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2010

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Inspection

Form 990

## 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

## A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
MERCY COLLEGE OF NORTHWEST OHIO

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
2221 Madison Avenue

Room/suite

City or town, state or country, and ZIP + 4  
Toledo, OH 43604F Name and address of principal officer  
JOHN F HAYWARD PRESIDENT  
2221 MADISON AVE  
TOLEDO, OH 43604H(a) Is this a group return for affiliates?  Yes  NoH(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)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW MERCYCOLLEGE EDU

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1992

M State of legal domicile OH

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

MERCY COLLEGE IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION DEDICATED TO INSPIRING ITS STUDENTS TO A COMMITMENT TO LIFELONG LEARNING AND SOCIAL RESPONSIBILITY IN THE SPIRIT OF THE MERCY HERITAGE AND VALUES MERCY COLLEGE IS SPONSORED BY MERCY HEALTH PARTNERS AND PRIMARILY FOCUSES ON HEALTHCARE AND HEALTH SCIENCE PROGRAMS

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4 8

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .

5 208

6 Total number of volunteers (estimate if necessary) . . . . .

6 15

7a Total 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) . . . . .	1,986,374	2,686,000
9 Program service revenue (Part VIII, line 2g) . . . . .	12,858,226	14,029,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	155,138	621,527
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	14,999,738	17,336,527

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 ) . . . . .	1,976,642	2,654,455
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	8,589,293	9,474,749
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	3,544,323	3,828,645
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	14,110,258	15,957,849
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	889,480	1,378,678

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	8,632,334	10,113,323
21 Total liabilities (Part X, line 26) . . . . .	80,117	78,423
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	8,552,217	10,034,900

## 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	Signature of officer		
	TODD M WARNER REGIONAL CFO	Type or print name and title	Date 2011-11-02

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ►				Firm's EIN ►
	Firm's address ►				Phone no ►

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

MERCY COLLEGE IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION DEDICATED TO INSPIRING ITS STUDENTS TO A COMMITMENT TO LIFELONG LEARNING AND SOCIAL RESPONSIBILITY IN THE SPIRIT OF THE MERCY HERITAGE AND VALUES

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**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

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**4a** (Code ) (Expenses \$ 13,506,653 including grants of \$ 2,654,455 ) (Revenue \$ 13,571,517 )

SERVED STUDENT BODY OF 749 AVERAGE FTE'S GRADUATED 249 STUDENTS WITH ASSOCIATE OF SCIENCE DEGREE IN NURSING (122), HEALTH INFORMATION TECHNOLOGY (8), RADIOLOGY TECHNOLOGY (26), GENERAL STUDIES (14), AND BACHELOR OF SCIENCE IN NURSING (62) AND HEALTHCARE ADMINISTRATION (17)

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**4b** (Code ) (Expenses \$ 494,731 including grants of \$ ) (Revenue \$ 480,478 )

1,033 HEALTHCARE AND SOCIAL WORK PROFESSIONALS PARTICIPATED IN PROGRAMS PRESENTED BY THE CONTINUING PROFESSIONAL EDUCATION DIVISION PROVIDES ON-GOING EDUCATION AND CEU'S FOR THESE PROFESSIONALS

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**4c** (Code ) (Expenses \$ 140,061 including grants of \$ ) (Revenue \$ )

SERVED 2,514 PEOPLE THROUGH HEALTH AND WELLNESS EDUCATION PROGRAMS IN THE COMMUNITY

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**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

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**4e** **Total program service expenses** \$ 14,141,445

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**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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, Parts I and IV

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, Parts II and IV

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, Parts III and IV

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 (see instructions)

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11a		No
11b		No
11c		No
11d	Yes	
11e		No
11f	Yes	
12a		No
12b	Yes	
13	Yes	
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	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		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
25b	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)	28a		No
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
36	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	208
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	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?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**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.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

	Yes	No
1a	11	
1b	8	
2		No
3		No
4		No
5		No
6	Yes	
7a	Yes	
7b	Yes	
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

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 . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a		No
15b		No
16a		No
16b		

### Section C. Disclosure

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

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 ►  
 MINDY WARD  
 2200 Jefferson Avenue  
 TOLEDO, OH 43604  
 (419) 251-8936

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) IMRAN ANDRABI MD TRUSTEE	1	X						0	512,238	68,627
(2) ROBERT MAXWELL TRUSTEE	1	X						0	0	0
(3) SR JUNE KETTERER SGM TRUSTEE	1	X						0	0	0
(4) CARL BARNARD TREASURER	1	X		X				0	0	0
(5) NEEMA BELL VICE CHAIRPERSON	1	X		X				0	0	0
(6) CHRISTOPHER A BATES MD CHAIRPERSON	1	X		X				0	0	0
(7) MARSHA MANAHAN TRUSTEE	1	X						0	0	0
(8) KATHY BIXLER TRUSTEE	1	X						0	0	0
(9) CAROL WHITTAKER TRUSTEE	1	X						0	382,640	96,689
(10) SR RITA MARY WASSERMAN RSM TRUSTEE	1	X						0	0	0
(11) ANDREA PRICE COO, MERCY HEALTH PARTNERS	1				X			0	513,285	67,883
(12) TODD WARNER CFO, NORTHERN REGION	1			X				0	245,889	47,441
(13) CATHLEEN NELSON FORMER OFFICER	0					X		0	248,374	37,143
(14) JOHN HAYWARD PRESIDENT/SECRETARY	55	X		X				241,497	0	31,826

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

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 ►1

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

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 **0**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	22,995				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,654,455				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,550				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .			2,686,000			
<b>Program Service Revenue</b>	<b>2a</b> TUITION AND FEES		Business Code				
			611710	13,548,522	13,548,522		
	<b>b</b> CONTINUING EDUCATION		611710	480,478	480,478		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue			0	0	0	0
	<b>g Total.</b> Add lines 2a-2f . . . . .			14,029,000			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
				621,527		621,527	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss) . . . . .			0			
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
<b>b</b> Less cost or other basis and sales expenses							
<b>c</b> Gain or (loss)	0	0					
<b>d</b> Net gain or (loss) . . . . .			0				
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>		Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .			0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See Instructions . . . . .			17,336,527	14,029,000	0	621,527	

**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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,654,455	2,654,455		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	273,321		273,321	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	7,258,804	6,715,210	543,594	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	1,410,082	1,235,569	174,513	
10 Payroll taxes . . . . .	532,542	491,506	41,036	
a Fees for services (non-employees) Management . . . . .	0			
b Legal . . . . .	1,179		1,179	
c Accounting . . . . .	140,214		140,214	
d Lobbying . . . . .	42,726		42,726	
e Professional fundraising services See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	0			
12 Advertising and promotion . . . . .	230,245	230,245		
13 Office expenses . . . . .	415,389	308,106	107,283	
14 Information technology . . . . .	242,283	194,751	47,532	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,643,955	1,384,905	259,050	
17 Travel . . . . .	88,941	62,285	26,656	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	0			
23 Insurance . . . . .	-2,550	-1,275	-1,275	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a MINOR EQUIPMENT	91,876	57,223	34,653	
b MEMBERSHIP DUES/SUBSCRIPTIONS	91,254	62,400	28,854	
c CONTRACTED SERVICES	393,954	363,607	30,347	
d KENT STATE TUITION EXPENSE	142,345	142,345		
e CONSULTING EXPENSE	59,855	8,744	51,111	
f All other expenses	246,979	231,369	15,610	0
25 Total functional expenses. Add lines 1 through 24f	15,957,849	14,141,445	1,816,404	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	261,000	<b>1</b> 259,793
	2 Savings and temporary cash investments . . . . .	2	
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	206,652	<b>4</b> 228,287
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	24,559	<b>8</b> 28,612
	9 Prepaid expenses and deferred charges . . . . .	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0
	b Less accumulated depreciation . . . . .	10b	0
	11 Investments—publicly traded securities . . . . .	7,898,576	<b>11</b> 9,070,746
	12 Investments—other securities See Part IV, line 11 . . . . .	12	0
	13 Investments—program-related See Part IV, line 11 . . . . .	13	0
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	241,547	<b>15</b> 525,885
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	8,632,334	<b>16</b> 10,113,323
Liabilities	17 Accounts payable and accrued expenses . . . . .	80,117	<b>17</b> 78,423
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19	
	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 . . . . .	25	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	80,117	<b>26</b> 78,423
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	7,661,676	<b>27</b> 8,851,469
	28 Temporarily restricted net assets . . . . .	890,541	<b>28</b> 1,183,431
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 . . . . .	8,552,217	<b>33</b> 10,034,900
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	8,632,334	<b>34</b> 10,113,323

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,336,527
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,957,849
3	Revenue less expenses Subtract line 2 from line 1	3	1,378,678
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,552,217
5	Other changes in net assets or fund balances (explain in Schedule O)	5	104,005
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,034,900

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		<b>2a</b>
2b Were the organization's financial statements audited by an independent accountant?	<b>2b</b> Yes	No
2c 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		<b>2c</b> Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	<b>3a</b> Yes	
3b 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	<b>3b</b> Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
MERCY COLLEGE OF NORTHWEST OHIO

Employer identification number

34-1726619

**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 described in **section 170(b)(1)(A)(i)**.

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

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

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

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

f  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)

g  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

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

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

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

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

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

i 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> 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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>20 Private Foundation</b> 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### **Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2010****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.

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization MERCY COLLEGE OF NORTHWEST OHIO	Employer identification number 34-1726619
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**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 function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_ 0
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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)).**

<b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	<b>B</b> Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b> Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		<b>The lobbying nontaxable amount is:</b> 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2007</b>	<b>(b) 2008</b>	<b>(c) 2009</b>	<b>(d) 2010</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		42,726
<b>j</b> Total lines 1c through 1i			42,726
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	0
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Description of other lobbying activities	Schedule C, Part II-B, Line 1i	LOBBYING ACTIVITIES PERFORMED INCLUDE BOTH THE USE OF VOLUNTEERS ENCOURAGED TO WRITE LETTERS TO PUBLIC OFFICIALS ON ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE TO PROVIDE EDUCATION TO THE STUDENTS SERVED, AND THE USE OF PAID STAFF MEMBERS AND MANAGEMENT PERSONNEL. PAID MANAGEMENT PERSONNEL REGULARLY ISSUE MAILINGS TO LEGISLATORS ATTEMPTING TO INFLUENCE LEGISLATIVE MATTERS AND REFERENDUM, AND ORGANIZE AND HOST MEETINGS AMONG COLLEGE EXECUTIVES AND THEIR LEGISLATORS REGARDING ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE PROVIDING EDUCATION SERVICES TO ITS STUDENTS. PAID STAFF MEMBERS HAVE ON LIMITED OCCASIONS, WRITTEN TO LEGISLATORS ON SUCH ISSUES LOBBYING ISSUES WERE RELATED TO CARRYING OUT EDUCATIONAL PROGRAMS TO SERVE STUDENTS

2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

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

Department of the Treasury  
Internal Revenue Service**Name of the organization**

MERCY COLLEGE OF NORTHWEST OHIO

**Employer identification number**

34-1726619

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	7,898,576	6,513,140	7,378,264		
<b>b</b> Contributions . . . . .	279,450	275,485	958,783		
<b>c</b> Investment earnings or losses . . . . .	892,720	1,109,951	-1,823,907		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	9,070,746	7,898,576	6,513,140		

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

**a** Board designated or quasi-endowment ► 100 000 %

**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

<b>(i)</b> unrelated organizations . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(ii)</b> related organizations . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>3a(i)</b>	<b>3a(ii)</b>	<b>3b</b>

**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.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .					0
<b>b</b> Buildings . . . . .					0
<b>c</b> Leasehold improvements . . . . .					0
<b>d</b> Equipment . . . . .					0
<b>e</b> Other . . . . .					0
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					0

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

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b>
		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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**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

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

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

**2. Fin 48 (ASC 740) 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 (ASC 740).

**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	17,336,527
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,957,849
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,378,678
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	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,378,678

**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	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	0

**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	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	0

**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
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO PROTECT THE FISCAL VIABILITY OF THE INSTITUTION
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE COMPANY [CATHOLIC HEALTH PARTNERS AND AFFILIATED ENTITIES] COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT DECEMBER 31, 2010 AND 2009, AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2010 OR 2009

2010

Open to Public  
Inspection**SCHEDULE E**  
(Form 990 or 990-EZ)**Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
MERCY COLLEGE OF NORTHWEST OHIO

Employer identification number

34-1726619

**Part I**

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

5a	No	
5b	No	
5c	No	
5d	No	
5e	No	
5f	No	
5g	No	
5h	No	

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a	Yes	
6b	No	
7	Yes	

**Part II Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	MERCY COLLEGE QUALIFIES FOR TITLE IV FUNDING

**Schedule I  
(Form 990)**

## **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

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

MERCY COLLEGE OF NORTHWEST OHIO

**Employer identification number**

34-1726619

## 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. Part II can be duplicated if additional space is needed.

**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
(1) PELL GRANT	735	2,124,319			
(2) OHIO COLLEGE OPPORTUNITY GRANT	337	394,428			
(3) FEDERAL SUPPLEMENTAL EDUCATIONAL GRANT	359	42,486			
(4) FEDERAL WORK STUDY PROGRAM	28	40,622			
(5) SCHOLARSHIP FOR DISADVANTAGE STUDENTS	62	27,963			
(6) ARRA SCHOLARSHIP FOR DISADVANTAGE STUDENTS	16	7,462			
(7) FEDERAL ACADEMIC COMPETITIVENESS GRANT	33	17,175			

**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
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	MERCY COLLEGE OF NORTHWEST OHIO FOLLOWS THE POLICIES AND PROCEDURES OF THE DEPARTMENT OF EDUCATION FOR TITLE IV GRANTS AND THE POLICIES AND PROCEDURES OF THE OHIO BOARD OF REGENTS FOR ALL STATE GRANTS

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection****Name of the organization**

MERCY COLLEGE OF NORTHWEST OHIO

**Employer identification number**

34-1726619

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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				
(1) IMRAN ANDRABI MD	(i) 0 (ii) 401,010	0 102,000	9,228 49,258	0 19,369	0 580,865	0 0	0 0
(2) CAROL WHITTAKER	(i) 0 (ii) 302,210	0 68,394	0 12,036	0 82,756	0 13,933	0 479,329	0 0
(3) ANDREA PRICE	(i) 0 (ii) 469,225	0 33,480	0 10,580	0 48,514	0 19,369	0 581,168	0 0
(4) TODD WARNER	(i) 0 (ii) 189,750	0 48,226	0 7,913	0 30,492	0 16,949	0 293,330	0 0
(5) CATHLEEN NELSON	(i) 0 (ii) 212,805	0 25,732	0 9,837	0 19,600	0 17,543	0 285,517	0 0
(6) JOHN HAYWARD	(i) 179,613 0	40,019 0	21,865 0	19,320 0	12,506 0	273,323 0	0 0
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**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
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE MERCY HEALTH PARTNERS (MHP) - NORTHERN REGION NONQUALIFIED SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN IS FOR CERTAIN HIGHLY COMPENSATED INDIVIDUALS AS DETERMINED BY THE BOARD OF TRUSTEES' EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE TO PROVIDE A BENEFIT TO REPLACE THE BENEFIT THESE PARTICIPANTS WOULD HAVE RECEIVED UNDER THE FORMULA OF THE APPLICABLE QUALIFIED PLAN PRIOR TO ITS AMENDMENT TO COMPLY WITH THE OMNIBUS BUDGET RECONCILIATION ACT OF 1993, AND PROVIDING A DEFERRED COMPENSATION PLAN OF 5% OF ANNUAL BASE SALARY TO RETAIN EXECUTIVES PARTICIPANTS VEST IN THIS PLAN AND RECEIVE A BENEFIT UNDER THIS PLAN ONCE THEY HAVE SATISFIED BOTH OF THESE TWO CONDITIONS (1) MEET THE VESTING REQUIREMENTS OF THE APPLICABLE QUALIFIED PLAN, AND (2) COMPLETE A 24-MONTH POST-EMPLOYMENT NON-COMPETE REQUIREMENT AMOUNTS INCLUDIBLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO SERP PARTICIPATION IN THE REPORTING YEAR WERE AS FOLLOWS CAROL WHITTAKER \$0, IMRAN ANDRABI, M D \$0, JOHN HAYWARD \$9,118
Non-fixed payments	Schedule J, Part I, Line 7	THE ORGANIZATION PROVIDES ANNUAL INCENTIVE COMPENSATION FOR LISTED INDIVIDUALS. THE ORGANIZATION'S BOARD OF TRUSTEES ESTABLISHES OBJECTIVE THRESHOLDS FOR QUALITY, COMMUNITY BENEFIT, AND FINANCIAL PERFORMANCE WHICH MUST BE ACHIEVED FOR INCENTIVES TO BE AWARDED. THE BOARD ALSO ESTABLISHES THRESHOLD, TARGET AND MAXIMUM LEVELS FOR INCENTIVE AWARDS. WITHIN THESE ESTABLISHED PARAMETERS, THE CEO RECOMMENDS INCENTIVE AWARDS FOR LISTED INDIVIDUALS TO THE BOARD'S EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE. THE BOARD COMMITTEE REVIEWS AND APPROVES OR MODIFIES THE CEO'S RECOMMENDATIONS
COMPENSATION OF PRESIDENT	SCHEDULE J, PART I, LINE 3	THE COMPENSATION OF JOHN HAYWARD, PRESIDENT, IS DETERMINED BY MERCY HEALTH PARTNERS - NORTHERN REGION (MHP), A RELATED TAX-EXEMPT ORGANIZATION. MHP UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION SURVEY, AND APPROVAL BY BOARD OR COMPENSATION COMMITTEE WHEN DETERMINING MR. HAYWARD'S COMPENSATION

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

MERCY COLLEGE OF NORTHWEST OHIO

**Employer identification number**

34-1726619

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ST VINCENT MERCY MEDICAL CENTER IS THE SOLE MEMBER OF MERCY COLLEGE OF NORTHWEST OHIO

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE GOVERNING BOARD OF ST VINCENT MERCY MEDICAL CENTER HAS FINAL AUTHORITY TO APPROVE AND REMOVE MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE GOVERNING BOARD OF ST VINCENT MERCY MEDICAL CENTER HAS FINAL AUTHORITY ON ALL MATERIAL MATTERS AFTER RECEIVING A RECOMMENDATION FROM THE MERCY COLLEGE BOARD

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 IS PREPARED BY CATHOLIC HEALTH PARTNER'S TAX DEPARTMENT AND REVIEWED BY MANAGEMENT UPON REVIEW, THE FORM 990 IS THEN FORWARDED TO THE AUDIT & CORPORATE RESPONSIBILITY COMMITTEE FOR APPROVAL ADDITIONALLY, THE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION RELATED SCHEDULES AND DISCLOSURES BOTH THE AUDIT & CORPORATE RESPONSIBILITY COMMITTEE AND THE COMPENSATION COMMITTEE ARE INDEPENDENT OF THE FILING ORGANIZATION ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES A COPY OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	EACH BOARD MEETING BEGINS WITH NOTIFICATION OF CONFLICTS OF INTEREST BY THE TRUSTEES AND THEY ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE SYSTEM-WIDE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE CATHOLIC HEALTH PARTNERS WEBSITE

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS BY LISTED PERSONS	FORM 990 PART VII SECTION A COLUMN (B)	SR RITA MARY WASSERMAN 1 CHRISTOPHER BATES, M D 1 JOHN HAYWARD 1 ANDREA PRICE 55 TODD WARNER 55 CAROL WHITTAKER 55 CATHLEEN NELSON 55 IMRAN ANDRABI, M D 55

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 271195, EQUITY CONTRIBUTION TO AFFILIATE - -451528, CHANGE IN INTEREST OF NET ASSETS OF FOUNDATION - 284338,

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MERCY COLLEGE OF NORTHWEST O

**Employer identification number**

34-1726619

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

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

**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.)

**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.)

**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.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o		No
1p		No
1q	Yes	
1r	Yes	

**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	(d) Method of determining amount involved
(1)				
(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.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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**Software ID:** 10000128  
**Software Version:** v2010.1.0  
**EIN:** 34-1726619  
**Name:** MERCY COLLEGE OF NORTHWEST OHIO

## 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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
CATHOLIC HEALTH PARTNERS 615 ELSINORE PLACE CINCINNATI, OH45202 31-1161086	HEALTHCARE SYSTEM PARENT	OH	501(C)(3)	11 - Type III - FI	NA		
CATHOLIC HEALTHCARE PARTNERS FOUNDATION 615 ELSINORE PLACE CINCINNATI, OH45202 20-1072726	FUNDRAISING	OH	501(C)(3)	7	CATHOLIC HEALTH PARTNERS		
CATHOLIC HEALTHCARE PARTNERS HOUSING DEVELOPMENT 615 ELSINORE PLACE CINCINNATI, OH45202 20-8943658	HUD PARENT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
CATHOLIC HEALTHCARE PARTNERS RETIREMENT TRUST 615 ELSINORE PLACE CINCINNATI, OH45202 31-6046304	RETIREMENT TRUST	OH	501(C)(3)	8	CATHOLIC HEALTH PARTNERS		
SISTERS OF MERCY WORKERS COMPENSATION SELF- INSURANCE TRUST 615 ELSINORE PLACE CINCINNATI, OH45202 31-0990309	TRUST ADMINISTRATION	OH	501(C)(3)	11 - Type I	CATHOLIC HEALTH PARTNERS		
COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM 3700 KOLBE ROAD LORAIN, OH44053 27-0071694	REGIONAL PARENT	OH	501(C)(3)	11 - Type II	CATHOLIC HEALTH PARTNERS		
COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER 3700 KOLBE ROAD LORAIN, OH44053 34-0714704	HOSPITAL	OH	501(C)(3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM		
ALLEN MEDICAL CENTER 200 WEST LORAIN ST OBERLIN, OH44074 34-0864230	HOSPITAL	OH	501(C)(3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM		
COMMUNITY HEALTH PARTNERS REGIONAL FOUNDATION 3700 KOLBE ROAD LORAIN, OH44053 34-1504558	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER		
COMMUNITY HEALTH PARTNERS PHYSICIANS OFFICE BUILDINGS 3700 KOLBE ROAD LORAIN, OH44053 34-1268828	MEDICAL OFFICE RENTAL	OH	501(C)(3)	9	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER		
ALLEN MEDICAL CENTER FOUNDATION 200 WEST LORAIN ST OBERLIN, OH44074 34-1675592	FOUNDATION	OH	501(C)(3)	11 - Type I	ALLEN MEDICAL CENTER		
ALLEN MEDICAL CENTER MEDICAL OFFICE BUILDING 200 WEST LORAIN ST OBERLIN, OH44074 36-4504991	MEDICAL OFFICE RENTAL	OH	501(C)(3)	11 - Type II	ALLEN MEDICAL CENTER		

## 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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MERCY HEALTH PARTNERS OF SOUTHWEST OHIO  4600 MCAULEY PLACE CINCINNATI, OH45242 31-1063783	REGIONAL PARENT	OH	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		
MERCY HEALTH PARTNERS OF SOUTHWEST OHIO FOUNDATION  4600 MCAULEY PLACE CINCINNATI, OH45242 31-1217563	FOUNDATION	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
MERCY HOSPITALS WEST  2446 KIPLING AVENUE CINCINNATI, OH45239 31-1091597	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
MERCY HOSPITAL ANDERSON  7500 STATE ROAD CINCINNATI, OH45255 31-0537085	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
THE SISTERS OF MERCY OF HAMILTON OHIO  3000 MACK ROAD FAIRFIELD, OH45014 31-0538532	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
THE SISTERS OF MERCY OF CLERMONT COUNTY OHIO  3000 HOSPITAL DRIVE BATAVIA, OH45103 31-0830955	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
CLERMONT MERCY FOUNDATION  3000 HOSPITAL DRIVE BATAVIA, OH45103 31-1514749	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	THE SISTERS OF MERCY OF CLERMONT COUNTY OHIO		
MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES INC  7010 ROWAN HILLS DR CINCINNATI, OH45227 31-1308729	RETIREMENT HOME	OH	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
MERCY SACRED HEART INC  2120 PAYNE STREET LOUISVILLE, KY40206 61-1318326	RETIREMENT HOME	KY	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
MERCY LONG TERM CARE INITIATIVE  4915 CHARLESTOWN RD NEW ALBANY, IN47150 31-1332491	RETIREMENT HOME	IN	501(C)(3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
PROVIDENCE RETIREMENT HOME AUXILIARY  4915 CHARLESTOWN RD NEW ALBANY, IN47150 20-4664839	SUPPORTING ORG	IN	501(C)(3)	11 - Type II	MERCY LONG TERM CARE INITIATIVE		
MERCY FRANCISCAN SOCIAL MINISTRIES INC  1800 LOGAN STREET CINCINNATI, OH45210 31-1222942	LOW INCOME HOUSING	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		

## 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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MERCY FRANCISCAN AT ST RAPHAEL INC  610 HIGH STREET HAMILTON, OH45011 20-2934871	SERVICES TO THE POOR	OH	501(C)(3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO		
COMMUNITY MERCY HEALTH SYSTEM  ONE S LIMESTONE ST SPRINGFIELD, OH45502 30-0272454	REGIONAL PARENT	OH	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		
COMMUNITY MERCY HEALTH PARTNERS  ONE S LIMESTONE ST SPRINGFIELD, OH45502 31-0785684	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		
THE COMMUNITY MERCY FOUNDATION  1343 N FOUNTAIN BLVD SPRINGFIELD, OH45504 31-1443778	FOUNDATION	OH	501(C)(3)	7	COMMUNITY MERCY HEALTH SYSTEM		
COMMUNITY HOSPITAL HEALTH SERVICES COMPANY  ONE S LIMESTONE ST SPRINGFIELD, OH45502 31-1181984	HOSPITAL	OH	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		
CLARKE & CHAMPAIGN COUNTIES HEALTH INFORMATION EXCHANGE  1150 E HOME ROAD SPRINGFIELD, OH45503 26-0698515	MEDICAL INFORMATION EXCHANGE	OH	501(C)(3)	9	COMMUNITY MERCY HEALTH SYSTEM		
THE WALLACE S MURRAY AND FRANCES RABBITS MURRAY MEMORIAL TRUST  ONE S LIMESTONE ST SPRINGFIELD, OH45502 34-6827136	INDIGENT MEDICAL CARE	OH	501(C)(3)	11 - Type I	NA		
MERCY HEALTH SYSTEM - NORTHERN REGION  2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1344482	REGIONAL PARENT	OH	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		
ST CHARLES MERCY HOSPITAL OF OREGON OHIO  2600 NAVARRE AVENUE OREGON, OH43616 34-4445373	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		
ST CHARLES MERCY HEALTH FOUNDATION  2600 NAVARRE AVENUE OREGON, OH43616 34-1414900	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		
RIVERSIDE MERCY HOSPITAL  3404 W SYLVANIA AVE TOLEDO, OH43623 31-1556401	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		
MERCY HOME CARE INC  2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1587572	HOME HEALTHCARE	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		

## 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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MERCY COLLEGE OF NORTHWEST OHIO FOUNDATION INC  2221 MADISON AVENUE TOLEDO, OH43604 14-1963204	FOUNDATION	OH	501(C)(3)	11 - Type I	MERCY COLLEGE OF NORTHWEST OHIO		
MERCY HOSPITAL OF TIFFIN OHIO  45 ST LAWRENCE DRIVE TIFFIN, OH44883 34-4431174	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		
MERCY TIFFIN HEALTH FOUNDATION  45 ST LAWRENCE DRIVE TIFFIN, OH44883 34-1499894	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	MERCY HOSPITAL OF TIFFIN OHIO		
THE SISTERS OF MERCY OF WILLARD OHIO  110 EAST HOWARD ST WILLARD, OH44890 34-1577110	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		
MERCY HOSPITAL OF WILLARD FOUNDATION  110 EAST HOWARD ST WILLARD, OH44890 11-3742347	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	THE SISTERS OF MERCY OF WILLARD OHIO		
ST VINCENT MERCY MEDICAL CENTER  2213 CHERRY STREET TOLEDO, OH43608 34-4428250	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		
ST VINCENT MERCY MEDICAL CENTER FOUNDATION  2213 CHERRY STREET TOLEDO, OH43608 23-7393213	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	ST VINCENT MERCY MEDICAL CENTER		
LIFESTAR AMBULANCE INC  2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1354653	MEDICAL TRANSPORTATION	OH	501(C)(3)	11 - Type II	MERCY HEALTH SYSTEM - NORTHERN REGION		
RSM MEDICAL FOUNDATION  2200 JEFFERSON AVENUE TOLEDO, OH43624 34-1693671	HOSPITAL	OH	501(C)(3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION		
ST MARGUERITE D'YOUVILLE FOUNDATION II  2213 CHERRY STREET TOLEDO, OH43608 13-4350655	FOUNDATION	OH	501(C)(3)	11 - Type II	CATHOLIC HEALTH PARTNERS		
SIMON OUTREACH SERVICES  2600 NAVARRE AVENUE OREGON, OH43616 34-1383325	MEDICAL OFFICE RENTAL	OH	501(C)(3)	11 - Type II	ST CHARLES MERCY HOSPITAL OF OREGON OHIO		
FARLEY HEALTHCARE CORPORATION  2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1363204	HEALTH SERVICES	OH	501(C)(3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION		

## 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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MERCY CHILDREN'S HOSPITAL FOUNDATION  2200 JEFFERSON AVENUE TOLEDO, OH43604 80-0000044	FOUNDATION	OH	501(C)(3)		7 ST VINCENT MERCY MEDICAL CENTER		
ST RITA'S MEDICAL CENTER  730 W MARKET STREET LIMA, OH45801 34-1105619	HOSPITAL	OH	501(C)(3)		3 CATHOLIC HEALTH PARTNERS		
SRHC FOUNDATION  730 W MARKET STREET LIMA, OH45801 34-1368429	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	ST RITA'S MEDICAL CENTER		
NEW VISION MEDICAL LABORATORIES INC  750 W HIGH ST STE 400 LIMA, OH45801 34-1937267	MEDICAL LAB SERVICES	OH	501(C)(3)	11 - Type III - FI	ST RITA'S MEDICAL CENTER		
HUMILITY OF MARY HEALTH PARTNERS  1044 BELMONT AVENUE YOUNGSTOWN, OH44501 34-0505560	HOSPITAL	OH	501(C)(3)		3 CATHOLIC HEALTH PARTNERS		
THE ASSUMPTION VILLAGE  9800 N MARKET STREET NORTH LIMA, OH44452 34-1013695	NURSING HOME	OH	501(C)(3)		9 HUMILITY OF MARY HEALTH PARTNERS		
HOSPICE OF THE VALLEY  5190 MARKET STREET YOUNGSTOWN, OH44512 34-1288745	HOSPICE SERVICES	OH	501(C)(3)		9 HUMILITY OF MARY HEALTH PARTNERS		
HUMILITY OF MARY DEVELOPMENT FOUNDATION  1044 BELMONT AVENUE YOUNGSTOWN, OH44501 34-1826978	FOUNDATION	OH	501(C)(3)	11 - Type III - FI	HUMILITY OF MARY HEALTH PARTNERS		
HUMILITY OF MARY INFORMATION SYSTEMS  250 FEDERAL PLAZA EAST YOUNGSTOWN, OH44501 34-1452943	INFORMATION SERVICES	OH	501(C)(3)	11 - Type II	HUMILITY OF MARY HEALTH PARTNERS		
HUMILITY HOUSE  755 OHLTOWN ROAD AUSTINTOWN, OH44515 34-1894783	NURSING HOME	OH	501(C)(3)		9 HUMILITY OF MARY HEALTH PARTNERS		
LAUREL LAKE RETIREMENT COMMUNITY INC  200 LAUREL LAKE DRIVE HUDSON, OH44236 34-1481142	NURSING HOME	OH	501(C)(3)		9 HUMILITY OF MARY HEALTH PARTNERS		
LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION INC  200 LAUREL LAKE DRIVE HUDSON, OH44236 34-1779303	FOUNDATION	OH	501(C)(3)		7 LAUREL LAKE RETIREMENT COMMUNITY INC		

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						Yes	No
ST JOSEPH HEALTH CENTER AUXILIARY  677 EASTLAND SE WARREN, OH44484 34-6556121	FUNDRAISING	OH	501(C)(3)	9	HUMILITY OF MARY HEALTH PARTNERS		
MERCY HEALTH PARTNERS - LOURDES INC  1530 LONE OAK ROAD PADUCAH, KY42003 61-0600313	HOSPITAL	KY	501(C)(3)	3	CATHOLIC HEALTH PARTNERS		
LOURDES FOUNDATION INC  1530 LONE OAK ROAD PADUCAH, KY42003 61-1258960	FOUNDATION	KY	501(C)(3)	7	MERCY HEALTH PARTNERS - LOURDES INC		
LOURDES HOSPITAL AUXILIARY GIFT SHOP  1530 LONE OAK ROAD PADUCAH, KY42003 61-0927805	FUNDRAISING	KY	501(C)(3)	11 - Type III - FI	LOURDES FOUNDATION INC		
MARCUM AND WALLACE MEMORIAL HOSPITAL INC  60 MERCY COURT IRVINE, KY40336 61-0927491	HOSPITAL	KY	501(C)(3)	3	MERCY HEALTH PARTNERS - LOURDES INC		
MARCUM AND WALLACE HOSPITAL FOUNDATION INC  60 MERCY COURT IRVINE, KY40336 32-0026557	FOUNDATION	KY	501(C)(3)	11 - Type III - FI	MARCUM AND WALLACE MEMORIAL HOSPITAL INC		
MERCY HEALTH PARTNERS INC  900 EAST OAK HILL AVE KNOXVILLE, TN37917 73-1627534	REGIONAL PARENT	TN	501(C)(3)	11 - Type I	CATHOLIC HEALTH PARTNERS		
MERCY HEALTH SYSTEM INC  900 EAST OAK HILL AVE KNOXVILLE, TN37917 62-0480068	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		
ST MARY'S MEDICAL CENTER OF CAMPBELL COUNTY INC  923 EAST CENTRAL AVE LAFOLLETTE, TN37766 62-1817376	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		
MERCY HEALTH PARTNERS FOUNDATION INC  900 EAST OAK HILL AVE KNOXVILLE, TN37917 62-1247676	FOUNDATION	TN	501(C)(3)	7	MERCY HEALTH PARTNERS INC		
JEFFERSON MEMORIAL HOSPITAL INC  110 HOSPITAL DRIVE JEFFERSON CITY, TN37760 62-1660663	HOSPITAL	TN	501(C)(3)	3	MERCY HEALTH PARTNERS INC		
JEFFERSON MEMORIAL FOUNDATION INC  110 HOSPITAL DRIVE JEFFERSON CITY, TN37760 62-1660666	FOUNDATION	TN	501(C)(3)	11 - Type III - FI	JEFFERSON MEMORIAL HOSPITAL INC		

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						Yes	No
ST MARY'S MEDICAL CENTER OF SCOTT COUNTY INC  18797 ALBERTA STREET ONEIDA, TN37841 26-1535503	HOSPITAL	TN	501(C)(3)		3 MERCY HEALTH PARTNERS INC		
THE BAPTIST HEALTH SYSTEM FOUNDATION INC  101 BLOUNT AVE BOX 1788 KNOXVILLE, TN37920 58-1565290	FOUNDATION	TN	501(C)(3)		7 MERCY HEALTH PARTNERS INC		
BAPTIST HOSPITAL OF EAST TENNESSEE INC  137 BLOUNT AVE KNOXVILLE, TN37920 62-0506166	HOSPITAL	TN	501(C)(3)		3 MERCY HEALTH PARTNERS INC		
BAPTIST HOSPITAL WEST INC  10820 PARKSIDE DRIVE KNOXVILLE, TN37934 62-1870324	HOSPITAL	TN	501(C)(3)		3 MERCY HEALTH PARTNERS INC		
BAPTIST HOSPITAL OF COCKE COUNTY INC  435 SECOND STREET NEWPORT, TN37821 62-1133149	HOSPITAL	TN	501(C)(3)		3 MERCY HEALTH PARTNERS INC		
MERCY HEALTH AND REHABILITATION CENTER INC  3916 BOYDS BRIDGE PIKE KNOXVILLE, TN37917 62-1592992	REHAB CENTER	TN	501(C)(3)		9 MERCY HEALTH PARTNERS INC		
MERCY HEALTH PARTNERS - NORTHEAST REGION INC  746 JEFFERSON AVENUE SCRANTON, PA18510 23-2813196	REGIONAL PARENT	PA	501(C)(3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS		
MERCY HEALTHCARE FOUNDATION  746 JEFFERSON AVENUE SCRANTON, PA18510 23-2972928	FOUNDATION	PA	501(C)(3)	11 - Type III - FI	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		
MERCY HOSPITAL SCRANTON PA  746 JEFFERSON AVENUE SCRANTON, PA18510 24-0795456	HOSPITAL	PA	501(C)(3)		3 MERCY HEALTH PARTNERS - NORTHEAST REGION INC		
MERCY COMMUNITY CARE CORPORATION  746 JEFFERSON AVENUE SCRANTON, PA18510 23-2310566	MEDICAL CARE	PA	501(C)(3)		9 MERCY HEALTH PARTNERS - NORTHEAST REGION INC		
MERCY MED-CARE INC  746 JEFFERSON AVENUE SCRANTON, PA18510 23-2261991	HOSPITAL	PA	501(C)(3)		3 MERCY HEALTH PARTNERS - NORTHEAST REGION INC		
MERCY HOSPITAL NANTICOKE  128 W WASHINGTON ST NANTICOKE, PA18634 23-2604818	HOSPITAL	PA	501(C)(3)		3 MERCY HEALTH PARTNERS - NORTHEAST REGION 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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MERCY HOSPITAL OF WILKES-BARRE 746 JEFFERSON AVENUE SCRANTON, PA18510 24-0795625	HOSPITAL	PA	501(C)(3)		3 MERCY HEALTH PARTNERS - NORTHEAST REGION INC		
MERCY HEALTH CARE CENTER 746 JEFFERSON AVENUE SCRANTON, PA18510 23-2322809	HOSPITAL	PA	501(C)(3)		3 MERCY HEALTH PARTNERS - NORTHEAST REGION INC		
MERCY TYLER HEALTH SYSTEMS 880 SR 6W TUNKHANNOCK, PA18657 23-2772476	SUPPORTING ORG	PA	501(C)(3)	11 - Type II	MERCY HEALTH PARTNERS - NORTHEAST REGION INC		
MERCY TYLER HOSPITAL 880 SR 6W TUNKHANNOCK, PA18657 24-0779665	HOSPITAL	PA	501(C)(3)		3 MERCY TYLER HEALTH SYSTEMS		
MERCY TYLER HOME HEALTH SERVICES 880 SR 6W TUNKHANNOCK, PA18657 23-2723529	IN-HOME MEDICAL CARE	PA	501(C)(3)		9 MERCY TYLER HEALTH SYSTEMS		
SIENA SPRINGS 615 ELSINORE PLACE CINCINNATI, OH45202 31-1052772	HUD HOUSING PROJECT	OH	501(C)(3)		9 CATHOLIC HEALTH PARTNERS		
SIENA SPRINGS II 615 ELSINORE PLACE CINCINNATI, OH45202 31-1591780	HUD HOUSING PROJECT	OH	501(C)(3)		9 CATHOLIC HEALTH PARTNERS		
CHARLES MEADOW CORPORATION 615 ELSINORE PLACE CINCINNATI, OH45202 34-1552671	HUD HOUSING PROJECT	OH	501(C)(3)		9 CATHOLIC HEALTH PARTNERS		
CHARLES CREST CORPORATION 615 ELSINORE PLACE CINCINNATI, OH45202 34-1399869	HUD HOUSING PROJECT	OH	501(C)(3)		9 CATHOLIC HEALTH PARTNERS		
CHARLES CREST II CORPORATION 615 ELSINORE PLACE CINCINNATI, OH45202 34-1714407	HUD HOUSING PROJECT	OH	501(C)(3)		9 CATHOLIC HEALTH PARTNERS		
ST THEREZA VILLAGE INC 615 ELSINORE PLACE CINCINNATI, OH45202 31-1411529	HUD HOUSING PROJECT	OH	501(C)(3)		9 CATHOLIC HEALTH PARTNERS		
SACRED HEART VILLAGE INC 615 ELSINORE PLACE CINCINNATI, OH45202 31-1411531	HUD HOUSING PROJECT	OH	501(C)(3)		9 CATHOLIC HEALTH PARTNERS		

## 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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SACRED HEART VILLAGE II INC  615 ELSINORE PLACE CINCINNATI, OH45202 61-1339396	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
SACRED HEART VILLAGE III INC  615 ELSINORE PLACE CINCINNATI, OH45202 61-1367719	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
MCAULEY MANOR INC  615 ELSINORE PLACE CINCINNATI, OH45202 31-1548500	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
DUBLIN MANOR INC  615 ELSINORE PLACE CINCINNATI, OH45202 02-0655254	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
MERCY MANOR INC  615 ELSINORE PLACE CINCINNATI, OH45202 61-1344092	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
ST MARY'S VILLA INC  615 ELSINORE PLACE CINCINNATI, OH45202 31-1548512	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
RIVERVIEW ST MARY'S INC  615 ELSINORE PLACE CINCINNATI, OH45202 62-1782683	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		
ST MARY'S VILLA AT RIVERVIEW II INC  615 ELSINORE PLACE CINCINNATI, OH45202 31-1723287	HUD HOUSING PROJECT	OH	501(C)(3)	9	CATHOLIC HEALTH PARTNERS		

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	(k) Percentage ownership
							Yes	No			
ST ELIZABETH CARDIAC CATH LAB LLC 1044 BELMONT AVE YOUNGSTOWN, OH44501 30-0023795	CARDIAC CATH LAB	OH	NA	N/A							
ST ELIZABETH SOUTHWOODS IMAGING 250 DEBARTOLO PLACE BLDG B YOUNGSTOWN, OH44512 26-1626482	DIAGNOSTIC IMAGING	OH	NA	N/A							
UROLOGIC ONCOLOGY OF MAHONING VALLEY LLC 1044 BELMONT AVE YOUNGSTOWN, OH44501 26-2989686	RADIATION THERAPY	OH	NA	N/A							
HMHPUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX75001 27-1953122	SURGERY CENTER	TX	NA	N/A							
OSC-HMHP LLC 6505 MARKET ST BLDG B STE 101 BOARDMAN, OH44512 01-0724836	ORTHOPEDIC SURGERY CENTER	OH	NA	N/A							
MERCY HEALTHPLEX ANDERSON LLC 7495 STATE ROAD CINCINNATI, OH45255 31-1589865	FITNESS FACILITY	OH	NA	N/A							
MERCY HEALTHPLEX FAIRFIELD LLC 3050 MACK ROAD FAIRFIELD, OH45014 31-1589867	FITNESS FACILITY	OH	NA	N/A							
LOURDES AMBULATORY SURGERY CENTER 225 MEDICAL CENTER DRIVE PADUCAH, KY42003 61-1258960	SURGERY CENTER	KY	NA	N/A							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	(k) Percentage ownership
							Yes	No			
TOMOGRAPHY ASSOCIATES LLC 2000 CHAPMAN HWY KNOXVILLE, TN 37920 74-2034927	EQUIPMENT LEASING	TN	NA	N/A						Yes	No
EAST TENNESSEE DIAGNOSTIC CENTER LLC 1450 DOWELL SPRINGS BLVD SUITE 250 KNOXVILLE, TN 37909 20-4773300	DIAGNOSTIC SERVICES	TN	NA	N/A						Yes	No
LACKAWANNA SURGERY CENTER LLC 415 ADAMS AVENUE SCRANTON, PA 18503 20-5360014	AMBULATORY SURGERY CENTER	PA	NA	N/A						Yes	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
CHP INSURANCE LTD 615 ELSINORE PLACE CINCINNATI, OH45202 98-0621978	INSURANCE	CJ	NA	C CORPORATION			
HEALTHSPAN INC 225 PICTORIA DRIVE STE 320 CINCINNATI, OH45246 31-1431434	PPO	OH	NA	C CORPORATION			
MHSWO HEALTH VENTURES INC 1 S LIMESTONE ST SPRINGFIELD, OH45502 31-1072139	PHYSICIAN PRACTICES	OH	NA	C CORPORATION			
NORTHPARKE MEDICAL COMMONS CONDO ASSN 333 N LIMESTONE ST SPRINGFIELD, OH45503 31-1391230	REAL PROPERTY MGMT	OH	NA	C CORPORATION			
MERCY HEALTH AFFILIATES INC 2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1372633	PHYSICIAN SERVICES	OH	NA	C CORPORATION			
PHYSICIAN'S HEALTH COLLABORATIVE 2200 JEFFERSON AVENUE TOLEDO, OH43604 20-3986844	MEDICAL & HOSPITAL SERVICES	OH	NA	C CORPORATION			
NORTHSIDE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1318438	RESIDENT RENTALS	OH	NA	C CORPORATION			
MERCY WORK SOLUTIONS 2200 JEFFERSON AVENUE TOLEDO, OH43604 30-0066340	WORKERS COMPENSATION	OH	NA	C CORPORATION			
GENESIS HEALTH PLAN OF OHIO INC 2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1819975	HMO	OH	NA	C CORPORATION			
MERCY HEALTH SYSTEM PHO 2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1778321	MEDICAL SERVICES	OH	NA	C CORPORATION			
PHYSICIAN MANAGED CARE INC 2200 JEFFERSON AVENUE TOLEDO, OH43604 34-1565320	HEALTH SERVICES	OH	NA	C CORPORATION			
MCAULEY MANAGEMENT SERVICES INC 730 W MARKET STREET LIMA, OH45801 34-1379037	PROPERTY RENTAL	OH	NA	C CORPORATION			
LIMA MEDICAL SUPPLIES INC 730 W MARKET STREET LIMA, OH45801 34-0944477	MEDICAL EQUIPMENT	OH	NA	C CORPORATION			
COMMUNITY HEALTH PARTNERS ENTERPRISES INC 3700 KOLBE ROAD LORAIN, OH44053 34-1455525	HOLDING COMPANY	OH	NA	C CORPORATION			
COMMUNITY HEALTH PARTNERS PHYSICIANS INC 3700 KOLBE ROAD LORAIN, OH44053 34-1803352	PHYSICIAN PRACTICES	OH	NA	C CORPORATION			
AMC PHYSICIANS INC 200 W LORAIN STREET OBERLIN, OH44074 37-1439554	PHYSICIAN SERVICES	OH	NA	C CORPORATION			
MERCY HEALTH VENTURES INC 4600 MCAULEY PLACE CINCINNATI, OH45242 31-1185477	DIVERSIFIED ACTIVITIES	OH	NA	C CORPORATION			
FRANCISCAN HOMES I INC 1300 MAIN STREET CINCINNATI, OH45210 31-1313185	LOW-INCOME HOUSING	OH	NA	C CORPORATION			
FRANCISCAN HOMES II INC 1300 MAIN STREET CINCINNATI, OH45210 31-1336890	LOW-INCOME HOUSING	OH	NA	C CORPORATION			
FRANCISCAN HOMES III INC 1300 MAIN STREET CINCINNATI, OH45210 31-1394510	LOW-INCOME HOUSING	OH	NA	C CORPORATION			
FRANCISCAN HOMES IV INC 1300 MAIN STREET CINCINNATI, OH45210 31-1483370	LOW-INCOME HOUSING	OH	NA	C CORPORATION			
MERCY FRANCISCAN AT WINTON WOODS I INC 10290 MILL ROAD CINCINNATI, OH45231 31-1658668	LOW-INCOME HOUSING	OH	NA	C CORPORATION			
MERCY HEALTH MANAGEMENT INC 1530 LONE OAK ROAD PADUCAH, KY42003 61-1086762	MEDICAL OFFICES	KY	NA	C CORPORATION			
HEALTH DYNAMICS INC 900 E OAK HILL AVENUE KNOXVILLE, TN37917 62-1247729	MEDICAL EQUIPMENT SALES	TN	NA	C CORPORATION			
HEALTH VENTURES INC & SUBSIDIARIES P O BOX 1788 KNOXVILLE, TN37901 62-1175587	MEDICAL SERVICES	TN	NA	C CORPORATION			