C Comper	
												_		
												+		
	Takal assaula a secondari	on the section 1 1				٠	LL	الما	-			\downarrow		
	Total number of independent cont \$100,000 of compensation from			iot IIr	nited	1 (0)	ınose	iiste	u apove)	wno recei	vea 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
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	ıes 1b					
S, G	c	Fundraising ev	ents 1c	283,594				
#E	d	Related organiz	zations 1d					
E, S	e	Government grant	s (contributions) 1e					
tion srs	f	All other contribution	ons, gifts, grants, and 1f	1,501,140				
ē ŽŽ	g		ibutions included in					
늍								
ပြွန်	h	Total. Add line	s 1a-1f	· · · •	1,784,734			
<u> </u>				Business Code				
ē	2a							
æ	b							
<u> </u>	С							
Ž.	d							
Program Service Revenue	е							
<u>Š</u>	f	All other progra	am service revenue					
š	g	Total. Add line:	s 2a-2f		0			
	3		ome (including dividen		-			
		and other simil	aramounts)	▶	67,031			67,031
	4	Income from inves	stment of tax-exempt bond	proceeds	0			
	5	Royalties .	<u> </u>		0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	267,409					
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses	267,409					
	l d	Gain or (loss)			267,409			267,409
	d 8a	Net gain or (los	from fundraising	' · · · · · · · · · · · · · · · · · · ·	207,103			207,103
Other Revenue		events (not inc \$283 of contributions						
Ē			а	78,380				
the	b		penses b					
0	C		(loss) from fundraising	events 🛌	-141,181			-141,181
	9a		from gaming activities ne 19 a					
	b		penses b					
	С		(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo		94,518				
	ь	Less cost of g	oods sold b	94,619				
	С		(loss) from sales of ınv		-101			-101
		Mıscellaneou	s Revenue	Business Code				
	11a							
	b							
	C							
	d		ue					
	e	Total. Add line	s 11a-11d		0			
	12	Total revenue	See Instructions .					
	1			•	1,977,892			193,158

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

(B)

	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	208,089	208,089		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	46,998	46,998		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	·		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	275		275	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	2,445		2,445	_
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	2,391	2,152	239	
12	Advertising and promotion	68,279	61,451	6,828	
13	Office expenses	2,093	1,884	209	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,050	945	105	_
17	Travel	6,764	6,088	676	_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,		_
19	Conferences, conventions, and meetings	9,646	8,681	965	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,236	3,812	424	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EMERGENCY PREPAREDNESS	31,078	27,970	3,108	
b	BOOKS	5,949	5,354	595	
c	MISCELLANEOUS	34,789	31,310	3,479	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	424,082	404,734	19,348	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 949.752 811,484 1 1 2 0 2 3 2,522,537 3 2.090.375 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L O 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 9 9 1.795 Prepaid expenses and deferred charges 10a 22,546 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 6,330 b Less accumulated depreciation 20,452 10c 16,216 4,377,781 6,473,650 11 11 12 12 Investments—other securities See Part IV, line 11 0 13 13 0 Investments—program-related See Part IV, line 11 . . 0 0 14 Intangible assets 14 1,901 15 1,200 15 7,872,423 9,394,720 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 0 17 17 Accounts payable and accrued expenses . 18 18 0 19 19 0 0 20 20 0 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 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 25 3,487 D 26 26 3,487 **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 1,872,865 27 Unrestricted net assets 3,482,316 5,999,558 28 5,908,917 28 Temporarily restricted net assets Fund 29 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 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 Total net assets or fund balances 7.872.423 33 9.391.233 34 Total liabilities and net assets/fund balances 7.872.423 9.394.720 34

	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)			1.0	.77.00
2	Total expenses (must equal Part IX, column (A), line 25)	2			77,892
3	Revenue less expenses Subtract line 2 from line 1	3			553,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,8	372,423
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-35,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		9,3	391,233
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ne •	2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

2

h

Public Charity Status and Public Support

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

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

Mercy Health Foundation Northwest Arkansas

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).

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

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 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

Type III - Other c Type III - Functionally integrated Type I **b** Type II

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

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

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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

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	e organization f	fails to qualify i	under the tests	listed below, ple	ease co	mplete I	Part III.)
	ection A. Public Support		T					
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	In) Gifts, grants, contributions, and membership fees received (Do not) 491,430			,784,734	12,054,464
_	include any "unusual grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
_	the organization without charge	8,040,57	2 440,690	491,430	1,297,038	- 1	,784,734	12,054,464
4 5	Total. Add lines 1 through 3 The portion of total contributions	8,040,37	2 440,090	491,430	1,297,036	1	,704,734	12,034,404
3	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							11,237,188
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							017.276
	from line 4							817,276
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in)	8,040,572	440,690	491,430	1,297,038		,784,734	12,054,464
7 8	A mounts from line 4 Gross income from interest,	0,040,372	440,030	491,430	1,297,030	1	,704,754	12,034,404
0	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	0	-210,802	29,331	42,600		67,031	-71,840
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	0	0	0	53,131		94,518	147,649
11	Total support (Add lines 7 through 10)							12,130,273
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		173,820
13	First Five Years If the Form 990 is check this box and stop here	for the organızatı	on's first, second	l, thırd, fourth, or t	fifth tax year as a		3) organız	
S	ection C. Computation of Pul	• •	_					
14	Public Support Percentage for 201	1 (line 6 column	(f) divided by line	11 column (f))		14		6 738 %
15	Public Support Percentage for 201	O Schedule A , Pa	rt II, line 14			15		98 832 %
16a	33 1/3% support test—2011. If the	•		•	line 14 is 33 1/3%	or more	, check t	_
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization	organization did	not check the bo	x on line 13 or 16	5a, and line 15 is	33 1/3%	or more,	check this
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization med	tion meets the "f	acts and circums	tances" test, che	ck this box and st	op here.	Explain	ted
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organ							▶□
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "f	acts and circums	tances" test The	e organization qual	lifies as a	a publicly	▶ □
10	instructions	ion did not check	a box on tille 13	, 100, 100, 1700	T 17D, CHECK UIIS	DOX allu	3CC	▶ □

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: 93493143008143

OMB No 1545-0047

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Mercy Health Foundation Northwest Arkansas

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.

Employer identification number

##### A	E	0601687
Organizations Maintaining Donor Advised Funds or Other Similar organization answered "Yes" to Form 990, Part IV, line 6.	Funas (or Accounts. Complete if th
(a) Donor advised funds	((b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors in writing that the assets held in c funds are the organization's property, subject to the organization's exclusive legal control?		sed Yes No
Did the organization inform all grantees, donors, and donor advisors in writing that grant funused only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit		
t II Conservation Easements. Complete if the organization answered "Yes	" to Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of Preservation of open space		ically importantly land area d historic structure
Complete lines 2a-2d if the organization held a qualified conservation contribution in the foreasement on the last day of the tax year	orm of a co	onservation
		Held at the End of the Year
Total number of conservation easements	2a	
Total acreage restricted by conservation easements	2b	
Number of conservation easements on a certified historic structure included in (a)	2c	
Number of conservation easements included in (c) acquired after 8/17/06	2d	
Number of conservation easements modified, transferred, released, extinguished, or termin	ated by th	ne organization during
the taxable year 🛌		
Number of states where property subject to conservation easement is located 🛌		
Does the organization have a written policy regarding the periodic monitoring, inspection, henforcement of the conservation easements it holds?		violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation eas	ements di	uring the year 🕨
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme		
▶ \$, ,
Does each conservation easement reported on line 2(d) above satisfy the requirements of s	section	ΓYes ΓNα
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		•
In Part XIV, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's finance the organization's accounting for conservation easements		
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		her Similar Assets.
If the organization elected, as permitted under SFAS 116, not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education or rese provide, in Part XIV, the text of the footnote to its financial statements that describes thes	earch in fu	
If the organization elected, as permitted under SFAS 116, to report in its revenue statemer historical treasures, or other similar assets held for public exhibition, education, or researc provide the following amounts relating to these items	nt and bala	
(i) Revenues included in Form 990, Part VIII, line 1		► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, historical treasures, or other similar assets following amounts required to be reported under SFAS 116 relating to these items	s for finan	
Revenues included in Form 990, Part VIII, line 1		▶ \$

Assets included in Form 990, Part X

a Public exhibition a Public exhibition b Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of air, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediery for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediery for contributions or other assets mot included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediery for contributions or other assets mot included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIV and complete the following table C Beginning balance 1	2011	Organizations Maintaining Collections of A	rt, His	tor	<u>cai ireasur</u>	es, or Otne	<u>r Similar Asse</u>	ts (co	<u>ntınued)</u>
b Scholarly research e	3		any of th	ne fol	lowing that are	a significant u	se of its collection	1	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII' 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part X II' 5 During the year, did the organization solicit or receive denations of art, instoncial treasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection? Yes No	а	Public exhibition	d	Γ	Loan or exch	ange programs			
Part XIV During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive denations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an aspent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Amount Id Additions during the year Distributions during the year Ending balance Distributions during the year Ending balance Distributions during the year If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions Contributio	b	Scholarly research	е	Γ	Other				
Part XIV During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive denations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an aspent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Amount Id Additions during the year Distributions during the year Ending balance Distributions during the year Ending balance Distributions during the year If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions Contributio	c	Preservation for future generations							
assets to be sold to raise funds rather than to be maintained as part of the organization collection?	4	Provide a description of the organization's collections and exp	plaın hov	w the	y further the or	ganızatıon's ex	cempt purpose in		
Tark TV, line 9, or reported an amount on Form 990, Part X, line 21. Is its erganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	5							Yes	┌ No
Included on Form 990, Part X? Yes No	Par					answered "Y	es" to Form 990),	
Note Process Proces	1a		mediary	ford	ontributions o	r other assets		Yes	┌ No
1c	b	If "Yes," explain the arrangement in Part XIV and complete the	he follow	/ıng t	able		Amou		
Mathitish during the year 10 10 10 10 10 10 10 1	c	Reginning halance				10	71100		
Distributions during the year Ending balance If If	_								
This image		- '							
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Cument Year (b) Prior Year (c) Two Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (e) Four Years Back (e)	f								
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Calcument Year (b)Pnor Year (c)Two Years Back (d)Three Years Back (e)Four Years Years (2a	_	lına 212						
Reginning of year balance (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Back (e) Four Years Back			iiile 21 '				,	165	, 140
a Beginning of year balance (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Back (e) Four Years (e) Four Years (e) Fo			ion ans	.wer	ed "Ves" to F	orm 990 Par	t IV line 10		
b Contributions	ГСІ)Four Ye	ears Back
to Investment earnings or losses	1a	Beginning of year balance							
d Grants or scholarships	b	Contributions							
e Other expenditures for facilities and programs	c	Investment earnings or losses							
and programs	d	Grants or scholarships							
provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Term endowment ▶ d Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	e								
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ Term endowment ▶ Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses							
Board designated or quasi-endowment ► b Permanent endowment ► c Term endowment ► Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of year balance							
b Permanent endowment ► C Term endowment ► 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated percentage of the year end balance hel	ld as						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations . 3a(i)	а	Board designated or quasi-endowment 🕨							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	b	Permanent endowment 🕨							
reganization by (i) unrelated organizations	c	Term endowment ▶							
(ii) related organizations	За		nızatıon	that	are held and ac	dmınıstered for	the		
(ii) related organizations							32(i)	Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings									<u> </u>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property a Land	b								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Book value (f) Book value (g) Cost or other basis (other) (h) Cost or other basis	4						<u> </u>		
basis (investment) basis (other) depreciation (d) book value	Par	t VI Land, Buildings, and Equipment. See Form	990, Pa	rt X	, lıne 10.				
b Buildings		Description of property						(d) Bo	ok value
c Leasehold improvements	1a	Land							
d Equipment		-						<u> </u>	
	C	Leasehold improvements						<u> </u>	
e Other		• •				22,546	6,330	<u> </u>	16,216
							<u> </u>	<u> </u>	16,216

Investments—Other Securities. See	orm 990, Part X, line 12	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(2)20011 14.40	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		obstational stry cut market value
Total (Column (h) should agual Form 990, Part V, sol (P) line 12.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	- 15	
Part IX Other Assets. See Form 990, Part X, lin		
		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
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	A mounts 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)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1 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)]	
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	${\sf iplete}$ this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV , II	ines 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, SCHEUDLE 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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Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493143008143

OMB No 1545-0047

SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) **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.

Open to Public Inspection

	ne of the organization							Employer ider	ntification number
Mer	cy Health Foundation North	west Arkansas						71-0601687	
Pa	rt I Fundraising Ac	tivities. Complete	e if the o	organizat	tion a	answered "Yes"	to Forn	າ 990, Part IV	, line 17.
1	Indicate whether the orgai	nızatıon raısed funds	through	any of the	follo	wing activities Ch	eck all t	hat apply	
а	n								
b	Internet and e-mail solicitations f Solicitation of governmen							t grants	
c	□ Phone solicitations			g	Γ	Special fundraisir	ng event	s	
d	In-person solicitation	S							
2a b	Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	ı Form 990, Part VII st paıd ındıvıduals or) or entity entities	v in conne (fundraise	ction rs) p	with professional ursuant to agreem	fundrais ents und	ing services? Ier which the fui	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	fundraiser have from activity (o			(or r fundra	mount paid to etained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
				.,,					
Tota	ıl			>					
3	List all states in which the licensing	organization is regis	tered or	licensed t	o soli	cit funds or has b	een notif	ied It Is exempt	from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events
			CHARITY BALL (event type)	GOLF TOURNEY (event type)	(total number)	(Add col (a) through col (c))
ΞE	1	Gross receipts	324,368	37,606		361,974
Revenue	2	Less Charitable contributions	260,028	23,566		283,594
	3	Gross income (line 1 minus line 2)	64,340	14,040		78,380
	4	Cash prizes				
မွာ	5	Non-cash prizes		2,556		2,556
Expenses	6	Rent/facility costs	13,206	19,252		32,458
	7	Food and beverages	91,735	1,951		93,686
Drea	8	Entertainment	56,153	3		56,153
莅	9	Other direct expenses .	33,438	1,270		34,708
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)		(219,561)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-141,181
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	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ မွ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ►</u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		· · Fyes Fno
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, susper	nded or terminated during	the tax year?	

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
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	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)

Department of the Treasury

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 OMB No 1545-0047

2011

DLN: 93493143008143

Open to Public
Inspection

Internal Revenue Service			F Attach to Form 9			Franksian idantif	Inspection
Name of the organization Mercy Health Foundation North	nwest Arkansas					Employer identif	ication number
Part I General Infor	mation on Grants	s and Assistance				71-0601687	
Does the organization mathematics the selection criteria use Describe in Part IV the organization mathematics.	aintain records to sub d to award the grants organization's procedu	estantiate the amount of to	e of grant funds in the l				∀Yes □
Form 990, Part	IV, line 21 for any	recipient that received 90) if additional space	d more than \$5,000.	. Check this box if r	no 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) Amount 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) YMCA4701 Chouteau Avenue Neosho,MO 64850	43-1729473	501(C)(3)	82,445				FUNDING YMCA AND HEALTH PROGRAMS
(2) MERCY HOSPITAL ROGERS2710 Rife Medical Lane ROGERS, AR 72758	71-0294390	501(C)(3)	125,644				to support operations and mission of the hospital
2 Enter total number of sec	tion 501(c)(3) and g	overnment organizations	listed in the line 1 table	e			2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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) Scholarships	27	46,998			

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
PART I, LINE 2		Cash distribution is approved by the foundation board of trustees. If the amount of a scholarship or any payment is over \$500 a second signature or approval is obtained prior to a check request and check being processed. Part II -YMCA funding is funded through unrestricted dollars. A total gift was approved by the Foundations board of directorsA financial report administered by Mercy Accounting assures that the dollars used does not exceed the Boards approval capAn invoice is received by the YMCA and then given to the Foundation for payment. Part IIIEach scholarship has a committee that oversees the selection of candidates and assures the recipients fall within the scholarship guidelinesA certain GPA is required, along with tenure and a time commitment of employment, and review of such items is part of the committees review process.

DLN: 93493143008143

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

Mer	cy Health Foundation Northwest Arkansas				
		71-0601687			
Рa	It I Questions Regarding Compensat	tion			
				Yes	Νo
1a	Check the appropriate box(es) if the organization	provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part	III to provide any relevant information regarding these items			
	First-class or charter travel	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)			
b		e organization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b		
2		to reimbursing or allowing expenses incurred by all tive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiz organization's CEO/Executive Director Check a	Il 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			
4	During the year, did any person listed in Form 99 or a related organization	00, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-cont	rol payment?	4a		No
b	Participate in, or receive payment from, a supple	mental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity	y-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	d provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes	n A , line 1a, did the organization provide any non-fixed s," describe in Part III	7		No
8	·	II, paid or accured pursuant to a contract that was ed in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow	the rebuttable presumption procedure described in Regulations			1,40

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

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

Note. The sum of columns (B)(1)-(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	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Scott Street	(I) (II)	0 373,434	0 154,052	0 20,327	0 97,848	0 16,054	0 661,715	o 0
(2) Jonathan Vitiello	(I) (II)	0 278,936	0 69,300	0 91,531	0 46,475	0 15,423	0 501,665	0
(3) George Flynn	(I) (II)	0 410,520	0 133,860	0 26,775	0 176,339	0 15,787	0 763,281	0
(4) Benny Stover	(I) (II)	0 132,505	0 27,256	0 11,720	0 4,751	0 14,772	0 191,004	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

Identifier	Return Reference	Explanation
form 990, Schedule J, Part I, Question 3		FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH FOR THOSE CLASSIFIED AS KEY EMPLOYEES, MERCY HEALTH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR 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. Scott Street, Jonathan Vitiello, and George Flynn. The amount of all accrued benefits is included in compensation amounts provided in Schedule J, Part II, Column (C)

Schedule J (Form 990) 2011

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 Northwest Arkansas **Employer identification number** 71-0601687

	_	1
ldentifier	Return Reference	Explanation
FORM 990, PART III, QUESTION 4D		THE MAX RE-SHOP BOUTQUES & A JOINT VENTURE OF THE FOUNDATION AND MERCY MEDICAL CENTER AUXILIARY PROCEDES FROM THE SALES OF CONATED TERS SUPPORT WOMENS AND CHILDREN'S SERVICES IN THE FORM OF CHARTY CARE. BOUMMENT, AND EDUCATION DOWN THE MERCHANDISE IS ALSO DISTRIBUTED TO NOVIDLALS AND FAMILES IN CROSS AT NO COST TO THE BEOFERN THROUGH A PARTIMESH-PWITH THE LOCAL PUBLIC SCHOOLS AND OTHER ORGANIZATIONS. FORM 990, PARTY V, CLESTION 1A VEIDORS FOR THE LOCAL PUBLIC SCHOOLS AND OTHER ORGANIZATIONS. FORM 990, PARTY V, CLESTION 1A VEIDORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY HEALTH (BIV 3-142305), AS SUCH, ALL REQUIRED PORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE BITTEM MERCY. HEALTH ON FORM 1999, PARTY V, QUESTION 2A BIPLOYEES AND PARTY MEALTED ORGANIZATION UNDER A COMMON PAYMASTER ARRANACEMENT. AS SUCH ALL REQUIRED PAY FOLL FILING (INCLUDING W.C. AND W.S.'S) WAS REPORTED UNDER THE RELATED ORGANIZATION'S BY FORM 990, PARTY VI, QUESTION 6, 7A, 8 TO THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY LOSSITUL ROUNDS ALL OF THE FOUNDATION BOARD OF TRUSTEES, SOLEOFT THAT OFFICAN MATTERS WHICH MUST BE SUBMITTED TO AND RECEIVE THE APPROVAL OF THE CORPORATE MEMBERS BOARD OF DIRECTORS THE FOLLOWING ARE THE MATTERS WHICH MUST BE SUBMITTED TO AND RECEIVE THE APPROVAL OF BOARD AND CONTROLLED BY THE FOUNDATION BOARD OF TRUSTEES AND THE APPROVAL OF BOTH THE FOUNDATION BOARD OF TRUSTEES AND THE FOUNDATION, THE SALE, LEASE, EXCHANGE, PLEDGE OR MORTGAGE OF ANY SUBSTANTIAL PART OF THE FOUNDATION, THE SALE, LEASE, EXCHANGE, PLEDGE OR MORTGAGE OF ANY SUBSTANTIAL PART OF THE FOUNDATION, THE SALE, LEASE, EXCHANGE, PLEDGE OR MORTGAGE OF ANY SUBSTANTIAL PART OF THE FOUNDATION TO SO SUBMITTED TO DO THE HEADER ORGANIZATION TO BOARD OF TRUSTEES AND THE FOUNDATION OF THE POLINDATION OF ANY OCCUPANT OR SUBMITTED TO BOTH FORM 990 THE FORM 990 IN PROPERTY OF TRUSTEES AND THE FORM THE POLINDATION OF ANY OCCUPANT OR THE PROPERTY OF THE POLINDATION OF THE POLINDATION OF THE FOUNDATION OF THE FORM 990 THE FORM 990 IN PROPERTY OF TR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

DLN: 93493143008143

Open to Public Inspection

Employer identification number Name of the organization Mercy Health Foundation Northwest Arkansas 71-0601687 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a)
Name, address, and EIN of disregarded entity (b) (d) (e) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.)

of more related tax exempt organizations during the	ic tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled nization
						Yes	No
See Additional Data Table							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 5	0135Y	•	Schedule R (F	orm 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		Disproprtionate		(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							

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No			
	ote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO			
	ng the tax year, did the organization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-			
	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No			
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No			
	a control of capital contribution for the capital contribution of capital contribution for capital contribution contribution for capital contribution contribution contribution contribution contrib								
	Louis of four guidances to of for related organization(s)								
e L	oans or loan guarantees by related organization(s)			16	+	No			
f S	ale of assets to related organization(s)			1f		No			
	urchase of assets from related organization(s)			1g		No			
	xchange of assets with related organization(s)			1h		No			
	ease of facilities, equipment, or other assets to related organization(s)			1i		No			
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No			
_									
	I Performance of services or membership or fundraising solicitations by related organization(s)								
m S	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s)								
n S									
o F	eimbursement paid to related organization(s) for expenses			10		No			
p F	eimbursement paid by related organization(s) for expenses			1 p		No			
q	ther transfer of cash or property to related organization(s)			1 q		No			
r C	ther transfer of cash or property from related organization(s)			1r		No			
2 I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	cion thresholds					
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt			
1) 2)									
2)									
3)									
4)									
5)									
6)		1		I					

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)	domicile Predominant income(related, ergin unrelated, excluded from tax under sections 512-514)		(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		end-of-year amou assets 20 of Se		proprtionate allocations? Code V—UBI Gene amount in box man		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

Schedule R (Form 990) 2011

Software ID: **Software Version:**

EIN: 71-0601687

Name: Mercy Health Foundation Northwest Arkansas

Form 990, Schedule R, Part II - Ide	entification of F	Related Tax-	Exempt Orga	anizations			
(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	Section (b)(g on 512 (13) rolled ization
Advance Care Hospital							
300 Werner Street Hot Springs, AR 71913 71-0816634	Hospital	AR	501(C) (3)	3	Mercy Health	Yes	
Casa de Misericordia 1602 MCCLELLAND STREET Laredo, TX 78044 74-2912461	Shelter	тх	501(C) (3)	7	MM Laredo	Yes	
Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 74-2764726	Inactive	тх	501(C) (3)	9	MHS-TX	Yes	
McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 26-1708048	Port Mgmt	МО	501(C) (3)	116	Mercy Health	Yes	
Mercy Clinic East Communites 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1771217	Phys Group	МО	501(C) (3)	9	мнес	Yes	
Mercy Clinic Fort Smith Communitites 7301 Rogers Avenue Fort Smith, AR 72917 26-1318597	Phys Clinic	AR	501(C) (3)	9	MHFSC	Yes	
Mercy Clinic Hot Springs Communitites 1 Mercy Lane Hot Springs, AR 71913 26-1125131	Phys Clinic	AR	501(C) (3)	9	мннѕс	Yes	
Mercy Clinic Oklahoma Communities 4300 W Memorial Road Oklahoma City, OK 73120 27-0473057	Phys Group	ок	501(C) (3)	9	мнос	Yes	
Mercy Clinic Springfield Communities 1965 Fremont Street Ste 2950 Springfield, MO 65804 43-1560263	Phys Group	МО	501(C) (3)	9	MHSC	Yes	
Mercy Family Center 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 72-1069468	counseling	МО	501(C) (3)	7	Mercy Health	Yes	
Mercy Foundation for Health Innovation 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 20-0901499	Foundation	МО	501(C) (3)	11b	Mercy Health	Yes	
Mercy Health 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1423050	Sup Hith Sys	МО	501(C) (3)	1	NA		No
Mercy Health East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1718408	HIth System	МО	501(C) (3)	11b	Mercy Health	Yes	
Mercy Health Fort Smith Communities 7301 Rogers Avenue Fort Smith, AR 72917 26-1318515	Holding Co	AR	501(C) (3)	11b	Mercy Health	Yes	
Mercy Health Foundation Ardmore 1011 14th Avenue NW Ardmore, OK 73401 71-0962525	Foundation	ок	501(C) (3)	11a	MH Ardmore	Yes	
Mercy Health Foundation Berryville 214 Carter Street Berryville, AR 72616 71-0759301	Foundation	AR	501(C) (3)	11a	MH Berryvill	Yes	
Mercy Health Foundation Fort Scott 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1077073	Foundation	KS	501(C) (3)	11c	Mercy KS Com	Yes	
Mercy Health Foundation Hot Springs 300 Werner Street Hot Springs, AR 71913 71-0804718	Foundation	AR	501(C) (3)	11b	мннѕ	Yes	
Mercy Health Foundation Independence 800 W Myrtle Independence, KS 67301 48-1079981	Foundation	KS	501(C) (3)	11a	Mercy KS Com	Yes	
Mercy Health Foundation Joplin 2817 St Johns Blvd Joplin, MO 64804 27-0906136	Foundation	МО	501(C) (3)	11a	мнѕмкс	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	Sectio (b)(contr	n 512 13) olled			
Oklahoma City, OK 73120	Foundation	ок	501(C) (3)	11a	мнос	Yes				
Oklahoma City, OK 73120	Foundation	ок	501(C) (3)	11a	мнос	Yes				
73-1593024 Mercy Health Foundation Springfield 1235 E Cherokee Street Springfield, MO 65804	Foundation	МО	501(C) (3)	11b	MHSC	Yes				
32-0195818 Mercy Health Foundation St Louis 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 56-2410020	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	MHEC	Yes				
Mercy Health Hot Springs Communities	Holding Co	AR	501(C) (3)	11b	Mercy Health	Yes				
Mercy Health NW Arkansas Communities 2710 Rife Medical Drive Rogers, AR 72758 62-1684203	Phys Group	AR	501(C) (3)	11b	Mercy Health		No			
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	Yes				
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				
Cassville, MO 65625 43-1936699	Hospital	МО	501(C) (3)	3	мнѕс	Yes				
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	Section (b)(i contro	n 512 13) olled			
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	Hospital	AR	501(C) (3)	3	мннѕс	Yes				
Mercy Hospital Joplin	Hospital	МО	501(C) (3)	3	мнѕмкс	Yes				
Mercy Hospital Lebanon	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 801 W River Street Ozark, AR 72949 71-0689680	Hospital	AR	501(C) (3)	3	MHFS	Yes				
Mercy Hospital Paris 500 E Academy Paris, AR 72855 71-0655753	Hospital	AR	501(C) (3)	3	MHFS	Yes				
Rogers, AR 72758 71-0294390	Hospital	AR	501(C) (3)	3	M H N WA C		No			
Springfield, MO 65804 44-0552485	Hospital	МО	501(C) (3)	3	MHSC	Yes				
Tishomingo, OK 73460 27-4433830	Hospital	ок	501(C) (3)	3	MH Ardmore	Yes				
Waldron, AR 72958 71-0557895	Hospital	AR	501(C) (3)	3	MHFS	Yes				
Watonga, OK 73772 45-5199762	Hospital	ок	501(C) (3)	3	мнос	Yes				
Chesterfield, MO 63017 43-0653493	Hospital	МО	501(C) (3)	3	MHEC	Yes				
Ft Scott, KS 66701 48-0956045	Hospital	KS	501(C) (3)	3	мнѕмкс	Yes				
Springfield, MO 65804 87-0796305	Research	МО	501(C) (3)	4	MHSC	Yes				
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	MHSC	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 - Identii	fication of I	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			