See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MERCY MEMORIAL HEALTH CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1011 14th Avenue NW

City or town, state or country, and ZIP + 4
Ardmore, OK 734011828

D Employer identification number
73-1500629

E Telephone number
(580) 223-5400

G Gross receipts $ 122,523,745

F Name and address of Principal Officer
JAMES NEWMAN
1011 14TH AVENUE NW
ARDMORE,OK 734011828

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

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

H(c) Group Exemption Number ▶ 0928

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

J Web site: ▶ www mercyok net

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1996

M State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To carry out the healing ministry of Jesus by promoting health and wellness through our communities To provide quality health services through a wise use of resources and exceptional Mercy Service

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	1,428
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,602,893	9,315,142
9	Program service revenue (Part VIII, line 2g)	101,948,748	111,121,449
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,109	151,457
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,402,306	1,935,697
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,078,056	122,523,745
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	94,400	33,136
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,776,417	48,238,395
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	50,413,235	51,881,374
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	92,284,052	100,152,905
19	Revenue less expenses Subtract line 18 from line 12	13,794,004	22,370,840

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	74,240,604	94,590,457
21	Total liabilities (Part X, line 26)	15,328,994	14,489,943
22	Net assets or fund balances Subtract line 21 from line 20	58,911,610	80,100,514

Part II Signature Block

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

Please Sign Here

****** | 2010-05-17
Signature of officer | Date

JAMES NEWMAN TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Anne Adams	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 211 N ROBINSON AVE STE 600 OKLAHOMA CITY, OK 731029421			EIN ▶ Phone no ▶ (405) 842-7977

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 69,261,093 including grants of $ 33,136) (Revenue $ 111,939,221)

MERCY MEMORIAL HEALTH CENTER, INC ("MERCY") PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY DURING FY2009, MERCY PROVIDED SERVICES TO 8,172 INPATIENTS, 39,645 EMERGENCY DEPARTMENT PATIENTS, AND 127,793 OUTPATIENTS SERVICES ARE PROVIDED THROUGH A COMMUNITY-BASED, ACUTE CARE HOSPITAL, AND A REHABILITATION CENTER OUR OUTPATIENT SERVICES INCLUDE A HOME HEALTH AGENCY, OUTPATIENT SURGERY AND DIAGNOSTICS AND VARIOUS PRIMARY PHYSICIAN CLINICS/SERVICES THE INSTITUTION CONTINUES TO FOCUS ON THE PROVISION OF PRIMARY CLINICS AND EDUCATION TO THE COMMUNITY, REGARDLESS OF THEIR MEANS TO PAY FOR THESE SERVICES MERCY RECOGNIZES THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES AND, FURTHER, THAT PART OF OUR MISSION IS TO PROVIDE HEALTH CARE SERVICES AND HEALTH CARE EDUCATION TO THE COMMUNITIES IN WHICH OUR FACILITIES ARE LOCATED IN KEEPING WITH MERCY'S COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY, MERCY PROVIDES (I) FREE CARE AND/OR SUBSIDIZED CARE, (II) CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, (III) HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY, (IV) HEALTH EDUCATION PROGRAMS, AND (V) A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES AMONG THE COMMUNITY SUPPORT ACTIVITIES OFFERED BY MERCY ARE THE FOLLOWING 1) HEALTH EDUCATION AND WELLNESS PROGRAMS AND OTHER SUPPORT GROUP MEETINGS 2) HEALTH SERVICES SUCH AS HEALTH FAIRS AND SCREENINGS, FREE CLINICS, PRE-NATAL AND WELL BABY CARE 3) HEALTH PROFESSIONALS ARE PROVIDED EDUCATION, INCLUDING OPPORTUNITIES FOR CLINICAL INTERNSHIPS 4) SUBSIDIZED HEALTH SERVICES INCLUDING HOSPICE, HOME HEALTH SERVICES, AND DISASTER READINESS 5) COMMUNITY HEALTH RESEARCH 6) CASH AND IN-KIND DONATIONS FOR EVENTS AND FUND-RAISING 7) COMMUNITY BUILDING ACTIVITIES, IN PARTNERSHIP WITH OTHER COMMUNITY MERCY PROVIDES CARE TO PATIENTS WHO LACK FINANCIAL RESOURCES AND ARE DEEMED TO BE MEDICALLY INDIGENT AND DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE IN ADDITION, MERCY PROVIDES SERVICES TO OTHER PATIENTS UNDER THE MEDICARE PROGRAM AND VARIOUS STATE MEDICAID PROGRAMS SUCH PROGRAMS PAY PROVIDERS AMOUNTS THAT ARE LESS THAN BILLED CHARGES OF THE SERVICES PROVIDED TO THE RECIPIENTS CARE IS PROVIDED TO THOSE WITH LIMITED OR NO ABILITY TO PAY RELIEF FOR THE FINANCIAL BURDEN OF HEALTH CARE SERVICES RENDERED TO THE INDIGENT TOTALED $7,414,735 IN FY2009 THE ABOVE AMOUNT DOES NOT REFLECT THE COST OF HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY HEALTH EDUCATION PROGRAMS AND OTHER COMMUNITY SUPPORT ACTIVITIES THE SERVICES PROVIDED BY MERCY, AS WELL AS THE AMOUNT OF CHARITY CARE PROVIDED, DEMONSTRATES THE ONGOING COMMITMENT OF THE ORGANIZATION TO SERVE IN A LEADERSHIP ROLE AS AN ADVOCATE FOR RESPONSIVE HEALTHCARE SERVICES FOR THE COMMUNITY, WITH A DEEP COMMITMENT AND SENSITIVITY TO MEETING THE NEEDS OF THE POOR

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

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

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

4e Total program service expenses $ 69,261,093 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as 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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *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 United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *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 question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *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, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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 section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	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 percent 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,428		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JAMES NEWMAN
4300 WEST MEMORIAL ROAD
OKLAHOMA CITY, OK 73120
(405) 752-3724

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,560,197	905,416	491,064

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 36

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ARDMORE ANESTHESIA INC PO BOX 1983 ARDMORE, OK 73402	MEDICAL SERVICES	640,879
RCOA IMAGING SERVICES INC 16110 JOG RD STE 200 DELRAY BEACH, FL 33446	MEDICAL SERVICES	514,765
MAJOR LEAGUE MEDICAL PHYSICS INC 3326 FOX HILL TERR EDMOND, OK 73034	MEDICAL SERVICES	499,650
ARDMORE SURGICAL MANAGEMENT 1011 14TH NW ARDMORE, OK 73401	MEDICAL SERVICES	391,750
SIEMENS HEALTHCARE DIAGNOSTICS PO BOX 121102 DALLAS, TX 75312	MEDICAL SERVICES	379,532

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 17

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 6,497,847				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,817,295				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	9,315,142			
Program Service Revenue		Business Code				
	2a	PATIENT REVENUE (NET OF ADJUSTMENTS & ALLOWANCES) 621,300	111,121,449	111,121,449		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 111,121,449				
	3	Investment income (including dividends, interest other similar amounts)	151,457			151,457
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 558,447				
	b	Less rental expenses				
	c	Rental income or (loss) 558,447				
	d	Net rental income or (loss)	558,447			558,447
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA 722,210	559,478			559,478
	b	OTHER REVENUE 900,099	976,157	976,157		
	c	JOINT VENTURE ORD INCOME (LOSS) 900,099	-158,385	-158,385		
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** $ 1,377,250				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	122,523,745	111,939,221		1,269,382

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	33,136	33,136		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,776,519		1,776,519	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	38,331,135	26,761,658		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	595,614	415,840	179,774	
9 Other employee benefits	4,937,244	3,447,037	1,490,207	
10 Payroll taxes	2,597,883	1,813,765	784,118	
11 Fees for services (non-employees)				
a Management	9,413,074		9,413,074	
b Legal	98,568		98,568	
c Accounting	354,698		354,698	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	635,329	443,568	191,761	
12 Advertising and promotion	55,081	38,456	16,625	
13 Office expenses	287,179	200,500	86,679	
14 Information technology	2,875	2,007	868	
15 Royalties	0			
16 Occupancy	1,503,192	1,049,484	453,708	
17 Travel	268,493	187,454	81,039	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,085,054	3,550,233	1,534,821	
23 Insurance	652,808	455,771	197,037	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEDICAL SUPPLIES	15,634,937	15,634,937		
b PHARMACEUTICALS	4,414,662	4,414,662		
c MEDICAL PURCHASED SERVICES	4,281,539	4,281,539		
d RECRUITING EXPENSE	1,945,477	1,358,274	587,203	
e OUTSIDE SERVICES	1,870,773	1,306,118	564,655	
f All other expenses	5,377,635	3,866,654	1,510,981	
25 **Total functional expenses.** Add lines 1 through 24f	100,152,905	69,261,093	30,891,812	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		403,300	1	448,967
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		15,324,489	4	16,862,302
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		3,805,214	7	1,984,901
	8	Inventories for sale or use		2,213,085	8	1,951,435
	9	Prepaid expenses and deferred charges		115,576	9	144,312
	10a	Land, buildings, and equipment cost basis	10a 153,912,996			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 81,475,846	52,172,036	10c	72,437,150
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		204,459	13	362,296
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		2,445	15	399,094
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		74,240,604	16	94,590,457
Liabilities	17	Accounts payable and accrued expenses		13,914,120	17	12,766,831
	18	Grants payable			18	
	19	Deferred revenue			19	201,164
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		1,414,874	25	1,521,948
	26	**Total liabilities.** *Add lines 17 through 25*		15,328,994	26	14,489,943
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		58,911,610	27	80,100,514
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		58,911,610	33	80,100,514
	34	Total liabilities and net assets/fund balances		74,240,604	34	94,590,457

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 See **Section 509(a)(4).** (See instructions)

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 73-1500629
Name: MERCY MEMORIAL HEALTH CENTER INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOB THOMPSON , TRUSTEE	1 0	X						0	343,876	95,327
JASON T SMOTHERMAN , TRUSTEE	1 0	X						0	0	0
SISTER RICHARD MARY BURKE , TRUSTEE	1 0	X						0	0	0
CURTIS J DAVIDSON , TRUSTEE	1 0	X						0	0	0
THOMAS F DUNLAP , TRUSTEE	1 0	X						0	0	0
SISTER REBECCA ANN HENDRICKS RSM , TRUSTEE	1 0	X						0	0	0
HAYDEN HENRY MD , TRUSTEE	1 0	X						0	0	0
BARBARA E HISEY , TRUSTEE	1 0	X						0	0	0
PAMELA L KIMBROUGH , TRUSTEE	1 0	X						0	0	0
DAN PARROTT , TRUSTEE	1 0	X						0	0	0
MICHAEL BRODY PETTIT , TRUSTEE	1 0	X						0	0	0
MINDY BURDICK , PRESIDENT	40 0	X		X				115,318	0	2,778
DIANA SMALLEY , EX-OFFICIO	12 0	X						146,468	341,761	71,511
JAMES NEWMAN , TREASURER	12 0			X				94,191	219,779	77,757
WILLIAM PARSONS , VP - MA	40 0			X				338,004	0	20,413
THOMAS EDELSTEIN , VP - MISSION	40 0			X				188,310	0	34,112
RYAN BARNARD , VP - ANCILLARY & SUPPORT SVCS	40 0				X			151,026	0	17,196
CINDY CARMICHAEL , VP - RURAL DEVELOPMENT	40 0				X			174,742	0	8,480
MELINDA LAIRD , CNO	40 0				X			178,616	0	37,316
JAY JOHNSON , COO	40 0				X			204,712	0	52,030
SUKUMAR CHAPARALA , HOSPITALIST	40 0					X		188,201	0	12,139
TAD HALL , CHIEF PHYSICIAN ASSISTANT	40 0					X		195,936	0	20,135
JOHN T O'CONNOR , PHYSICIAN	40 0					X		221,744	0	24,365
GENE W VOSKUHL , PHYSICIAN	40 0					X		161,314	0	7,729
WEI ZHANG , HOSPITALIST	40 0					X		201,615	0	9,776

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

MERCY MEMORIAL HEALTH CENTER IS ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH. THIS TRADITION IS MARKED BY THE VALUES OF JUSTICE, EXCELLENCE, STEWARDSHIP AND RESPECT FOR THE DIGNITY OF EACH PERSON. MERCY MEMORIAL HEALTH CENTER IMPLEMENTS AND ADVOCATES FOR INNOVATIVE HEALTH AND SOCIAL SERVICES TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF COMMUNITIES SERVED, WITH PARTICULAR CONCERN FOR PEOPLE WHO ARE ECONOMICALLY POOR. IN SERVING OTHERS WE MAKE A DIFFERENCE BY TOUCHING THEIR LIVES WITH COMPASSION AND EXCEPTIONAL MERCY SERVICE.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
MERCY MEMORIAL HEALTH CENTER INC	73-1500629

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		3,656
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			3,656
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
1	Schedule C, Part II-B, Line F	The organization is a member of the Oklahoma Hospital Association A portion of the dues is attributable to lobbying expenses

Part IV Supplemental Information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,211,453		2,211,453
b Buildings		38,981,783	23,640,005	15,341,778
c Leasehold improvements				
d Equipment		75,564,168	56,923,190	18,640,978
e Other		37,155,592		37,155,592
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				73,349,801

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN PARTNERSHIPS	362,296	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
OTHER ASSETS	1,184
DUE FROM AFFILIATES	397,910
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
MEDICARE SETTLEMENTS	1,521,948
LEASES AND OTHER PAYABLES	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,521,948

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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 per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
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**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
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	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
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:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
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	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Mercy Memorial Health Center 1011 14th Avenue NW Ardmore, OK 73401	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE FOUNDATIONPO BOX 1585 ARDMORE,OK 73402	73-1372214	501(c)(3)	20,000				GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
1	Schedule I, Part I, Line 2	The organization uses an approval process to determine which organizations will receive grants during the fiscal year The funds are then given directly to the nonprofit organization

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ 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 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BOB THOMPSON	(i)	0	0	0	0	0	0	0
	(ii)	249,000	60,782	34,094	85,306	10,021	439,203	142,067
JAMES NEWMAN	(i)	72,125	16,574	5,492	18,989	4,339	117,519	38,466
	(ii)	168,291	38,672	12,816	44,306	10,123	274,208	89,755
DIANA SMALLEY	(i)	106,108	32,792	7,568	18,672	2,781	167,921	55,600
	(ii)	247,586	76,515	17,660	43,568	6,490	391,819	129,733
SUKUMAR CHAPARALA	(i)	186,103	0	2,098	3,947	8,192	200,340	93,906
	(ii)	0	0	0	0	0	0	0
TAD HALL	(i)	185,352	125	10,459	13,534	6,601	216,071	88,533
	(ii)	0	0	0	0	0	0	0
JOHN T O'CONNOR	(i)	99,287	100,295	22,162	15,725	8,640	246,109	60,660
	(ii)	0	0	0	0	0	0	0
GENE W VOSKUHL	(i)	137,971	18,182	5,161	4,822	2,907	169,043	58,754
	(ii)	0	0	0	0	0	0	0
WEI ZHANG	(i)	170,236	0	31,379	7,409	2,367	211,391	95,259
	(ii)	0	0	0	0	0	0	0
RYAN BARNARD	(i)	119,829	20,150	11,047	6,184	11,012	168,222	61,428
	(ii)	0	0	0	0	0	0	0
CINDY CARMICHAEL	(i)	141,687	32,201	854	3,661	4,819	183,222	65,208
	(ii)	0	0	0	0	0	0	0
MELINDA LAIRD	(i)	102,870	28,208	47,538	27,936	9,380	215,932	62,949
	(ii)	0	0	0	0	0	0	0
WILLIAM PARSONS	(i)	241,886	56,168	39,950	7,649	12,764	358,417	134,878
	(ii)	0	0	0	0	0	0	0
THOMAS EDELSTEIN	(i)	137,839	34,258	16,213	18,593	15,519	222,422	77,568
	(ii)	0	0	0	0	0	0	0
JAY JOHNSON	(i)	149,162	35,765	19,785	40,410	11,620	256,742	82,611
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

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
1	Schedule J, Part I, Line 3	The organization relied on a related organization to establish the top management official's compensation Sisters of Mercy Health System used the following methods to establish executive compensation for the fiscal year ended June 30, 2009 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 Sisters of Mercy Health System Board
2	Schedule J, Part I, Line 4b	The following individuals participated in a Supplemental Management Retirement Plan Mindy Burdick James Newman Bobby Thompson Jay Johnson The individuals listed above did not receive payments from the Supplemental Management Retirement Plan during the year from the filing organization or related organizations The following individuals participated in a Supplemental Executive Retirement Plan Diana Smalley The individuals listed above did not receive payments from the Supplemental Executive Retirement Plan during the year from the filing organization or related organizations

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 73-1500629
Name: MERCY MEMORIAL HEALTH CENTER INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BOB THOMPSON	(I)	0	0	0	0	0	0	0
	(II)	249,000	60,782	34,094	85,306	10,021	439,203	142,067
JAMES NEWMAN	(I)	72,125	16,574	5,492	18,989	4,339	117,519	38,466
	(II)	168,291	38,672	12,816	44,306	10,123	274,208	89,755
DIANA SMALLEY	(I)	106,108	32,792	7,568	18,672	2,781	167,921	55,600
	(II)	247,586	76,515	17,660	43,568	6,490	391,819	129,733
SUKUMAR CHAPARALA	(I)	186,103	0	2,098	3,947	8,192	200,340	93,906
	(II)	0	0	0	0	0	0	0
TAD HALL	(I)	185,352	125	10,459	13,534	6,601	216,071	88,533
	(II)	0	0	0	0	0	0	0
JOHN T O'CONNOR	(I)	99,287	100,295	22,162	15,725	8,640	246,109	60,660
	(II)	0	0	0	0	0	0	0
GENE W VOSKUHL	(I)	137,971	18,182	5,161	4,822	2,907	169,043	58,754
	(II)	0	0	0	0	0	0	0
WEI ZHANG	(I)	170,236	0	31,379	7,409	2,367	211,391	95,259
	(II)	0	0	0	0	0	0	0
RYAN BARNARD	(I)	119,829	20,150	11,047	6,184	11,012	168,222	61,428
	(II)	0	0	0	0	0	0	0
CINDY CARMICHAEL	(I)	141,687	32,201	854	3,661	4,819	183,222	65,208
	(II)	0	0	0	0	0	0	0
MELINDA LAIRD	(I)	102,870	28,208	47,538	27,936	9,380	215,932	62,949
	(II)	0	0	0	0	0	0	0
WILLIAM PARSONS	(I)	241,886	56,168	39,950	7,649	12,764	358,417	134,878
	(II)	0	0	0	0	0	0	0
THOMAS EDELSTEIN	(I)	137,839	34,258	16,213	18,593	15,519	222,422	77,568
	(II)	0	0	0	0	0	0	0
JAY JOHNSON	(I)	149,162	35,765	19,785	40,410	11,620	256,742	82,611
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
See Schedule O					No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Identifier	Return Reference	Explanation
1	Form 990, Part VI, Line 6	Mercy Health System, Inc is the sole member of the organization

Identifier	Return Reference	Explanation
2	Form 990, Part VI, Line 7	Mercy Health System, Inc (the Member) may appoint or remove members of the Board of Directors at any time in the Member's discretion Mercy Health System, Inc may also approve or amend the strategic plan of the organization, approve the budgets of the organization, lease or sell any of the assets in excess of one million dollars, and to authorize the organization to borrow money or incur indebtedness The Bylaws and Articles of Incorporation may be altered, amended, or repealed and new and replacement Bylaws and Articles of Incorporation may be adopted only by Mercy Health System, Inc

Identifier	Return Reference	Explanation
3	Form 990, Part VI, Line 10	The Form 990 is prepared by an outside accounting firm The return is reviewed internally and then is reviewed and approved by the board prior to filing with the IRS

Identifier	Return Reference	Explanation
4	Form 990, Part VI, Line 12c	The Board annually receives a conflict of interest questionnaire The organization has a Compliance department to monitor and enforce compliance with the conflict of interest policy

Identifier	Return Reference	Explanation
5	Form 990, Part VI, Line 15a & b	Officer, trustee, and key employee compensation is determined by related organizations The Sisters of Mercy Health System is responsible for setting the officers', trustees', and key employees' compensation Sisters of Mercy Health System used the following methods to establish compensation of officers for the fiscal year ended June 30, 2009 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 Sisters of Mercy Health System Board Sisters of Mercy Health System used the following methods to establish compensation of key employees for the fiscal year ended June 30, 2009 external market salary surveys, external market salary studies, and review/approval of executive management

Identifier	Return Reference	Explanation
6	Form 990, Part VI, Line 19	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

Identifier	Return Reference	Explanation
7	Form 990, Part V, Line 1a and 2a	The salaries and wages reported on Form 990, Part IX, Line 7 represent an allocation of salaries and wages from a related organization Employees are paid under a common paymaster arrangement by a related organization All payroll filing was reported under the related organization's EIN Independent contractors are paid by a related organization All form 1099 filing is reported under the related organization's EIN

Identifier	Return Reference	Explanation
8	Form 990, Part VII	James Newman devoted an average of 28 hours per week to related organizations Diana Smalley devoted an average of 28 hours per week to related organizations Bob Thompson devoted an average of 40 hours per week to related organizations

Identifier	Return Reference	Explanation
9	Form 990, Part XI, Line 2	The organization's financial statements are audited on a consolidated basis

Identifier	Return Reference	Explanation
10	Form 990, Part XI, Lines 3a & b	The consolidated group of Sisters of Mercy Health System is required to undergo an audit as set forth in the Single Audit Act and OMB Circular A-133 The single audit w as conducted on a consolidated basis

Identifier	Return Reference	Explanation
11	Form 990, Schedule R, Part II	St John's Mercy Health System consists of St John's Mercy Medical Center, EIN 43-0653493, and St John's Mercy Hospital, EIN 43-1066883

Identifier	Return Reference	Explanation
12	Form 990, Schedule R, Part V	Law son ERP Softw are is the primary accounting softw are used by Sisters of Mercy Health System, Inc and subsidiaries The majority of the intercompany/related organization transactions are processed through Law son via intercompany journal entries With the current design of the ERP system, there are various limitations on the related organization information that can be extracted from Law son Due to these limitations, most of the related organization activity for the filing organization has been classified on Schedule R, Part V, in lines O and P

Identifier	Return Reference	Explanation
13	Form 990, Schedule R, Part V, Question 2, Lines 8 & 9	Mercy Health System, Inc Mercy Health Center, Inc Mercy Health Center Foundation, Inc Mercy Memorial Health Center Foundation Mercy Health Netw ork, Inc Mercy Health Netw ork of the Southern Region, Inc Mercy Health Services, Inc Mercy Health Center Condominium, Inc Southern Oklahoma Diagnostic Center, LLC Healdton Mercy Hospital Corporation

Identifier	Return Reference	Explanation
14	Form 990, Schedule R, Part V, Question 2, Line 10	McAuley Portfolio Management Company Mercy Foundation for Health Innovation Sisters of Mercy Ministries Resource Optimization & Innovation, LLC Frontenac Properties, Inc Sisters of Mercy Health System MHM Support Services

Identifier	Return Reference	Explanation
15	Form 990, Schedule R, Part V, Question 2, Line 11	St John's Mercy Health Care St John's Mercy Foundation St John's Mercy Hospital Foundation St John's Mercy Health System - St John's Mercy Medical Center St John's Mercy Health System - St John's Mercy Hospital Mercy Medical Group UH L Corp , Inc

Identifier	Return Reference	Explanation
16	Form 990, Schedule R, Part V, Question 2, Line 12	St John's Health System, Inc St John's Foundation for Community Health, Inc Breech Regional Medical Center Carroll Health Foundation The Sister M Cornelia Blasko Foundation, Inc St John's Aurora, Inc St John's Regional Health Center Ozarks Region Health Systems, Inc St Francis Hospital, Mountain View , Missouri St John's Cassville, Inc St John's Clinic, Inc St John's Medical Research Institute, Inc

Identifier	Return Reference	Explanation
17	Form 990, Schedule L, Part IV	Name of interested person Ardmore Surgical Management Relationship betw een interested person and organization Hayden Henry MD and Pamela L Kimbrough are board members of the organization and Ardmore Surgical Management Amount of transaction $391,750 Description of transaction Independent Contractor - amount is based off of the 1099 and not fiscal year Sharing in organization's revenues? No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137026320

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Mercy Memorial Health Center Foundation	c	6,497,847
(2)	Refer to Schedule O for name of organizations	o	15,469,293
(3)	Refer to Schedule O for name of organizations	p	105,086,032
(4)	Refer to Schedule O for name of organizations	o	8,112,097
(5)	Refer to Schedule O for name of organizations	o	64,606
(6)	Refer to Schedule O for name of organizations	o	52,381
(7)	Mercy Health Plans	p	2,544,017
(1)	**See Additional Data Table**		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 73-1500629
Name: MERCY MEMORIAL HEALTH CENTER INC

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
ADVANCE CARE HOSPITAL 300 WERNER ST 3RD FLOOR HOT SPRINGS, AR71913 71-0816634	HOSPITAL	AR	501(C)(3)	3	NA
BREECH REGIONAL MEDICAL CENTER 100 HOSPITAL DRIVE LEBANON, MO65536 43-1767432	HOSPITAL	MO	501(C)(3)	3	NA
CARROLL HEALTH FOUNDATION 214 CARTER STREET BERRYVILLE, AR72616 71-0759301	FOUNDATION	AR	501(C)(3)	11A	NA
CASA DE MISERICORDIA 1602 MCCLELLAND STREET LAREDO, TX78044 74-2912461	SHELTER	TX	501(C)(3)	7	NA
HEALDTON MERCY HOSPITAL CORPORATION 918 SOUTH STREET HEALDTON, OK73438 26-3173902	HOSPITAL	OK	501(C)(3)	3	NA
LAREDO MEDICAL GROUP 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 74-2764726	INACTIVE	TX	501(C)(3)	9	NA
MCAULEY PORTFOLIO MANAGEMENT COMPANY 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 26-1708048	PORTFOLIO MGT	MO	501(C)(3)	11B	NA
MERCY EMERGENCY MEDICAL SERVICES INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 81-0627035	INACTIVE	OK	501(C)(3)	9	NA
MERCY FOUNDATION FOR HEALTH INNOVATION 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 20-0901499	FOUNDATION	MO	501(C)(3)	11B	NA
MERCY HEALTH CENTER FOUNDATION INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1593024	FOUNDATION	OK	501(C)(3)	11A	NA
MERCY HEALTH CENTER INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-0579285	HOSPITAL	OK	501(C)(3)	3	NA
MERCY HEALTH CENTER FOUNDATION 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-1077073	FOUNDATION	KS	501(C)(3)	11C	NA
MERCY HEALTH SERVICES INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 14-1838609	CLINIC	OK	501(C)(3)	3	NA
MERCY HEALTH SYSTEM OF KANSAS INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-0956045	HOSPITAL	KS	501(C)(3)	3	NA
MERCY HEALTH SYSTEM OF NORTHWEST AR 2710 RIFE MEDICAL DRIVE ROGERS, AR72758 62-1684203	PHYS GROUP	AR	501(C)(3)	11B	NA
MERCY HEALTH SYSTEM OF TEXAS INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 74-2764727	INACTIVE	TX	501(C)(3)	11B	NA
MERCY HEALTH SYSTEM INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1453048	HOLDING CO	OK	501(C)(3)	11A	NA
MERCY HOSPITAL FDTN OF INDEPENDENCE INC 800 W MYRTLE INDEPENDENCE, KS67301 48-1079981	FOUNDATION	KS	501(C)(3)	11A	NA
MERCY HOSPITAL OF LAREDO 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 74-1189682	INACTIVE	TX	501(C)(3)	3	NA
MERCY MEDICAL GROUP 645 MARYVILLE CENTRE DRIVE SUITE 1 ST LOUIS, MO63141 43-1771217	PHYS GROUP	MO	501(C)(3)	9	NA
MERCY MEMORIAL HEALTH CENTER FOUNDATION 1011 14TH AVENUE NW ARDMORE, OK73401 71-0962525	FOUNDATION	OK	501(C)(3)	11A	NA
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX78043 20-0198462	HEALTHCARE	TX	501(C)(3)	7	NA
MHM SUPPORT SERVICES 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 20-2553101	CENTR FUNCT	MO	501(C)(3)	11B	NA
MISSION CLINICAL SERVICES 300 WERNER STREET HOT SPRINGS, AR71913 13-4239691	CLINIC	AR	501(C)(3)	9	NA
OZARKS REGIONS HEALTH SYSTEMS INC 214 CARTER STREET BERRYVILLE, AR72616 71-0759299	HOSPITAL	AR	501(C)(3)	3	NA
SISTERS OF MERCY HEALTH SYSTEM 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 43-1423050	CORP OFFICE	MO	501(C)(3)	1	NA
SISTERS OF MERCY MINISTRIES 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 72-1069468	COUNSELING	MO	501(C)(3)	7	NA
ST EDWARD HEALTH FACILITIES OF FRANKLIN 801 W RIVER STREET OZARK, AR72949 71-0689680	HOSPITAL	AR	501(C)(3)	3	NA
ST EDWARD HEALTH FACILITIES OF LOGAN CO 500 E ACADEMY PARIS, AR72855 71-0655753	HOSPITAL	AR	501(C)(3)	3	NA
ST EDWARD HEALTH FACILITIES OF SCOTT CO 1341 W 6TH STREET WALDRON, AR72958 71-0557895	HOSPITAL	AR	501(C)(3)	3	NA

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
ST EDWARD MERCY CLINIC INC 7301 ROGERS AVENUE FORT SMITH, AR72917 26-1318597	CLINIC	AR	501(C)(3)	9	NA
ST EDWARD MERCY HEALTH SYSTEM INC 7301 ROGERS AVENUE FORT SMITH, AR72917 26-1318515	HOLDING CO	AR	501(C)(3)	11B	NA
ST EDWARD MERCY MEDICAL CENTER 7301 ROGERS AVENUE FORT SMITH, AR72917 71-0240352	HOSPITAL	AR	501(C)(3)	3	NA
ST FRANCIS HOSPITAL MOUNTAIN VIEW MO 100 W HIGHWAY 60 MOUNTAIN VIEW, MO65548 44-0607149	HOSPITAL	MO	501(C)(3)	3	NA
ST JOHN'S AURORA INC 500 PORTER AVENUE AURORA, MO65605 43-1936696	HOSPITAL	MO	501(C)(3)	3	NA
ST JOHN'S CASSVILLE INC 94 MAIN STREET CASSVILLE, MO65625 43-1936699	HOSPITAL	MO	501(C)(3)	3	NA
ST JOHN'S CHILDREN'S HOSPITAL INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804	INACTIVE	MO	501(C)(3)	3	NA
ST JOHN'S CLINIC INC 1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO65804 43-1560263	PHYS GROUP	MO	501(C)(3)	9	NA
ST JOHN'S FDTN FOR COMMUNITY HEALTH 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 32-0195818	FOUNDATION	MO	501(C)(3)	11B	NA
ST JOHN'S HEALTH SYSTEM INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 43-1856028	HOLDING CO	MO	501(C)(3)	11B	NA
ST JOHN'S HOME CARE OF BERRYVILLE INC 214 CARTER STREET BERRYVILLE, AR72616 87-0781247	HOME HEALTH	AR	501(C)(3)	11C	NA
ST JOHN'S MEDICAL RESEARCH INSTITUTE 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 87-0796305	RESEARCH	MO	501(C)(3)	4	NA
ST JOHN'S MERCY FOUNDATION 645 MARYVILLE CENTRE DRIVE SUITE 1 ST LOUIS, MO63141 56-2410022	FOUNDATION	MO	501(C)(3)	11B	NA
ST JOHN'S MERCY HEALTH CARE 645 MARYVILLE CENTRE DRIVE SUITE 1 ST LOUIS, MO63141 43-1718408	HEALTH SYSTEM	MO	501(C)(3)	11B	NA
ST JOHN'S MERCY HEALTH SYSTEM 645 MARYVILLE CENTRE DRIVE SUITE 1 ST LOUIS, MO63141 43-0653493	HOSPITAL	MO	501(C)(3)	3	NA
ST JOHN'S MERCY HOSPITAL FOUNDATION 901 E FIFTH STREET WASHINGTON, MO63090 56-2410020	FOUNDATION	MO	501(C)(3)	11B	NA
ST JOHN'S MERCY SUPPORT SERVICES 615 S NEW BALLAS ROAD ST LOUIS, MO63141 43-1677952	INACTIVE	MO	501(C)(3)	11C	NA
ST JOHN'S REGIONAL HEALTH CENTER 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 44-0552485	HOSPITAL	MO	501(C)(3)	3	NA
ST JOSEPH'S MERCY CLINIC INC 1 MERCY LANE HOT SPRINGS, AR71913 26-1125131	CLINIC	AR	501(C)(3)	9	NA
ST JOSEPH'S MERCY HEALTH CENTER 300 WERNER STREET HOT SPRINGS, AR71913 71-0236913	HOSPITAL	AR	501(C)(3)	3	NA
ST JOSEPH'S MERCY HEALTH FOUNDATION 300 WERNER STREET HOT SPRINGS, AR71913 71-0804718	FOUNDATION	AR	501(C)(3)	11B	NA
ST JOSEPH'S MERCY HEALTH SYSTEM INC 300 WERNER STREET HOT SPRINGS, AR71913 26-1125064	HOLDING CO	AR	501(C)(3)	11B	NA
ST MARY-ROGERS MEMORIAL HOSPITAL INC 2710 RIFE MEDICAL LANE ROGERS, AR72758 71-0294390	HOSPITAL	AR	501(C)(3)	3	NA
ST MARY'S HOSPITAL FOUNDATION 2710 RIFE MEDICAL LANE ROGERS, AR72758 71-0601687	FOUNDATION	AR	501(C)(3)	11C	NA
ST MARY'S HOSPITAL OF ENID OKLAHOMA 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 73-0614655	INACTIVE	OK	501(C)(3)	3	NA
THE SISTER M CORNELIA BLASKO FOUNDATION 100 W HIGHWAY 60 MOUNTAIN VIEW, MO65548 43-1873914	FOUNDATION	MO	501(C)(3)	11A	NA
UNITY AMBULATORY CARE 645 MARYVILLE CENTRE DRIVE SUITE 1 ST LOUIS, MO63141 43-1861745	INACTIVE	MO	501(C)(3)	11C	NA

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
SOUTHERN OKLAHOMA DIAG CTR 1011 FOURTEETH AVENUE NW ARDMORE, OK73401 43-1971232	DIAGNOSTICS	OK	NA	Related	-33,821	1,024,682		No		Yes	
RESOURCE OPTIMIZATION & INNOVATION LLC 645 MARYVILLE CENTRE DRIVE SUITE ST LOUIS, MO63141 46-0468368	DISTRIBUTION CTR	MO	NA	N/A	0	0		No			No
MERCY AMBULATORY SURGERY CTR 7301 ROGERS AVENUE FORT SMITH, AR72917 71-0827721	SURGERY CTR	AR	NA	N/A	0	0		No			No
HOT SPRINGS EQUIPMENT LEASING LLC 300 WERNER STREET HOT SPRINGS, AR71913 20-4340915	EQ LEASING	AR	NA	N/A	0	0		No			No
HOT SPRINGS MRI PARTNERSHIP 100 RIDGEWAY PLACE HOT SPRINGS, AR72901 71-0675196	MRI CENTER	AR	NA	N/A	0	0		No			No
SOUTHERN OK PHYSICIANS HOSPITAL ORG 1011 FOURTEETH AVENUE NW ARDMORE, OK73401 73-1462104	MGMT SERVICES	OK	NA	Related	-123,529	0		No		Yes	
FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR72901 71-0416615	EMERG MED SERV	AR	NA	N/A	0	0		No			No
ST JOSEPH'S PET CENTER LLC 300 WERNER STREET HOT SPRINGS, AR72901 47-0886845	PET/MRI CENTER	AR	NA	N/A	0	0		No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
ST EDWARD MEDICAL SERVICES INC 7301 ROGERS AVENUE FORT SMITH, AR72903 20-2965518	PROF SERVICES	AR	NA	C	0	0	0 %
CONSOLIDATED LOGISTICS INC 2710 RIFE MEDICAL LANE ROGERS, AR72758 71-0474406	HOLDING COMPANY	AR	NA	C	0	0	0 %
MERCY COMMUNITY SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS66701 48-1078101	CATERING	KS	NA	C	0	0	0 %
FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO63017 52-1914421	HOLDING COMPANY	DE	NA	C	0	0	0 %
MHP INC 14528 S OUTER FORTY SUITE 300 CHESTERFIELD, MO63017 43-1697084	HOLDING COMPANY	DE	NA	C	0	0	0 %
MERCY MEDICAL SERVICES INC 14528 S OUTER FORTY SUITE 300 CHESTERFIELD, MO63017 71-0641246	MEDICAL SVCS	MO	NA	C	0	0	0 %
INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO65804 26-4509571	IT	MO	NA	C	0	0	0 %
UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 1 ST LOUIS, MO63141 43-1797042	PRACTICE MGMT	MO	NA	C	0	0	0 %
UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 1 ST LOUIS, MO63141 74-2499535	HOLDING COMPANY	MO	NA	C	0	0	0 %
MERCY HEALTH NETWORK OF THE SOUTHERN REG 1011 14TH AVENUE NW ARDMORE, OK73401 73-1580607	PHYS MEDICAL PR	OK	NA	C	0	0	0 %
MERCY HEALTH CENTER CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK73120 68-0640970	REAL ESTATE	OK	NA	C	0	0	0 %
MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1441665	HMO MANAGEMENT	OK	NA	C	0	0	0 %
MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK73120 73-1381689	PHYS MEDICAL PR	OK	NA	C	0	0	0 %

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Mercy Memorial Health Center Foundation	c	6,497,847
(2)	Refer to Schedule O for name of organizations	o	15,469,293
(3)	Refer to Schedule O for name of organizations	p	105,086,032
(4)	Refer to Schedule O for name of organizations	o	8,112,097
(5)	Refer to Schedule O for name of organizations	o	64,606
(6)	Refer to Schedule O for name of organizations	o	52,381
(7)	Mercy Health Plans	p	2,544,017