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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
MERCY MEMORIAL HEALTH CENTER INC

Doing Business As

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

City or town, state or country, and ZIP + 4
Ardmore, OK 73401

D Employer identification number
73-1500629

E Telephone number
(405) 752-3655

G Gross receipts $ 134,933,878

F Name and address of principal officer
Malinda Burdick
1011 14th Avenue NW
Ardmore, OK 73401

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www mercyok net

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1996 | **M** State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CARRY OUT THE HEALING MINISTRY OF JESUS BY PROMOTING HEALTH AND WELLNESS THROUGH OUR COMMUNITIES TO PROVIDE QUALITY HEALTH SERVICES THROUGH A WISE USE OF RESOURCES AND EXCEPTIONAL MERCY SERVICE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of employees (Part V, line 2a)	**5**	1,368
6	Total number of volunteers (estimate if necessary)	**6**	8
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,315,142	6,376,712
9	Program service revenue (Part VIII, line 2g)	111,121,449	125,972,889
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,457	-134,101
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,935,697	2,493,332
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,523,745	134,708,832
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,136	123,334
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,238,395	51,535,535
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51,881,374	69,879,666
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	100,152,905	121,538,535
19	Revenue less expenses Subtract line 18 from line 12	22,370,840	13,170,297

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	94,590,457	117,006,157
21	Total liabilities (Part X, line 26)	14,489,943	23,193,513
22	Net assets or fund balances Subtract line 21 from line 20	80,100,514	93,812,644

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2011-05-10
Signature of officer | Date

Jon Vitiello CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Pleus and Company LLC 14323 S Outer Forty Ste 310N Chesterfield, MO 63017	EIN ▶	Phone no ▶ (314) 317-9916

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

MERCY MEMORIAL HEALTH CENTER IS ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH THIS TRADITION IS MARKED BY 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 $ 90,903,221 including grants of $ 123,334) (Revenue $ 126,858,118)

Mercy Memorial Health Center, Inc ("Mercy") provides quality medical health care regardless of race, creed, sex, national origin, handicap, age, or ability to pay During FY2010, Mercy provided services to 8,430 inpatients, 39,412 emergency department patients, and 143,072 outpatients Services are provided through a community-based, acute care hospital, a skilled nursing center, and a rehabilitation center and a behavioral medicine 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) health education and Wellness programs and other support group meetings offered to the community 2) health services such as health fairs and screenings, free clinics, pre-natal and well baby care 3) health professionals are provided education, including opportunities for clinical internships 4) subsidized health services including hospice, home health services, and disaster readiness 5) Community Health Research6) Cash and in-kind donations for events and fund-raising7) Community building activities, in partnership with other community organizations 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 $6,073,037 in FY2010 The above amount does not reflect the cost of Health activities and programs to support the community health education programs and other community support activities The services provided by Mercy, as well as the amount of charity care provided, demonstrates the ongoing commitment of the organization to serve in a leadership role as an advocate for responsive healthcare services for the community, with a deep commitment and sensitivity to meeting the needs of the poor

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

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

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

4e **Total program service expenses** ▶ $ 90,903,221

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, line10? *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? *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
b	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,368		
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)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to 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	15		
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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
See add'l data										

1b Total . . . . . ▶	1,572,867	1,857,140	463,440

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 ▶ 33

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
NABHOLZ CONSTRUCTION 1120 E Reno Avenue Oklahoma City, OK 73117	construction	18,961,020
ARDMORE ANESTHESIA INC PO BOX 1983 Ardmore, OK 73402	MEDICAL SERVICES	629,964
ARDMORE SURGICAL MANAGEMENT 1011 14TH NW Ardmore, OK 73401	MEDICAL SERVICES	520,750
HEALTHCARE FINANCIAL RESOURCES 830 North Meacham Rd Schaumburg, IL 60173	COLLECTION SERVICES	445,731
RCOA IMAGING SERVICES 16110 JOG RD STE 200 Delray Beach, FL 33446	MEDICAL SERVICES	441,010
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 ▶ 22		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	6,376,712			
	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		6,376,712			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621,300	125,972,889	125,972,889		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		125,972,889			
	3	Investment income (including dividends, interest and other similar amounts)		90,945			90,945
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	798,650				
	b	Less rental expenses					
	c	Rental income or (loss)	798,650				
	d	Net rental income or (loss)		798,650			798,650
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		225,046			
	c	Gain or (loss)		-225,046			
	d	Net gain or (loss)		-225,046	-225,046		
Other Revenue	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	OTHER REVENUE	900,099	1,118,383	1,118,383		
	b	CAFETERIA	722,210	584,407			584,407
	c	JOINT VENTURE (LOSS)	900,099	-8,108	-8,108		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,694,682			
	12	**Total revenue.** See Instructions		134,708,832	126,858,118	0	1,474,002

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	123,334	123,334		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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	662,843		662,843	
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	40,763,781	28,461,272	12,302,509	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,569,153	1,095,583	473,570	
9	Other employee benefits	5,962,123	4,162,754	1,799,369	
10	Payroll taxes	2,577,635	1,799,705	777,930	
11	Fees for services (non-employees)				
a	Management	6,133,432		6,133,432	
b	Legal	45,937		45,937	
c	Accounting	534,863		534,863	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	5,176,235	3,614,047	1,562,188	
12	Advertising and promotion	53,984	37,692	16,292	
13	Office expenses	244,384	170,629	73,755	
14	Information technology	5,031,992	3,513,337	1,518,655	
15	Royalties				
16	Occupancy	3,079,556	2,150,146	929,410	
17	Travel	263,463	183,950	79,513	
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	4,931,916	3,443,464	1,488,452	
23	Insurance	928,380	648,195	280,185	
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	BAD DEBT	17,218,448	17,218,448		
b	MEDICAL SUPPLIES	15,650,500	15,650,500		
c	PHARMACEUTICALS	4,104,103	4,104,103		
d	RECRUITING EXPENSE	1,556,971	1,087,077	469,894	
e					
f	All other expenses	4,925,502	3,438,985	1,486,517	
25	**Total functional expenses.** Add lines 1 through 24f	121,538,535	90,903,221	30,635,314	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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		448,967	1	17,674
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,862,302	4	16,966,167
	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		1,984,901	7	631,843
	8	Inventories for sale or use		1,951,435	8	1,851,328
	9	Prepaid expenses and deferred charges		144,312	9	238,996
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 183,487,499			
	b	Less accumulated depreciation	10b 86,324,600	72,437,150	10c	97,162,899
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		362,296	12	137,250
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		399,094	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		94,590,457	16	117,006,157
Liabilities	17	Accounts payable and accrued expenses		12,766,831	17	10,456,027
	18	Grants payable			18	
	19	Deferred revenue		201,164	19	201,164
	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		1,521,948	25	12,536,322
	26	**Total liabilities.** Add lines 17 through 25		14,489,943	26	23,193,513
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		80,100,514	27	93,812,644
	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		80,100,514	33	93,812,644
	34	Total liabilities and net assets/fund balances		94,590,457	34	117,006,157

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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III Support Schedule for Organizations Described in IRC 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 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 ▶

b **33 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 ▶

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

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

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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	Employer identification number
MERCY MEMORIAL HEALTH CENTER INC	73-1500629

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		
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-		

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

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 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		3,551
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			3,551
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (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 IV, Supplemental Information		The organization is a member of and pays dues to the Oklahoma Hospital Association For the year ended June 30, 2010, dues were $37,418 Approximately 9 49% of Oklahoma Hospital Association dues were attributable to lobbying activities performed

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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 MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI 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		2,417,794		2,417,794
b Buildings		39,670,475	24,842,251	14,828,224
c Leasehold improvements				
d Equipment		77,784,300	60,481,064	17,303,236
e Other		63,614,930	1,001,285	62,613,645
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				97,162,899

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
MEDICARE SETTLEMENTS	729,432
Due to Affiliates	11,806,890
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,536,322

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

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

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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 MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

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 ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	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 eligibile 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)			5,033,584		5,033,584	4 830 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			1,039,453		1,039,453	1 000 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			6,073,037		6,073,037	5 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	6	1,987	559,890		559,890	0 540 %
f Health professions education (from Worksheet 5)	1	96	377,550		377,550	0 360 %
g Subsidized health services (from Worksheet 6)	1	100	61,025		61,025	0 060 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	3	13,141	398,742		398,742	0 380 %
j **Total** Other Benefits	11	15,324	1,397,207		1,397,207	1 340 %
k **Total.** Add lines 7d and 7j	11	15,324	7,470,244		7,470,244	7 170 %

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	2,120	73,834		73,834	0 070 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	9,368	31,678		31,678	0 030 %
7	Community health improvement advocacy	1	0	12,759		12,759	0 010 %
8	Workforce development	1	0	6,950		6,950	0 010 %
9	Other	1	1,792	105,907		105,907	0 100 %
10	**Total**	5	13,280	231,128		231,128	0 220 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,397,760		
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	48,040,366
6	Enter Medicare allowable costs of care relating to payments on line 5	6	49,745,642
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,705,276
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					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MERCY MEMORIAL HEALTH CENTER 1011 14TH AVENUE NW ARDMORE,OK 73401	X	X					X		

Part VI Supplemental Information

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 One step in the needs assessment process included receiving and assessing information from the Turning Point Coalition which represents Carter County and the surrounding counties as well Through this coalition Mercy Memorial stays apprised of current needs and works both independently and collaboratively to meet these needs Additionally, Community Roundtable meetings were held in Ardmore, which are located in the Mercy Memorial Health Center, Inc service area Participants shared their views on both the current and future state of health in their communities

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 communites served

See additional data

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

OK

Additional Data

Software ID:
Software Version:
EIN: 73-1500629
Name: MERCY MEMORIAL 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 Memorial 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 toincrease 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 Memorial Health Center, Inc is located in Ardmore, Oklahoma Mercy Memorial Health Center, Inc primarily serves those in urban/suburban Ardmore and the Carter County area Ardmore is a community of approximately 30,000 people, and is the center of business and trade for Southern Oklahoma Surrounding towns and rural homes bring the total population of Carter County including Ardmore close to 50,000 - A review of the community health status for Carter County found issues related to poverty and the uninsured rate, drug and alcohol abuse, child neglect and abuse, injuries relating to falls and work-related activities are all present - Risk factors that contribute to premature death are high blood pressure, smoking, and adult obesity - Identified health needs Tobacco use is high, increasing population is overweight, health insurance coverage is low, chronic disease rates are high and cancer screening rates are low

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

Part VI, Line 5 Mercy Memorial Health Center, Inc (MMHC) 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, MMHC 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 Mercy co-workers participate as board members, volunteers giving hours of hands-on assistance, program development and fund raising Some of the community building activities in which MMHC serves are - Gloria Ainsworth Day Care, Soup Kitchen, Good Shepherd Clinic - YMCA, Grace Center, Boys and Girls Club - United Way, Cross Timbers Hospice, March of Dimes, Turning Point and Tobacco Coalition Through these programs those in need receive day care at reduced rates, those without healthcare insurance or governmental support receive care and adults and children receive education and mentoring to achieve health and improved life quality Programs are funded which promote positive lifestyle choices

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

Part VI, Line 6 Mercy Memorial Health Center, Inc (MMHC) 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 MMHC's commitment to serve allmembers of the communities it serves, MMHC provides care to patients regardless of ability to pay As defined by the institution's charity policy, MMHC does not pursue collection of amounts determined to qualify for charity care In addition, MMHC 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 MMHC 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 areserved by MMHC Surplus funds and unrestricted assets held by MMHC 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 - 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 - Opening of Mercy Memorial's new 180,000-square-foot patient tower with 158 private rooms which doubled the number and size of the current private rooms The $60 million patient tower houses private rooms, a women's health center and an improved intensive care unit

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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
CHAMBER OF COMMERCE FOUNDATIONPO BOX 1585 Ardmore, OK 73402	731372214	501(c)(3)	20,000				GENERAL OPERATIONS
ARDMORE CHAMBER OF COMMERCEPO BOX 1585 Ardmore, OK 73402	730130860	501(c)(6)	12,800				GENERAL OPERATIONS

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

3 Enter total number of other organizations . . . . . ▶ 1

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

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

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

Identifier	Return Reference	Explanation
Other Information	Part IV	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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
MALINDA BURDICK	(i)	0	0	0	0	0	0	0
	(ii)	275,216	57,725	34,912	8,404	4,749	381,006	0
DIANA SMALLEY	(i)	0	0	0	0	0	0	0
	(ii)	397,309	115,774	28,330	151,301	15,252	707,966	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
WILLIAM PARSONS	(i)	234,316	34,449	43,679	0	0	312,444	0
	(ii)	0	0	0	0	0	0	0
THOMAS EDELSTEIN	(i)	0	0	0	0	0	0	0
	(ii)	95,054	7,112	64,756	15,285	9,463	191,670	0
RYAN BARNARD	(i)	135,559	16,128	14,545	7,911	11,579	185,722	0
	(ii)	0	0	0	0	0	0	0
CINDY CARMICHAEL	(i)	49,623	0	1,012	0	1,625	52,260	0
	(ii)	125,529	27,642	13,892	4,626	3,482	175,171	0
RHONDA J HANAN	(i)	83,212	21,088	25,230	3,753	7,218	140,501	0
	(ii)	44,165	2,500	2,789	0	5,681	55,135	0
JAY JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	167,195	37,565	21,676	25,040	11,893	263,369	0
RICHARD BARKER	(i)	117,398	20,326	10,477	14,419	1,122	163,742	0
	(ii)	0	0	0	0	0	0	0
TAD HALL	(i)	203,584	0	15,550	14,771	6,866	240,771	0
	(ii)	0	0	0	0	0	0	0
JOHN T O'CONNOR	(i)	102,618	109,744	32,668	16,840	8,747	270,617	0
	(ii)	0	0	0	0	0	0	0
LARRY D POWELL	(i)	107,045	25,000	29,728	7,864	4,715	174,352	0
	(ii)	0	0	0	0	0	0	0
VERGIL D SMITH	(i)	87,570	0	52,318	9,469	3,965	153,322	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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 Part I, Line 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 FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN MINDY BURDICK JAMES NEWMAN JAY JOHNSON THE INDIVIDUALS LISTED ABOVE DID NOT RECEIVE PAYMENTS FROM THE SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN DURING THE YEAR FROM THE FILING ORGANIZATION OR RELATED ORGANIZATIONS THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DIANA SMALLEY THE INDIVIDUAL LISTED ABOVE DID NOT RECEIVE PAYMENTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DURING THE YEAR FROM THE FILING ORGANIZATION OR RELATED ORGANIZATIONS The amount of all accrued benefits is included in compensation amounts provided in Schedule J, Part II, Column (C)
	Part I, Line 7	The related organization which employs those individuals listed on Part VII, and the filing organization when applicable, 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	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

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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 MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

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

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	(c) Corrected? 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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	(e) Sharing of organization's revenues? No
Ardmore Surgical Management (ASM)	Pamela L Kimbrough is a board member of the organization and ASM	498,355	Independent contractor - amount is based on Form 1099 amount and not fiscal year		No

Additional Data

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

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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 MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		MERCY HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		MERCY HEALTH SYSTEM, INC (THE MEMBER) MAY APPOINT OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS AT ANY TIME AT THE MEMBER'S DISCRETION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		MERCY HEALTH SYSTEM, INC has the following powers and responsibilities -TO APPROVE THE MISSION AND ESTABLISH THE PHILOSOPHY ACCORDING TO WHICH THE CORPORATION SHALL OPERATE, -TO AMEND AND APPROVE THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION AND TO AMEND AND APPROVE THE ARTICLES OF INCORPORATION AND BYLAWS OF ANY CORPORATION CONTROLLED BY THE CORPORATION, -TO APPOINT AND REMOVE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, -TO APPROVE OR AMEND THE STRATEGIC PLAN, GOALS AND OBJECTIVES OF THE CORPORATION, -TO APPROVE OR AMEND THE OPERATING, CAPITAL, AND CONSTRUCTION BUDGETS FOR THE CORPORATION, -TO LEASE OR SELL ANY OF THE ASSETS OF THE CORPORATION OR ANY CORPORATION CONTROLLED BY THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS ($1,000,000), -TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY CORPORATION CONTROLLED BY THE CORPORATION, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTY ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION, AND, -TO APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION BY THE CORPORATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is prepared by an independent accounting firm, using information provided by the filing organization A draft Form 990 is reviewed by the filing organization's finance team The draft Form 990 is also reviewed by the Sisters of Mercy Health System's Tax department, to ensure accuracy and consistency with other related organizations' Form 990s After questions arising from the various reviews are addressed and incorporated into the Form 990, a revised draft is provided to the filing organization's leadership team for review Once reviewed and approved by the filing organization's leadership team, the Form 990 is provided to the Board of Directors for review, it is then signed and filed with the IRS

Identifier	Return Reference	Explanation
Form 990, 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
Form 990, Part VI, Section B, line 15a		For those classified as officers (and thus disqualified persons), the organization uses the following 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 following to establish the compensation external market salary surveys, external market salary studies, and review/approval of executive management Compensation reviews are completed on an annual basis, and a review was completed during the reporting year

Identifier	Return Reference	Explanation
Form 990, 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 auditors for fiscal 2010 (the tax year currently being reported) However, 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 with 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 System is required to undergo an audit as set forth in the single audit act and OMB Circular A-133 The single audit was conducted on a consolidated basis

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
		FORM 990, SCHEDULE R, PART V SYSTEM LIMITATIONS LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON 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 & P

Identifier	Return Reference	Explanation
FORM 990, PART VII	HOURS PER WEEK	JAMES NEWMAN DEVOTED AN AVERAGE OF 37 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 10 HOURS PER WEEK TO RELATED ORGANIZATIONS THOMAS EDELSTEIN DEVOTED AN AVERAGE OF 50 HOURS PER WEEK TO RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 2A	SALARIES AND WAGES	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) was reported under the related organization's EIN

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 1A	Independent Contractors	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 (with limited exceptions) under the SMHS EIN

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEMORIAL HEALTH CENTER INC

Employer identification number
73-1500629

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	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	Operating co for leased hosp	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 Center Inc 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501c3	3	Mercy Health System 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	Urgent Care Clinics	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 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

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
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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St 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, MO63017 73-0614655	Inactive	OK	501c3	3	Mercy Health System Inc
The Sr M Cornelia Blasko Fn 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	MO	501c3	11-I	St Francis Hosp Mount View MO
Unity Ambulatory Care 645 Maryville Ctr Dr Ste 100 St Louis, MO63141 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) Disproprtionate 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	Related	9,288	816,299		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	RElated				No		Yes	
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	N/A	C			
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	P	109,080
(2)	Mercy Health Center Inc	O	10,380,376
(3)	Mercy Health Center Inc	P	116,450,882
(4)	Mercy Health Network of the Southern Region Inc	N	86,617
(5)	Mercy Health Network of the Southern Region Inc	P	171,540
(6)	Mercy Health Network Inc	O	107,510
(7)	Mercy Health network Inc	P	421,785
(8)	Mercy Memorial Health Center Foundation	O	139,802
(9)	MHM Support Services	O	13,581,755
(10)	MHP Inc	P	1,883,362
(11)	Resource Optimization & Innovation LLC	O	6,017,514
(12)	Sisters of Mercy Health System	O	618,477
(13)	Southern Oklahoma PHO LLC	O	196,972
(14)	St John's Mercy Health System	O	130,308
(15)	Mercy Memorial Health Center Foundation	C	6,376,712

Additional Data

Software ID:
Software Version:
EIN: 73-1500629
Name: MERCY MEMORIAL 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			
Allen Dubea TRUSTEE	1 00	X						0	0	0
JASON T SMOTHERMAN TRUSTEE	1 00	X						0	0	0
SISTER RICHARD MARY BURKE TRUSTEE	1 00	X						0	0	0
CURTIS J DAVIDSON TRUSTEE	1 00	X						0	0	0
THOMAS F DUNLAP TRUSTEE	1 00	X						0	0	0
SISTER REBECCA ANN HENDRICKS RSM TRUSTEE	1 00	X						0	0	0
Clayton Lodes TRUSTEE	1 00	X						0	0	0
BARBARA E HISEY TRUSTEE	1 00	X						0	0	0
PAMELA L KIMBROUGH TRUSTEE	1 00	X						0	0	0
DAN PARROTT TRUSTEE	1 00	X						0	0	0
David A Woerz TRUSTEE	1 00	X						0	0	0
MALINDA BURDICK PRESIDENT	40 00	X		X				0	367,853	13,153
DIANA SMALLEY EX-OFFICIO	6 00	X			X			0	541,413	166,553
DAVID J BRENNER TRUSTEE	1 00	X						0	0	0
DOUGLAS BRITT MORRISDO TRUSTEE	1 00	X						0	0	0
FREDERICK A DORROHMD TRUSTEE	1 00	X						0	0	0
JOHN L MOORE TRUSTEE	1 00	X						0	0	0
JAMES NEWMAN TREASURER	24 00			X				0	337,999	87,400
WILLIAM PARSONS VP - MA	40 00			X				312,444	0	0
THOMAS EDELSTEIN VP - MISSION	1 00			X				0	166,922	24,748
RYAN BARNARD VP-ANCILLARY & SUPPORT SVCS	40 00				X			166,232	0	19,490
CINDY CARMICHAEL VP - RURAL DEVELOPMENT	30 00				X			50,635	167,063	9,733
RHONDA J HANAN Vice President Nursing	40 00				X			129,530	49,454	16,652
JAY JOHNSON COO	40 00				X			0	226,436	36,933
RICHARD BARKER Administrator Rural Facilities	40 00					X		148,201	0	15,541

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			
TAD HALL CHIEF PHYSICIAN ASSISTANT	40 00					X		219,134	0	21,637
JOHN T O'CONNOR PHYSICIAN	40 00					X		245,030	0	25,587
LARRY D POWELL Physician	40 00					X		161,773	0	12,579
VERGIL D SMITH Physician	40 00					X		139,888	0	13,434