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Part IIISTatement of Program Service Accomplishments

1

Briefly describe the organization’s mission

MERCY HEALTH CENTER IS ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH THIS TRADITION IS MARKED BY 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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

✓

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 219,446,723 including grants of \$ 433,938) (Revenue \$ 293,665,171)

Mercy Health Center, Inc ("Mercy") provides quality medical health care regardless of race, creed, sex, national origin, handicap, age, or ability to pay During FY2010, Mercy provided services to 19,380 inpatients, 48,775 emergency department patients, and 248,436 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 health services through the purchase 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) community education and Wellness programs 2) support group meetings3) health fairs, screenings, and free clinics 4) subsidized health services including hospice, home health services, and disaster readiness, and community health research5) Cash and in-kind donations for events and fund-raising6) Community building activities, in partnership with other community organizations7) Pre-natal and well baby care to the poor 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 \$9,171,425 in FY2010 Mercy continues to be a strong leader and partner in community collaborations in Oklahoma These include health education programs/classes, support groups, clinical services, in-kind donations, conferences, and many community building activities Some of the highlights include "Project Early Detection" which provides breast health services for uninsured women and "Diabetes Wellness Project" which serves diabetic clients who attend a free clinic This project offers diabetes education, foot care, blood glucose monitoring skills and supplies, healthy lunches, grocery shopping tips, exercise activities, and journaling Mercy has also adopted a low-income elementary school and provides weekly tutors, an annual health fair, and other support A wide variety of support groups is offered each month Lab services are provided for three free clinics in the community

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\$ 219,446,723

Form 990 (2009)

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	• Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . 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	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	3,543	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	17	
b	Enter the number of voting members that are independent	1b	13	
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		

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 ▶ Jon Vitiello 4300 WEST MEMORIAL ROAD OKLAHOMA CITY, OK 73120 (405) 752-3724

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

• 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

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

Form 990 (2009)

1b	Total	3,470,221	2,371,746	874,729
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶69

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GK FINANCING 4 EMBARDCADERO CTR STE 3700 SAN FRANCISCO, CA 94111	MEDICAL AND FINANCING SVCS	1,273,482
OK HEART HOSPITAL 4050 WEST MEMORIAL ROAD OKLAHOMA CITY, OK 73120	MEDICAL SERVICES	1,236,372
HEALTHCARE FINANCIAL RESOURCES 830 N MEACHUM RD SCHAUMBURG, IL 60173	A/R RECOVERY	852,600
AFFILIATED ANESTHESIOLOGISTS 4200 W MEMORIAL RD STE 703 OKLAHOMA CITY, OK 73120	MEDICAL SERVICES	833,500
LINEN KING 14780 S MEMORIAL BIXBY, OK 74008	LINEN SERVICES	786,150

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶60

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		627,287		
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	627,287			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621,300	286,482,348	286,482,348		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			286,482,348		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			157,821		157,821
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	(i) Real		(ii) Personal	2,959,284		
		4,548,663					
		1,589,379					
		2,959,284					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			2,959,284		2,959,284
	7a	(i) Securities		(ii) Other	8,925		
		8,925					
		8,925					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			8,925		8,925
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
b	Less direct expenses		b				
c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . . .						
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 . . .						
Miscellaneous Revenue		Business Code					
11a	MDT LABORATORY SVC		621,500	10,214,370		10,214,370	
b	PHARMACY		446,110	8,073,014	5,247,381	2,825,633	
c	CAFETERIA		722,210	1,611,969			1,611,969
d	All other revenue			2,807,525	1,935,442	830,718	41,365
e	Total. Add lines 11a-11d			22,706,878			
12	Total revenue. See Instructions			312,942,543	293,665,171	13,870,721	4,779,364

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	239,938	239,938		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	194,000	194,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,666,926		2,666,926	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	104,132,108	76,287,182	27,844,926	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,271,169	3,129,058	1,142,111	
9	Other employee benefits	14,467,337	10,598,771	3,868,566	
10	Payroll taxes	6,885,171	5,044,077	1,841,094	
11	Fees for services (non-employees)				
a	Management	25,963,924		25,963,924	
b	Legal	28,777	21,082	7,695	
c	Accounting	1,658		1,658	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	17,975,543	13,168,883	4,806,660	
12	Advertising and promotion	106,265	77,850	28,415	
13	Office expenses	595,942	436,587	159,355	
14	Information technology	120,006	87,916	32,090	
15	Royalties				
16	Occupancy	7,745,778	5,674,557	2,071,221	
17	Travel	483,362	354,111	129,251	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,367,512	8,327,839	3,039,673	
23	Insurance	2,245,487	1,645,044	600,443	
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	43,748,873	43,748,873		
b	BAD DEBT	22,257,478	22,257,478		
c	PHARMACEUTICALS	19,475,046	19,475,046		
d	EQUIPMENT RENTAL & MAIN	2,775,896	2,033,621	742,275	
e					
f	All other expenses	9,070,174	6,644,810	2,425,364	
25	Total functional expenses. Add lines 1 through 24f	296,818,370	219,446,723	77,371,647	0
26	Joint costs. Check here ☐ 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			26,534,342	1	12,956,047
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			45,593,862	4	44,055,396
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,163,161	7	179,982
	8	Inventories for sale or use			3,857,065	8	4,755,247
	9	Prepaid expenses and deferred charges			619,267	9	549,621
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	327,231,594	101,826,641	10c	101,680,023
	b	Less accumulated depreciation	10b	225,551,571			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			70,396	12	755,038
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			540,000	15	360,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			180,204,734	16	165,291,354
Liabilities	17	Accounts payable and accrued expenses			26,146,764	17	26,897,146
	18	Grants payable				18	
	19	Deferred revenue			226,176	19	226,176
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			9,014,600	25	450,058
	26	Total liabilities. Add lines 17 through 25			35,387,540	26	27,573,380
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			144,817,194	27	137,717,974
	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			144,817,194	33	137,717,974
	34	Total liabilities and net assets/fund balances			180,204,734	34	165,291,354

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a	No
b Were the organization's financial statements audited by an independent accountant? 	2b	Yes
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	3a	Yes
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY HEALTH CENTER INC

Employer identification number
73-0579285

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2008. 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—2009. 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—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MERCY HEALTH CENTER INC	Employer identification number 73-0579285
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 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 funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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 If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	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 1c through 1i)?		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		6,873
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				6,873
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?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 (see instructions)	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
Part II-B, Line 1i	Explanation of Other Lobbying Activities	The filing organization is a member of and pays dues to the Oklahoma Hospital Association. For the year ended June 30, 2010, dues were \$74,421. Approximately 94.9% of Oklahoma Hospital Association dues were attributable to lobbying activities performed by this association.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY HEALTH CENTER INC

Employer identification number
73-0579285

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

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

2

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
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) Accumulated depreciation	(d) Book value
1a Land	1,602,629	16,170,270		17,772,899
b Buildings		74,319,998	39,947,864	34,372,134
c Leasehold improvements		425,639	146,623	279,016
d Equipment		225,721,265	180,960,374	44,760,891
e Other		8,991,793	4,496,710	4,495,083
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				101,680,023

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	Other losses	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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The consolidated audited financial statements of the Sisters of Mercy Health System, Inc. and Subsidiaries do not include a footnote to report the organization's liability for uncertain tax provisions under FIN 48, as they are deemed immaterial for disclosure.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY HEALTH CENTER INC

Employer identification number
73-0579285

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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 ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most 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 <i>free</i> 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 _____ b Does the organization use FPG to determine eligibility for providing <i>discounted</i> 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 _____ 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"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
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 Government 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)			6,937,303		6,937,303	2 530 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			2,234,122		2,234,122	0 810 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			9,171,425		9,171,425	3 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	4,446	2,034,531		2,034,531	0 740 %
f Health professions education (from Worksheet 5)	2	60	208,340		208,340	0 080 %
g Subsidized health services (from Worksheet 6)	4	75	2,432,917		2,432,917	0 890 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	2	463	349,351		349,351	0 130 %
j Total Other Benefits	14	5,044	5,025,139		5,025,139	1 840 %
k Total. Add lines 7d and 7j	14	5,044	14,196,564		14,196,564	5 180 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities.

	(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	1	4,994	80,035	80,035	0.030 %
4	Environmental improvements	1	0	23,748	23,748	0.010 %
5	Leadership development and training for community members					
6	Coalition building	1	0	1,825	1,825	0 %
7	Community health improvement advocacy	1	0	55,938	55,938	0.020 %
8	Workforce development	1	600	22,873	22,873	0.010 %
9	Other					
10	Total	5	5,594	184,419	184,419	0.070 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	7,368,805
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	0
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, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	79,657,969
6	Enter Medicare allowable costs of care relating to payments on line 5	6	110,395,358
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-30,737,389
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
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	Yes

Part IV

Management Companies and Joint Ventures

(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				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

Part VI, Line 2 Community Roundtable meetings were held in Oklahoma City and El Reno, which are located in the Mercy Health Center, Inc service area Participants shared their views on both the current and future state of health in their communities A second step in the needs assessment process included review of the Oklahoma Health Improvement Plan (OHIP) This is a comprehensive plan of the Oklahoma State Health Department and its partners to identify health problems in the state Additional information was received and assessed from the City/County Health Department Wellness scores and the community Health Status Report for 2008

- 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

See additional data

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

See additional data

- 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

See additional data

- 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)

See additional data

- 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 communities served

See additional data

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

OK

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
MERCY HEALTH CENTER INC

Employer identification number
73-0579285

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed
- | (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALLIED ARTSONE N HUDSON STE 140 Oklahoma City, OK 73102 | 730804291 | 501(c)(3) | 15,000 | | | | Community enrichment |
| Edmund Area CHAMBER OF COMMERCE825 E 2nd St Suite 100 Edmund, OK 73034 | 730544087 | 501(c)(6) | 13,750 | | | | Economic development |
| MARCH OF DIMES5100 BROOKLINE STE 270 Oklahoma City, OK 73102 | 131846366 | 501(c)(3) | 40,000 | | | | NICU family support |
| MOUNT ST MARY HIGH SCHOOL2801 S SHARTEL AVE oklahoma City, OK 73109 | 730605969 | 501(c)(3) | 10,000 | | | | Educational endowment |
| UNITED WAY OF CENTRAL OKLAHOMAPO BOX 837 oklahoma City, OK 73105 | 730589829 | 501(c)(3) | 21,500 | | | | Community campaign |
| Pros for Africa211 North Robinson Oklahoma City, OK 73102 | 271674673 | 501(c)(3) | 5,000 | | | | charitable donation |
| World Neighbors Inc4127 MW 122nd Street Oklahoma City, OK 73120 | 730707328 | 501(c)(3) | 5,000 | | | | Sponsorship donation |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
- 2

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

6

3

Enter total number of other organizations

1
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TUITION SCHOLARSHIPS	69	194,000			
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
MERCY HEALTH CENTER INC

Employer identification number
73-0579285

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ 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 with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?	Yes	
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	The organization?		No
5b	Any related organization?		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:		
6a	The organization?		No
6b	Any related organization?		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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

[illegible]

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
	Part I, Line 4a	Thomas Edelstein received \$38,848 in severance pay from St. Johns Mercy Health Care in St. Louis, a related entity. Schedule J, Part I, Question 4b: Sisters of Mercy Health System, the Parent Company, offers supplemental retirement plans to certain executives which provide benefits upon retirement based on compensation, age at the time of benefit commencement, length of service with the company and/or its affiliates, and length of tenure in the plan. The individuals reportable on this return who participate in the supplemental executive retirement plans include: Diana Smalley, Jeffrey Johnston. The following individuals participated in a supplemental management retirement plan: James Dixson, Linda Fanning, Mark Johnson, Jeffrey Johnston, James Newman, Becky Payton. The amount of all accrued benefits is included in compensation amounts provided in Schedule J, Part II, Column (C). No persons listed on this return received payment under the plans during the tax year.
	Part I, Line 7	The filing organization provides a non-fixed bonus plan for which certain tiers of its employees are eligible. For fiscal year 2009 (July 1, 2008-June 30, 2009), payment of all or part of the bonus is contingent upon percentage attainment of (I) personal goals and (II) certain financial targets. For fiscal year 2010 (July 1, 2009-June 30, 2010), payment of all or part of the bonus is contingent upon attainment of certain financial targets. Payments are made annually in October following (I) the conclusion of the fiscal year and (II) determination of goal achievement (applicable only for fiscal year 2009). Bonus opportunities are tiered percentages and are dependent upon the leadership level and attainment percentage. Mercy's attainment of financial goals are validated by an external consulting firm and are then taken into account by the executive compensation committee of Mercy when analyzing executive compensation for reasonableness.
Supplemental Information	Part III	PART I, LINE 3: The filing organization relies on a related organization; refer to Schedule O, Part VI, question 15a and 15b for the process the related organization follows.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
MERCY HEALTH CENTER INC

Employer identification number
73-0579285

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization 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.
Complete if the organization 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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization 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.
Complete if the organization 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
OKLAHOMA HEART HOSPITAL LLC	SEE SCHEDULE O	1,236,372	INDEPENDENT CONTRACTOR		No
OKLAHOMA CARDIO VASCULAR ASSOCIATION	SEE SCHEDULE O	213,019	INDEPENDENT CONTRACTOR		No

Additional Data

Software ID:
Software Version:
EIN: 73-0579285
Name: MERCY HEALTH CENTER INC

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133032211
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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.	OMB No 1545-0047
		2009
		Open to Public Inspection
Name of the organization MERCY HEALTH CENTER INC		Employer identification number 73-0579285

Identifier	Return Reference	Explanation
Form990, Part VI, Section A, line 6		Mercy Health Center Inc has a sole Corporate member, Mercy Health System, Inc

Identifier	Return Reference	Explanation
Form990, Part VI, Section A, line 7a		Mercy Health System, Inc may APPOINT AND REMOVE MEMBERS OF THE BOARD

Identifier	Return Reference	Explanation
Form990, Part VI, Section A, line 7b		THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED SOLELY UNTO Mercy Health System, Inc - Adopt or amend the mssion and philosophy of the Corporation and any organization controlled by the Corporation, - Adopt or amend the strategic plans, goals, and objectives of the Corporation and any organization controlled by the Corporation, - Adopt or amend the operating and capital budgets of the Corporation and any organization controlled by the Corporation and any changes in such budgets in excess of an amount established fromtime to time by the Member, - Review and approve any capital expenditures or recommendations not previously approved as part of the Corporation's budgets, - Authorize or approve the assignment, transfer, sale or lease of any of the assets of the Corporation or any organization controlled by the Corporation or interest therein in excess of an amount established fromtime to time by the Member, - Authorize or approve the grant of any pledge, lien, encumbrance, mortgage, deed of trust or other security interest in any or all of the assets of the Corporation and any organization controlled by the Corporation, - Authorize or approve the incurrence of debt (other than debt incurred for the acquisition of goods that are acquired in the ordinary course of business) by the Corporation or any organization controlled by the Corporation and the grant any security interests, the placement of any encumbrances, the entering into any covenants, and the execution of any documents and the taking of any actions necessary or appropriate in connection w ith the incurrence of such debt, - Merge, dissolve or abandon the Corporation or any organization controlled by the Corporation, - Amend the Certificate of Incorporation and Bylaw s of the Corporation and any organization controlled by the Corporation, - Establish all compensation and benefit terms for physicians and other medical professionals employed or otherw ise retained by the Corporation, - Approve the creation, ow nership or acquisition of, or affiliation w ith, any other organization controlled by the Corporation, - Approve contracts in w hich the Corporation assumes financial risk, including but not limited to managed care contracts, subject to consultation w ith the Managed Care Contracting Committee of the Member, - Approve the Clinic's manpower plan, - Through the sole action of the President of the Member (w ith the approval of the President of Mercy, appoint and remove the President of the Corporation, and - Authorize and amend the Charity Care Policy of the Clinic

Identifier	Return Reference	Explanation
Form990, Part VI, Section B, line 11		The Form990 is prepared by an independent accounting firm, using information provided by the filing organization A draft Form990 is review ed by the filing organization's finance team The draft Form990 is also review ed by the Sisters of Mercy Health System's Tax department, to ensure accuracy and consistency w ith other related organizations' Form990s After questions arising fromthe various review s are addressed and incorporated into the Form990, a revised draft is provided to the filing organization's leadership teamfor review Once review ed and approved by the filing organization's leadership team, the Form990 is provided to the Board of Directors for review , it is then signed and filed w ith the IRS

Identifier	Return Reference	Explanation
Form990, Part VI, Section B, line 12c		THE BOARD ANNUALLY RECEIVES A CONFLICT OF INTEREST QUESTIONAIRE THE ORGANIZATION HAS A COMPLIANCE DEPARTMENT TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
Form990, Part VI, Section B, line 15a		For those classified as officers (and thus disqualified persons), the organization uses the follow ing to establish compensation external market salary surveys, external market salary studies, engagement of an independent compensation consultant, and review /approval of compensation by the executive compensation committee of the Board of the Sister of Mercy Health System For those classified as key employees, the organization uses the follow ing to establish the compensation external market salary surveys, external market salary studies, and review /approval of executive management Compensation review s are completed on an annual basis, and a review w as completed during the reporting year

Identifier	Return Reference	Explanation
Form990, Part VI, Section C, line 19		Governing documents, conflict of interest policy, and financial statements have been made available from time to time but are not published publicly

Identifier	Return Reference	Explanation
Part XI, Line 2	Audited Financial Statements	The filing organization's financial statements were included in the Sisters of Mercy Health System, Inc and Subsidiaries annual financial statement audit The Sisters of Mercy Health System, Inc and Subsidiaries received an unqualified opinion from the external audtors for fiscal 2010 (the tax year currently being reported) How ever, no separate audit opinion is issued on the financial statements of the filing organization The ultimate responsibility for oversight of the financial statement audit and selection of the external auditor lies w ith the Finance, Audit, and Compliance Committee of the Sisters of Mercy Health System Board of Directors Audit results are communicated to this committee

Identifier	Return Reference	Explanation
Part XI, Line 3	Single Audit Act and OMB Circular A-133	The Consolidated Group of Sisters of Mercy Health Systemis 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
		FORM 990, SCHEDULE L, PART IV Relationship betw een interested person and organization DIANA SMALLEY , BOARD MEMBER, AND JAMES NEWMAN AND MARK JOHNSON, OFFICERS OF THE ORGANIZATION, ARE ALL BOARD MEMBERS OF OKLAHOMA HEART HOSPITAL, LLC BROOK D SCOTT, MD, IS A BOARD MEMBER OF THE ORGANIZATION AND OKLAHOMA CARDIOVASCULAR ASSOCIATION

Identifier	Return Reference	Explanation
		FORM 990, SCHEDULE R, PART II ST JOHNS MERCY HEALTH SYSTEM ST JOHN'S MERCY HEALTH SYSTEM CONSISTS OF ST JOHN'S MERCY MEDICAL CENTER, EIN 43-065393, AND ST JOHN'S MERCY HOSPITAL, EIN 43-1066883

Identifier	Return Reference	Explanation
		Form990, Schedule R 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 fromLaw 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
FORM 990, PART VII		STEVEN BURNER DEVOTED AN AVERAGE OF 40 HOURS PER WEEK TO RELATED ORGANIZATIONS JAMES NEWMAN DEVOTED AN AVERAGE OF 45 HOURS PER WEEK TO RELATED ORGANIZATIONS DIANA SMALLEY DEVOTED AN AVERAGE OF 34 HOURS PER WEEK TO RELATED ORGANIZATIONS CINDY CARMICHAEL DEVOTED AN AVERAGE OF 39 HOURS PER WEEK TO RELATED ORGANIZATIONS THOMAS EDELSTEIN DEVOTED AN AVERAGE OF 10 HOURS PER WEEK TO RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
Form990, Part V, Question 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 by a related organization under a common paymaster arrangement As such, all required payroll filing (including W-2 and W-3's) w as reported under the related organization's EIN

Identifier	Return Reference	Explanation
Form990, Part V, Question 1a		Independent contractors for the filing organization are paid by the Sisters of Mercy Health System (EIN 43-1423050) As such, all required Form 1099 and Form 1096 reporting is made for the entire Health System (w ith limited exceptions) under the SMHS EIN

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY HEALTH CENTER INC

Employer identification number
73-0579285

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NEUROSCIENCE INSTITUTE SERVICES ORGANIZATION LLC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 30-0487934	MGD CARE SERVICES	OK	0	4,127,956	MERCY HEALTH CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV

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

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

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Mercy Health Center, Inc (MHC) is a Catholic health care corporation that, pursuant to the organizational core belief that health care services are a vital and integral part of the Church's healing mission, engages in a ministry which provides general acute care, ambulatory, long-term and home care health services to individuals and families in its service communities. In keeping with MHC's commitment to serve all members of the communities it serves, MHC provides care to patients regardless of ability to pay. As defined by the institution's charity policy, MHC does not pursue collection of amounts determined to qualify for charity care. In addition, MHC provides services to other patients under the Medicare Program and various state Medicaid programs. Such programs pay providers amounts that are substantially less than billed charges, and frequently less than the cost, of the services provided to the recipients. MHC is governed by a Board of Directors which includes representation from community leaders in the organization's primary service areas. All board members are required to complete an annual Conflict of Interest survey. Any potential conflicts of interest disclosed by board members are screened by general counsel and reviewed by the board chairperson and CEO. This process ensures that public, rather than private, interests are served by MHC. Surplus funds and unrestricted assets held by MHC are reinvested in patient care, medical education and research initiatives which support the organization's mission to deliver compassionate care and exceptional health care services to the communities it serves. Examples include the following:

- Expansion of Emergency Room facilities at Mercy Health Center in Oklahoma City to further meet the health care needs of this community
- Renovation and upgrade of the Intensive Care Unit at Mercy Health Center in Oklahoma City to provide the highest quality care of this community
- Conversion to the EPIC Electronic Health Record system. This platform allows continuity of patient medical record access by providers throughout the Mercy system and also allows the patient to access information from their own records, allowing more complete and meaningful communication, information and health education for the community.
- Renovation and upgrades to the Operating Room suites to meet the technological and clinical advances, continuing to provide the highest quality of care to support the needs of the population served by MHC and its staff physicians.
- Purchase and installation of key diagnostic imaging equipment to aid in the accurate and timely diagnosis of disease.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 The filing organization is part of the Sisters of Mercy Health System ("Mercy") Mercy is a Missouri non-profit corporation with its headquarters ("ministry office") in St Louis, Missouri Mercy provides health care services in four states - Arkansas, Kansas, Missouri, and Oklahoma - and has outreach ministries located in Louisiana, Mississippi, and Texas Mercy's mission is "As the Sisters of Mercy before us, we bring life to the healing ministry of Jesus through our compassionate care and exceptional service " As of June 30, 2010, Mercy facilities included 28 hospitals with 3,718 acute licensed beds (3,300 acute available beds) For the fiscal year ended June 30, 2010, Mercy had more than 6.3 million outpatient visits, more than 1,200 employed physicians, and approximately 28,000 employees, making Mercy the eighth largest Catholic health system in the United States based on net patient service revenue Mercy is sponsored by Mercy Health Ministry, which is governed by members that include Sisters of Mercy Many services that are essential to fulfilling Mercy's mission are centralized at the Ministry Office Such centralized services include Treasury, Information Technology, Clinical Quality Management, Legal and Compliance Counsel, Compensation and Benefits, Consulting, Performance Management, Revenue Management, Capital Management, Clinical Engineering, and Clinical Safety The centralization of such support services enables Mercy to ensure that each of its communities, whether large or small, has the services it needs

Software ID:

Software Version:

EIN: 73-0579285

Name: MERCY 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				
DIANA SMALLEY	(i)	0	0	0	0	0	0	0
	(ii)	397,309	115,774	28,330	151,301	15,252	707,966	0
STEVEN A BURNER MD	(i)	0	0	0	0	0	0	0
	(ii)	236,484	0	15,344	21,664	14,591	288,083	0
CINDY CARMICHAEL	(i)	125,529	27,642	13,892	4,626	3,482	175,171	0
	(ii)	49,623	0	1,012	0	1,625	52,260	0
JAMES NEWMAN	(i)	0	0	0	0	0	0	0
	(ii)	258,143	60,157	19,699	72,747	14,653	425,399	0
MARK JOHNSON	(i)	313,024	45,751	32,975	88,915	12,284	492,949	0
	(ii)	0	0	0	0	0	0	0
JULIA AKINS	(i)	35,753	0	4,707	0	1,642	42,102	0
	(ii)	109,224	32,993	61,016	22,858	5,031	231,122	0
LINDA FANNING	(i)	153,522	23,666	8,297	13,882	1,510	200,877	0
	(ii)	0	0	0	0	0	0	0
LOREN FJONE	(i)	176,012	30,329	24,714	19,974	6,844	257,873	0
	(ii)	0	0	0	0	0	0	0
PAUL FOSTER	(i)	161,921	23,337	16,750	5,988	13,806	221,802	0
	(ii)	0	0	0	0	0	0	0
BECKY PAYTON	(i)	176,141	28,617	23,770	17,788	11,090	257,406	0
	(ii)	0	0	0	0	0	0	0
JERRY BAUMEISTER	(i)	118,793	24,642	51,506	31,287	6,491	232,719	0
	(ii)	0	0	0	0	0	0	0
JAMES DIXSON	(i)	197,197	38,815	14,312	59,804	8,003	318,131	0
	(ii)	129,750	0	4,135	0	4,309	138,194	0
THOMAS EDELSTEIN	(i)	89,666	7,112	20,572	15,285	9,463	142,098	0
	(ii)	5,388	0	44,184	0	0	49,572	0
JIM GEBHART	(i)	0	0	0	0	0	0	0
	(ii)	135,222	50,000	41,611	4,567	5,479	236,879	0
AARON STEFFENS	(i)	137,421	21,527	2,826	7,228	8,028	177,030	0
	(ii)	0	0	0	0	0	0	0
RALPH C THOMAS	(i)	226,732	0	4,717	4,577	6,630	242,656	0
	(ii)	0	0	0	0	0	0	0
ALAN HOLLINGSWORTH	(i)	173,510	11,142	10,448	2,201	11,153	208,454	0
	(ii)	0	0	0	0	0	0	0
GABRIEL PARDO	(i)	268,595	0	28,435	11,498	14,940	323,468	0
	(ii)	0	0	0	0	0	0	0
BRENT HOLLIMAN	(i)	125,461	31,076	6,988	3,419	12,863	179,807	0
	(ii)	0	0	0	0	0	0	0
KEITH MADISON	(i)	118,624	9,635	29,867	7,899	6,344	172,369	0
	(ii)	0	0	0	0	0	0	0
HOWARD YOUNG	(i)	125,872	0	33,410	8,443	13,711	181,436	0
	(ii)	0	0	0	0	0	0	0
JEFF JOHNSTON	(i)	0	0	0	0	0	0	0
	(ii)	328,696	123,469	96,995	61,229	14,562	624,951	0

Additional Data

Software ID:

Software Version:

EIN: 73-0579285

Name: MERCY HEALTH CENTER INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA SMALLEY PRESIDENT/EX OFFICIO	6 00	X		X				0	541,413	166,553
DIANNE B GASBARRA MD TRUSTEE	1 00	X						0	27,188	0
SISTER REBECCA ANN HENDRICKS RSM TRUSTEE	1 00	X						0	0	0
LINDA P LAMBERT CHAIR	1 00	X						0	0	0
SISTER MARY JEANETTE NOONAN RSM TRUSTEE	1 00	X						0	0	0
DONALD K RAHHAL MD TRUSTEE	1 00	X						0	0	0
BROOK D SCOTT MD TRUSTEE	1 00	X						0	0	0
RICHARD V SMITH MD TRUSTEE	40 00	X						94,971	0	13,763
SISTER CABRINI KOELSCH RSM TRUSTEE	1 00	X						0	0	0
SISTER ROSEMARY WELSH RSM TRUSTEE	1 00	X						0	0	0
JANE JAYROE GAMBLE TRUSTEE	1 00	X						0	0	0
MIKE E O'NEAL TRUSTEE	1 00	X						0	0	0
STEVEN A BURNER MD EX OFFICIO/CHIEF OF STAFF	1 00	X						0	251,828	36,255
CINDY CARMICHAEL TRUSTEE	1 00	X			X			167,063	50,635	9,733
John Harkess MD Trustee	1 00	X						0	0	0
James M Hartsuck MD TruSTEE	1 00	X						0	0	0
Kenneth Hieke MD TrusTEE	1 00	X						0	0	0
JAMES NEWMAN TREASURER	16 00			X				0	337,999	87,400
MARK JOHNSON CMO	40 00			X				391,750	0	101,199
JULIA AKINS VP - MARKETING	40 00				X			40,460	203,233	29,531
LINDA FANNING CNO	40 00				X			185,485	0	15,392
LOREN FJONE VP - MANAGED CARE	40 00				X			231,055	0	26,818
PAUL FOSTER VP - FINANCE	40 00				X			202,008	0	19,794
BECKY PAYTON VP - HR	40 00				X			228,528	0	28,878
JERRY BAUMEISTER VP - OPERATIONS	40 00				X			194,941	0	37,778

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES DIXSON Div President-Primary Care	40 00				X			250,324	133,885	72,116
THOMAS EDELSTEIN VP Mission/Ethics	40 00				X			117,350	49,572	24,748
JIM GEBHART President	40 00				X			0	226,833	10,046
AARON STEFFENS VP Operations	40 00				X			161,774	0	15,256
RALPH C THOMAS President-MP of OK	40 00				X			231,449	0	11,207
ALAN HOLLINGSWORTH MEDICAL DIRECTOR	40 00					X		195,100	0	13,354
GABRIEL PARDO PHYSICIAN	40 00					X		297,030	0	26,438
BRENT HOLLIMAN Executive Director Ortho	40 00					X		163,525	0	16,282
KEITH MADISON Director Pharmacy Services	40 00					X		158,126	0	14,243
HOWARD YOUNG PHYSICIST	40 00					X		159,282	0	22,154
JEFF JOHNSTON Former COO							X	0	549,160	75,791

Additional Data

Software ID:

Software Version:

EIN: 73-0579285

Name: MERCY HEALTH CENTER INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The text of the footnote that is included in the Sisters of Mercy Health System, Inc and Subsidiaries audited financial statements that describes bad debt expense follows "Patient accounts that are uncollected, including those placed with collection agencies, are initially charged against the allowance for uncollectible accounts in accordance with collections policies of the Health System and, in certain cases, are reclassified to charity care if deemed to otherwise meet the health system's charity care policy The provision for uncollectible receivables is based on management's assessment of historical and expected net collections considering business and economic conditions, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assess the adequacy of the allowance for uncollectible receivables based upon the payor composition and aging of receivables as of the reporting date with consideration of the historical payment and write-off experience by payor category The results of these reviews are then used to make any modifications to the provision for uncollectible receivables to establish an appropriate allowance for uncollectible receivables After satisfaction of amounts due from insurance, the health system follows established guidelines for placing past-due balances with collection agencies "To determine the amount of bad debt expense, at cost, bad debt expense attributable to patient accounts was multiplied by a ratio of cost to charges The ratio of cost to charges used was based on detailed cost accounting, where available Where cost accounting is not available, cost report cost to charge ratios were utilized The filing organization determined that the estimated amount of bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy is \$0 Although the charity care policy requires the participation of the patient requesting assistance, we have a process under presumptive charity (refer to disclosure for Part III, #9b) to address accounts for patients who do not provide the information We believe that our charity policy is comprehensive enough to capture almost all patients who qualify for charity care

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 The Medicare shortfall was computed using the annual Medicare cost report (CMS Form 2552-96) It is the position of Mercy Health Center, Inc that 100% of the shortfall should be treated as community benefit This amount represents the costs of providing services that remain uncompensated to the provider

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b Mercy will exhaust all other payment options and avenues to obtain financial assistance and third party payments including, but not limited to, local, state, and federal assistance programs before considering an applicant for Charity/Medical Indigence Charity/Medical Indigence will only apply to the remaining balance after all third party payments are applied Applicants are identified as potentially eligible for Medicaid benefits must first make application to Medicaid Financially Indigent means an uninsured or underinsured patient who is accepted for care with no obligation, or with a discounted obligation, to pay for the services rendered based on a demonstrated inability by, income and family size, to meet their financial obligations A patient is Medically Indigent when his/her financial responsibility is so significant in relation to their total income and/or assets that payment in full is not likely or equitable Generally no patient's financial responsibility shall be greater than 20% of the household income, subject to an asset test Mercy will use financial counseling and point of service activities to identify Charity/Medical Indigence as soon as practical in the intake process to increase customer satisfaction and reduce costs of operations In addition to financial counseling, Mercy will provide patient financial services and financial assistance options through signage and brochures at all patient access points and explanations of financial assistance on patient statements

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 The filing organization has printed material available at each point of registration in our facility, in addition to electronically availability at our web site Specific information provided Financial Assistance Information As a part of our healing ministry, the filing organization is committed to providing quality healthcare services to patients regardless of their financial situation We offer payment assistance for those who do not have insurance or who are in financial need Uninsured Patient Discounts A discount from the hospital's regular billed charges will be provided to patients who do not have insurance This includes patients whose financial situation normally would not otherwise qualify them for charity care discounts Patients without insurance whose financial situation qualifies them for charity care discounts (see Eligibility Guidelines below) must first find out if they are eligible for Medicaid before applying for financial assistance Patients denied Medicaid eligibility then must provide certain information to show financial need Applications for charity care discounts will be reviewed for eligibility based on the applicant's income, family size, amount of payment due and availability of other assets or resources Please note that care must be medically necessary to be considered eligible for uninsured patient discounts Eligibility Guidelines for Charity Care Discounts The Federal Poverty Guidelines for income are the basis for determining eligibility for charity care discounts For example, individuals with incomes below 100% of the Federal Poverty Guidelines will be eligible for free care Individuals with incomes greater than 100% of the Federal Poverty Guidelines may be eligible for care at discounted rates depending on their income level and/or the amount due to the hospital Additional Financial Assistance After appropriate discounts have been applied, arrangements may be made for an interest-free monthly payment plan Generally, no patient's financial responsibility will be greater than 10% of annual household income, adjusted to consider availability of other assets that could be used toward making payments

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Mercy Health Center, Inc is located in northwest Oklahoma City Mercy Health Center, Inc primarily serves those in urban/suburban Oklahoma City and a six-county area with a 1.09 million population, Oklahoma, Canadian, Cleveland, Kingfisher, Lincoln and Logan counties - OKC Summary 16% of population are uninsured, 16% Medicaid, and 14% Medicare- Higher death rate than the US rate- Oklahoma County compares unfavorably to counties of similar population composition and demographic make-up on 16 of 22 community health indicators - Leading cause of death attributed to injuries for residents under age 45 with cancer and heart disease for those age 45+ - Risk factors that contribute to premature death are high blood pressure, smoking, and adult obesity - Identified health needs school health initiative, access to health services, prevention, tobacco, obesity

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Mercy Health Center, Inc (MHC) community building activities promote the health of the communities in which they serve Through active participation in community boards, neighborhood/community meetings and involvement in community-based events, MHC demonstrates its ongoing commitment to the community Community building activities serve as a link to engage Mercy coworkers to look beyond the walls of the facilities in which they serve Some of the community building activities in which MHC serves are - Diabetes Wellness Project (DWP) provides diabetes education, foot care, blood glucose monitoring skills and supplies to uninsured diabetics - Mercy Mentors provide weekly tutoring to Linwood Elementary, an inner-city, low- income elementary school - Project Early Detection (PED) provides breast care services for uninsured women in Oklahoma - Active participation on community boards - Community events include Elder Law Day, Caregiver Survival Skills Conference, Oklahoma Turning Point Council, Linwood Neighborhood Health Fair, annual flu shots for the underserved, - Ongoing collaboration with community partners/agencies to meet the needs of the poor and uninsured - Mercy Health Center was a founding partner of the Health Alliance for the Uninsured (HAU), which was formed to improve access of healthcare for the uninsured There are 16 clinics affiliated with the HAU

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	Long term acute-care hospital	AR	501c3	3	SMHS
Breech Regional Med Ctr 100 Hospital Drive Lebanon, MO65536 43-1767432	Hospital	MO	501c3	3	ST JOHn's Health System Inc
Carroll Health Foundation 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501c3	11-I	Ozark Regions Health Systems
Casa de Misericordia 1602 McClelland Street Laredo, TX78044 74-2912461	Women's domestic violence shelter	TX	501c3	9	Mercy Ministries of Laredo
Healdton Mercy Hosp Corp 918 South Street Healdton, OK73438 26-3173902	hospital	OK	501c3	3	Mercy Memorial Health Ctr Inc
Laredo Medical Group 14528 S Outer Forty St 100 Chesterfield, MO63017 74-2764726	Inactive	TX	501c3	9	MHSystem of Texas Inc
McAuley Portfolio Mgmt Co 14528 S Outer Forty St 100 Chesterfield, MO63017 26-1708048	Portfolio management	MO	501c3	11-II	SMHS
Mercy El Reno Hosp Corporation 2115 Parkview Drive El Reno, OK73036 73-6617948	Operating co for leased hosp	OK	501c3	3	SMHS
Mercy Emergency Med Srvs 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive	OK	501c3	9	Mercy Health Center Inc
Mercy Fdtn Health Innov 14528 S Outer Forty St 100 Chesterfield, MO63017 20-0901499	Foundation	MO	501c3	11-II	SMHS
Mercy Health Ctr Fdtn 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501c3	11-III	MHS of Kansas Inc
Mercy Health Ctr Fdtn Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501c3	11-I	Mercy Health Center Inc
Mercy Health MNMCH Inc 220 Pennsylvania Avenue Columbus, KS66725 27-0842031	Critical Access Hospital	MO	501c3	9	Mercy Health System-Joplin Inc
Mercy Health of Joplin Found 2727 McClelland Blvd Joplin, MO64804 27-0906136	Foundation	MO	501c3	11-I	Mercy Health System-Joplin Inc
Mercy Health of Joplin Inc 2727 McClelland Blvd Joplin, MO64804 27-0814858	Hospital	MO	501c3	9	Mercy Health System-Joplin Inc
Mercy Health Services 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	dissolved 6/30/10	OK	501c3	3	Mercy Health Center Inc
Mercy Health System Joplin Inc 2727 McClelland Blvd Joplin, MO64804 30-0584463	Health System	MO	501c3	11-II	SMHS
Mercy Health System KS 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	Hospital,rural health clinics	KS	501c3	3	SMHS
Mercy Health System NW Ark Inc 2710 Rife Medical Ln Rogers, AR72758 62-1684203	Physician Group	AR	501c3	11-II	SMHS
Mercy Health System TX 14528 S Outer Forty St 100 Chesterfield, MO63017 74-2764727	Inactive	TX	501c3	11-II	SMHS
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding company	OK	501c3	11-II	SMHS
Mercy Hospital Fdtn Indep 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501c3	11-I	MHS of Kansas Inc
Mercy Hospital of Laredo 14528 S Outer Forty St 100 Chesterfield, MO63017 74-1189682	Inactive	TX	501c3	3	MHSystem of Texas Inc
Mercy Medical Group 645 Maryville Ctr Dr Ste 100 St Louis, MO63141 43-1771217	Physician Group	MO	501c3	9	St John's Mercy Health Care
Mercy Memorial Health Ctr Fdtn 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501c3	11-I	Mercy Memorial Health Ctr Inc
Mercy Memorial Health Ctr Inc 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501c3	3	Mercy Health System Inc
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX78043 20-0198462	healthcare, outreach,food pantry	TX	501c3	3	SMHS
Mercy Physicians Ok 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Physician Group/Clinic	OK	501c3	9	Mercy Health System Inc
MHM Support Services 14528 S Outer Forty St 100 Chesterfield, MO63017 20-2553101	Centralized Health System Functions	MO	501c3	11-II	SMHS
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	Physician Clinics	AR	501c3	11-II	St Joseph's MHS Inc

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(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
Ozarks Regions HS 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501c3	3	St John's Health System Inc
Sisters of Mercy Hlth Sys 14528 S Outer Forty St 100 Chesterfield, MO63017 43-1423050	Health System - Corporate Office	MO	501c3	11-II	N/A
Sisters of Mercy Ministries 14528 S Outer Forty St 100 Chesterfield, MO63017 72-1069468	Family counseling,social justice advocacy	MO	501c3	9	SMHS
St Edward Health Frank Cty 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Health Log Cty 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Health Scott Cty 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Mercy Clin 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Physician Clinic	AR	501c3	3	St Edward MHS Inc
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR72917 23-7330425	Foundation	AR	501c3	3	St Edward Mercy Medical Ctr
St Edward Mercy HS Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Company	AR	501c3	11-II	SMHS
St Edward Mercy Med Ctr 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501c3	3	St Edward MHS Inc
St Francis Hosp MtView MO 100 W Highway 60 Mountain View, MO65548 44-0607149	Hospital	MO	501c3	3	ST John's Health System Inc
St Johns Aurora Inc 500 Porter Avenue Aurora, MO65605 43-1936696	Operating co for leased hosp	MO	501c3	3	St John's Health System Inc
St Johns Cassville Inc 94 Main Street Cassville, MO65625 43-1936699	Operating co for leased hosp	MO	501c3	3	St John's Health System Inc
St Johns Childrens Hosp 1235 E Cherokee Street Springfield, MO65804	INactive	MO	501c3	3	ST John's Health System Inc
St Johns Clinic Inc 1965 Fremont Street Suite 2950 Springfield, MO65804 43-1560263	Physician Group	MO	501c3	3	St John's Health System Inc
St Johns Fdtn Comm Hlth 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	MO	501c3	11-II	St John's Health System Inc
St Johns Health System In 1235 E Cherokee Street Springfield, MO65804 43-1856028	Holding Company	MO	501c3	11-II	SMHS
St Johns Home Care Berryville 214 Carter Street Berryville, AR72616 87-0781247	Home Health and Hospice operations	AR	501c3	11-III	St John's Regional Health Ctr
St Johns Medical Rsch Inst 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research - Clinical Trials	MO	501c3	3	St John's Health System Inc
St Johns Mercy Fdtn 645 Maryville Ctr Dr Ste 100 St Louis, MO63141 56-2410020	Foundation	MO	501c3	11-II	St John's Mercy Health Care
St Johns Mercy Health Care 645 Maryville Ctr Dr Ste 100 St Louis, MO63141 43-1718408	Health System	MO	501c3	11-II	SMHS
St Johns Mercy Health System 645 Maryville Ctr Dr Ste 100 St Louis, MO63141 43-0653493	Hospital	MO	501c3	3	St John's Mercy Health Care
St Johns Mercy Hospital Fdtn 901 E Fifth Street Washington, MO63090 56-2410022	Foundation	MO	501c3	11-II	St John's Mercy Health Care
St Johns Mercy Supp Srv 615 S New Ballas Road St Louis, MO63141 43-1677952	Inactive	MO	501c3	11-III	St John's Mercy Health System
St Johns Reg Hlth Ctr 1235 E Cherokee Street Springfield, MO65804 44-0552485	Hospital	MO	501c3	3	St John's Health System Inc
St Josephs Mercy Clin 1 Mercy Lane Hot Springs, AR71913 26-1125131	Physician Clinic	AR	501c3	9	St Joseph's MHS Inc
St Josephs Mercy Health Center 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501c3	3	St Joseph's MHS Inc
St Josephs Mercy Health Fdtn 300 Werner Street Hot Springs, AR71913 71-0804718	Foundation	AR	501c3	11-II	St Joseph's Mercy Health Ctr
St Josephs Mercy Health Sys 300 Werner Street Hot Springs, AR71913 26-1125064	Holding Company	AR	501c3	11-II	SMHS
St Mary-Rogers Mem Hos 2710 Rife Medical Ln Rogers, AR72758 71-0294390	Hospital	AR	501c3	3	MH S NW Arkansas Inc

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(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 Marys Hospital Foundation 2710 Rife Medical Ln Rogers, AR72858 71-0601687	Foundation	AR	501c3	11-III	St Mary-Rogers Mem Hosp Inc
St Marys Hosp Enid Ok 14528 S Outer Forty St 100 Chesterfield, MO 63017 73-0614655	Inactive	OK	501c3	3	Mercy Health System Inc
The Sr M Cornelia Blasko Fn 100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	MO	501c3	11-I	St Francis Hosp Mount View MO
Unity Ambulatory Care 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1861745	Inactive	MO	501c3	11-III	St John's Mercy Health Care

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Southern Oklahoma Diag Ctr LLC 1011 Fourteenth Avenue NW ARDMORE, OK73401 43-1971232	MRI Services	OK	N/A	N/A				No			No
Resource Optimiz & InnovLLC 645 Maryville Ctr DrSte 200 ST LOUIS, MO63141 46-0468368	Central Distribution Center	MO	N/A	N/A				No			No
Mercy Ambulatory Surgery Center LLC 7301 Rogers Avenue FORT SMITH, AR72917 71-0827721	Ambulatory Surgery Center	AR	N/A	N/A				No			No
Hot Springs Equip Leasing LLC 300 Werner Street HOT SPRINGS, AR71913 20-4340915	Inactive, dissolved 9/30/09	AR	N/A	N/A				No			No
Hot Springs MRI Partnership 100 Ridgeway Place HOT SPRINGS, AR72901 71-0675196	Inactive, dissolved 8/5/09	AR	N/A	N/A				No			No
FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR72901 71-0416615	Emergency medical services	AR	N/A	N/A				No			No
Southern Oklahoma PHO LLC 1011 Fourteenth Avenue NW ARDMORE, OK73401 73-1462104	Inactive, dissolved 12/31/09	OK	N/A	N/A				No			No
St Edward Mercy MC M-P Office Bldg 7301 Rogers Avenue FORT SMITH, AR72903 71-0554050	Office Building	AR	N/A	N/A				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	Inactive dissolved 5/5/10	AR	N/A	C			
Consolidated Logistics Inc 2710 Rife Medical Lane Rogers, AR72758 71-0474406	Inactive dissolved 8/4/09	AR	N/A	C			
Mercy Comm Services Inc 401 Woodland Hills Blvd Fort Scott, KS66701 48-1078101	Catering operations	KS	N/A	C			
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 52-1914421	Holds ancillary assets & owns aircraft	DE	N/A	C			
MHP Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 43-1697084	Holding company sold 10/1/10	DE	N/A	C			
Mercy Medical Services Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 71-0641246	Inactive dissolved 7/1/09	MO	N/A	C			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO65804 26-4509571	Technology transfer company	MO	N/A	C			
Unity Support Services Inc 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-1797042	Inactive	MO	N/A	C			
UH L Corp Inc 645 Maryville Centre Drive Suite 10 St Louis, MO63141 74-2499535	Holding company	MO	N/A	C			
MHN of the Southern Region Inc 1011 14th Avenue NW Ardmore, OK73401 73-1580607	Employed physicians, physician assistants, and nurse practitioners	OK	N/A	C			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	Administrator of certain real property and improvements	OK	MERCY HEALTH CENTERINC	C	793,293	1,899,005	88 000 %
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK73120 73-1441665	Holding company	OK	N/A	C			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	Employed physicians, physician assistants, and nurse practitioners	OK	N/A	C			

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) Healdton Mercy Hospital Corporation	O	5,407,082
(2) Healdton Mercy Hospital Corporation	P	276,373
(3) Mercy Health Ctr Fdtn Inc	O	74,111
(4) Mercy Health Network of the Southern Region Inc	O	6,408,956
(5) Mercy Health Network of the Southern Region Inc	P	351,073
(6) Mercy Health Network Inc	N	785,637
(7) Mercy Health Network Inc	O	36,237,227
(8) Mercy Health Network Inc	P	3,581,016
(9) Mercy Health Services Inc	O	850,352
(10) Mercy Health Services Inc	P	415,883
(11) Mercy Health System Inc	O	91,043
(12) Mercy Memorial Health Center Foundation	O	58,422
(13) Mercy Memorial Health Center Inc	O	116,450,882
(14) Mercy Memorial Health Center Inc	P	10,380,376
(15) Mercy Physicians of Oklahoma Inc	O	1,281,567
(16) Mercy Physicians of Oklahoma Inc	P	185,299
(17) MHM Support Services	O	33,328,937
(18) MHP Inc	P	4,664,659
(19) Resource Optimization & Innovation LLC	O	15,714,849
(20) Sisters of Mercy Health System	O	1,694,444
(21) St John's Mercy Health Care	O	80,436
(22) St John's Mercy Health System	O	356,274
(23) Mercy Health Ctr Fdtn Inc	C	627,287